

Defect-specific rectocele repair: medium-term anatomical, functional and subjective outcomes.

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BACKGROUND:

Rectocele is a herniation of the anterior wall of the rectal ampulla through a defect in the rectovaginal septum causing protrusion of the posterior vaginal wall. Common symptoms include symptoms of prolapse and obstructed defecation.

AIMS:

To describe subjective, anatomical and functional results of defect-specific rectocele repair.

MATERIALS AND METHODS:

This is an internal audit of 137 women who underwent defect-specific rectocele repair. Pre- and post-operative assessment included a standardised interview, clinical examination and 3D/4D transperineal ultrasound. Outcome measures were symptoms of obstructed defecation, recurrent prolapse symptoms, clinical posterior compartment recurrence and rectocele recurrence on ultrasound.

RESULTS:

At a mean follow-up of 1.4 years, 117 (85%) of women considered themselves cured or improved. Thirty-four (25%) complained of recurrent prolapse symptoms and 47 (34%) symptoms of obstructed defecation, a significant reduction ($P < 0.0001$). Clinical recurrence ($Bp \geq -1$) was seen in 19 women (14%) and recurrence on ultrasound in 27 (20%). The mean depth of recurrence was 16.6 mm (10.3-25.1). We tested multiple potential predictors of recurrence, including age, BMI, vaginal parity, previous hysterectomy and/or prolapse surgery, follow-up time, pre-operative clinical and ultrasound findings. Only hiatal area on Valsalva (OR 0.95 for sonographic recurrence, $P = 0.01$) and enterocele (for clinical and sonographic recurrence, OR 4.03, $P = 0.01$ and OR 2.72, $P = 0.02$, respectively) reached significance.