

Women with Deep Infiltrating Endometriosis treated by Laparoscopic intervention with segmental bowel resection : urinary and bowel symptoms outcome in a single BSGE accredited Endometriosis centre , two years follow up

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Introduction

Severe endometriosis is a debilitating condition that affects many women, often leading to significant bowel and urinary symptoms. Laparoscopic intervention with bowel resection represents an advanced surgical approach aimed at alleviating these symptoms. This study evaluates the outcomes of such interventions over a two-year period in a single BSGE accredited center.

Methods

A retrospective analysis was conducted on 35 consecutive cases of women with Deep infiltrating Endometriosis who underwent laparoscopic intervention with bowel resection at Mid Yorkshire teaching NHS trust over a period of 7 years. Of the cohort, 29 patients completed the pre-operative survey, 17 completed the one-year follow up questionnaire, and 10 provided responses at the two-year follow up. Six patients in this cohort had temporary stoma formation. Data were collected on bowel and urinary symptoms pre-operatively and at intervals up to two years post-operatively. The primary outcome measures included changes in the severity and frequency of bowel and urinary symptoms.

Urinary Symptoms:

Urinary Symptoms (n=29) Pre OP									Urinary symptoms 1Y (n= 16)										2Y (n= 10)				
Symptoms	No Symptoms	Mild	Moderate	Severe	No	Mild	Mod	Severe	Symptoms	No	Mild	Mod	Severe	No	Mild	Mod	Severe						
Bladder pain	9	6	9	5	11	2	4	1	Bladder Pain	9	5	2	0	6	2	2	0						
Difficulty emptying the bladder	18	2	5	4	14	2	1	1	Difficulty Emptying Bladder	11	3	2	0	6	3	0	1						

Cyclical Dyschezia ,n=35 all					Non-Cyclical Dyschezia, n= 35			
Severity	Pre - op	6m	1Y	2Y	Pre-Op	6 m	1Y	2Y
Mild	7	13	13	8	9	15	14	6
Moderate	3	4	4	1	10	3	2	2
Severe	19	2	0	1	10	2	1	2
Not on Data base	6	6	6	6	6	6	6	6
Not answered	0	11	13	19	0	10	12	20

Results

In total, 35 women were included in the study. Pre-operatively, most patients reported severe bowel and urinary symptoms, with 22/29(75.8%) experiencing significant dyschezia and 20/29(68.9%) reporting urinary dysfunction. Significant improvement has been noted in all assessed bowel symptoms but the most remarkable outcome was noted in the dyschezia group. At the two-year follow-up ,only 2/10(20%) of the cyclical dyschezia group and 4/10(40%) of the non-cyclical dyschezia group reported significant symptoms with an improvement rate of 73.6% and 42.0% respectively. Similarly, a significant improvement in urinary symptoms was observed post-operatively, with only 1/10 (10%) of patients reporting significant bladder emptying difficulty with improvement rate of 67.7% and 2/10(20%) reported significant bladder pain with an improvement rate of 35.5%.

Conclusions

Laparoscopic intervention with bowel resection in women with deep infiltrating endometriosis is associated with substantial improvements in both bowel and urinary symptoms. The outcomes observed over a two-year follow-up period demonstrate the efficacy and durability of this surgical approach. Further studies with larger sample sizes and longer follow-up durations are recommended to validate these findings and optimize patient care strategies.