Laparoscopic Ventral Mesh Rectopexy for Complete Rectal Prolapse

Short Term Outcomes of Advanced Laparoscopic Procedure

In a Resource Deficient Public Sector Hospital

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INTRODUCTION

Rectal prolapse is a debilitating condition that affects 1% of people older than 60 years. Surgical approaches to its treatment include a perineal approach and an abdominal approach .

Laparoscopic rectopexy was initially described in early 1990s and has since become the abdominal procedure of choice for rectal prolapse. The review describes three of the current laparoscopic approaches in the management of rectal prolapse and rectocele.



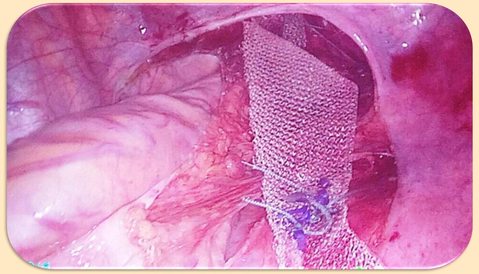
OBJECTIVE

To share our early experience of laparoscopic - rectopexy in a public teaching hospital

METHODS

All the cases of rectal prolapse presented to Department of Surgery Lahore General Hospital in the last one year were included.

Patient demographics, type of operation and post-operative complications were recorded and patients were followed for recurrence







RESULTS

Laparoscopic rectopexy with posterior mesh fixation were performed in 2 patients and ventral rectopexy in 4 patients.

No procedure needed to be concerted to open.

Patients recovered uneventfully and were mobile at zero post operative day and discharged on second post operative day without any complications.

At 2 month followup, recurrence rate was zero and none of the patients reported any problems in bowel habits

CONCLUSION

Laparoscopic management of rectal prolapse is safe and feasible in a public teaching hospital. with minimal risk of recurrence and constipation.

Capacity building of surgeons for advance laparoscopic procedure is the need of the hour