SAGES 2023
Emerging Technology e-Poster
Program Number: ETP628
Session Name: Poster Session (Non CME)

"EMERGING TECHNOLOGY: EVERYTHING FLOWS AND GIVES WAY AND NOTHING ABIDES OR STAYS FIXED"

Combining Procedure for Prolapse and Haemorrhoids with Plication of Rectocele for the Treatment of Obstructed Defaecation Syndrome



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Introduction

Background:
Health care professionals endowing surgical interventions to patients with pelvic organ prolapse leading to obstructive defaecation syndrome must be conversant with the potential morbidity and harmful complications associated with such interventions. Practitioners must attempt at providing surgical interventions for the management with maximum psycho-socio- economic and health benefits, imparting no harm to patients. Many studies appear to have demonstrated significant improvement after intervention. However, most are short-term and the improvement achieved are not sustainable and fraught with major complications and morbidity. We present here a novel combination procedure with a very low risk profile and significant trend in sustained improvement in the symptoms of obstructive defecation. The devastating complications of mesh implanted to treat pelvic organ prolapse has forced the FDA to ban certain mesh prostheses and its use in pelvic surgery. According to the Pelvic Floor Society of the UK, obstructive defaecation syndrome is a type of constipation caused by one or more of the following: internal rectal prolapse/intussusception or by a rectocele or a combination, high grade haemorrhoids that prolapse when associated with high-grade internal rectal prolapse, high-grade internal rectal prolapse extending to the ano-cutaneous junction visible at the anus.

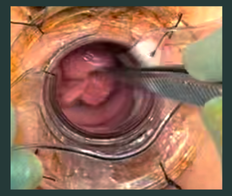
Hypothesis:
We hypothesize that the primary pathology is a weakness of the pelvic floor leading to varied degree of the above anatomical changes in combination, resulting in obstructed defaecation. The weakness of the pelvic floor is the principal determinant factor, leading to rectocele/intussusception/loss of support mechanism of anal cushions, resulting in anatomical changes extending from lower rectum to anal cushions in the anal canal and chiefly in the anterior aspect of the lower rectum.

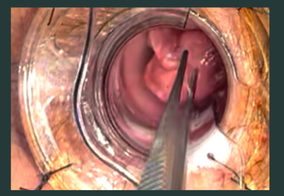
Innovation:
According to Heclitus's philosophy, everything flows, changes, innovates, all is in permanent flux. Our proposal is based on our hypothesis, a novel combination procedure with a very low risk profile and significant trend in improvement in the 'symptoms severity scores' in patients with significant obstructive defaecation.

Acknowledgements: Author is thankful to his surgical team members and to this SAGE 2003 event organizers.

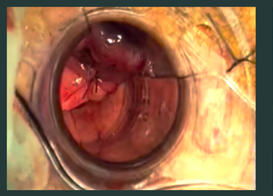
Method

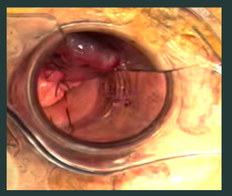
Procedure steps:
Initially the procedure for prolapse and haemorrhoids (PPH) as devised by Antonio Longo using the specially designed circular stapling device is performed to lift the anal cushions. This removes a complete ring of circumferential section of the lower internal rectal lining. This manoeuvre corrects some of the anatomical changes of the lower portion of the rectocele in addition to the lifting of prolapsing anal cushions. Then 2-3 horizontal plication sutures are placed vertically in the anterior rectal wall above the staple line 5 mm apart using 3-0 PDS II sutures.


Anterior Rectocele




Rectocele after PPH




Anterior Rectal Wall After PPH & Plications

Source: Professor Raqibul Anwar

Results

Over a period of one year, 11 patients with obstructive defaecation, not responding to conservative management, were operated on at the same institution by a single surgeon. Prior to the surgical procedure each patient's 'symptoms severity score' (baseline) was determined and diagnosis made from defaecating proctogram. The operation consisted of a stapled haemorrhoidectomy (PPH) with trans-anal plication of the anterior rectal wall. Post-operatively all patients received supervised pelvic floor exercises for a period of 12 months. We report our results on the outcome, after 3 years of follow-up. All patients showed sustained improvement in symptoms. Two patients did have some degree of faecal urgency lasting no longer than 8 weeks.

Conclusion

Complications following procedures for Obstructive Defaecation Syndrome can be devastating, particularly after using mesh implants. Though this is a small study, it demonstrates trend in improvement in patients suffering from obstructive defaecation, innovative using 'tried and tested' techniques. Larger, multicenter studies would be required before any unambiguous conclusion may be accomplished.