



## AN EVALUATION OF CLINICAL OUTCOMES AFTER ABDOMINAL MESH RECTOPEXY & DELORME'S PROCEDURE FOR RECTAL PROLAPSE AT TERTIARY HEALTH CARE CENTER.

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**ABSTRACT** **Background:** Rectal prolapse is protrusion of rectum through anal canal, and proccidentia ~ complete prolapse is the term used when full thickness rectal wall prolapse. **Materials and methods:** 30 patients presenting with mass per rectum were evaluated & diagnosed clinically as having rectal prolapse were included in the study. **Results:** The recurrence rate for the abdominal mesh rectopexy is considered to be lower than Perineal Delorme's procedure. There was no recurrence in the rectopexy group. There was 1 recurrence (10%) in Delorme's group. **Conclusion:** .Better outcomes achieved when treatment individualized to each patient. Abdominal rectopexy for patients who can tolerate laparotomy & significant constipation. .Delorme's considered in young patients with short prolapse but with acceptable recurrence rate.

**KEYWORDS :** Rectal prolapse, delorme, rectopexy

### INTRODUCTION

Rectal prolapse is protrusion of rectum through anal canal.

- Proccidentia ~ complete prolapse is the term used when full thickness rectal wall prolapse through the anal canal.
- Despite it's rarity, many procedures have been described & there is no evidence based recommendation for a surgical procedure selection.

### Proposed etiologies include

1. Pregnancy
2. Perineal nerve injury
3. Chronic constipation & straining
4. Neurologic & psychiatric illness

ABDOMINAL PROCEDURES - most commonly done

- In general, Perinealsurgeries - less morbidity & mortality
- Greater recurrences In elderly &/or high risk patients
- Can be done under Regional Anesthesia

This study was conducted to evaluate clinical outcomes after Abdominal mesh rectopexy & Delorme's procedure.

### MATERIALS & METHODS

A "PROSPECTIVE STUDY" was conducted between JULY 2021 to December 2021 .

30 patients presenting with mass per rectum were evaluated & diagnosed clinically as having rectal prolapse were included in the study.

### INCLUSION CRITERIA:

1. Full thicknessrectal prolapse
2. Patients who gave written informed consent
3. Age 18 years or older

### EXCLUSION CRITERIA:

1. Recurrent cases.
2. Patients who underwent resection with rectopexy.
3. Patients with IBD

### Study details

- Detailed history of bowel habits taken .
- Constipation defined using ROME III criteria .
- Baseline blood investigation SIGMOIDOSCOPY done.
- Patients underwent either abdominal rectopexy or delorme's procedure after evaluation and based on clinical judgement of experienced surgeons of our hospital.

- Long prolapse (>10 cm) and fit for GA - Abdominal rectopexy.
- Short prolapse (<10cm) high risk for GA - delorme's procedure.
- BOWEL PREPARATION done day prior to surgery along with antimicrobial prophylaxis.

### Outcome Measures:

- Primary outcome - RECURRENCE
- Secondary outcomes- Morbidity
- Mortality
- Length of hospital stay
- Constipation
- Fecal incontinence

### RESULTS:

#### 1. SEX DISTRIBUTION

Males were 17  
Females were 13  
M:F ratio – 1.3

#### 2. AGE DISTRIBUTION

The average age of presentation  
In males – 30-40 years  
In females – 60-65 years

#### 3. SYMPTOMS AT PRESENTATION

- 20 patients underwent ABDOMINAL MESH RECTOPEXY
- 10 patients underwent DELORME'S Procedure

#### 4. Post op mortality/ morbidity

There was no mortality in either of the group.

#### Morbidity –

Rectopexy group - morbidity in terms of  
a) Prolonged post-operative ileus - 2 patients (10%)  
b) SSI – 1 patient (5%)  
c) Fecal impaction – 1 patient (5%)  
Delorme's group - morbidity in terms of  
Surgical site bleeding – 1 patient (10%)

#### 5. Duration of Hospital Stay

In 20 members who underwent abdominal rectopexy average duration of hospital stay is 8 days.

In 10 members who underwent delorme's procedure average duration of hospital stay is 4 days.

#### 6. Follow up

- a) Incontinence –

- Incontinence improved in all 5 patients of abdominal rectopexy group (100%)
- Incontinence improved in all 3 patients of delorme's group (100%)

**b) CONSTIPATION in postoperative period**

- 1 patient (5%) in rectopexy group had increase in constipation
- 1 patient (10%) in delorme's group had increase in constipation.
- All patients with constipation are managed conservatively on laxatives.

**c) RECURRENCE-**

- There was no recurrence in the rectopexy group
- There was 1 recurrence (10%) in Delorme's group.

**DISCUSSION:**

- Compared to the western studies our study has male predominance
- Our study mean age of presentation is 40 yrs for male patients and 60 yrs for female patients.
- There was improvement of symptoms in both the groups
- The recurrence rate for the abdominal mesh rectopexy is considered to be lower than Perineal Delorme's procedure.
- Various studies have shown the recurrence rate for the Abdominal mesh rectopexy is 0 to10 % when compared to the Delorme's procedure is 0 to 18 %.

**Limitations**

1. Small population taken into study
2. Short duration follow up

So findings could not be generalised to a larger population

**CONCLUSIONS**

1. Better outcomes achieved when treatment individualized to each patient.
2. Abdominal rectopexy for patients who can tolerate laparotomy & significant constipation.
3. Delorme's considered in young patients with short prolapse but with acceptable recurrence rate.

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