Laparoscopic Rectopexy

Definition: Procedure for the correction of rectal prolapse

Introduction: Rectal prolapse is a fairly uncommon procedure. As a result, there is a paucity of data regarding the treatment of this condition. Given the wide range of proposed surgical procedures to correct this (each proposing equal efficacy) it is extremely difficult to recommend one procedure above all other
Treatments are based on correcting the proposed causative mechanisms
- Abnormally deep pouch of Douglas
- Pelvic floor dysfunction
- Pudendal nerve neuropathy

Poor fixation of rectum

Indication For Procedure: Full thickness protrusion of the rectum through the anus
In patients with constipation, consider performing a sigmoid resection as well

Contraindications: Inexperienced surgeon
Unfit patient
Untreated causative factor (obstructive urinary pathology, colonic tumours/polyps)

Pre-Operative Investigations: Clinical diagnosis
Prior colonoscopy to exclude other colonic pathology
Defaecogram (if available)
Antibiotic prophylaxis
DVT prophylaxis for at risk patients

HOSPITALISATION:

- **Pre-op admission days:** 0-1 (for older patients with co-morbid conditions)

- **Theatre Requirements:** Basic laparoscopic camera, monitor/s and equipment
Laparoscopic instruments
  - Atraumatic graspers
  - Energy device (harmonic/ligasure etc.)
  - Scissors or hook (connected to diathermy)
  - Endoscopic stapling device

- **Length of stay (LOS):** 3-5 days
Increased duration for complicated cases and sicker patients

Level of Care: General ward

Advantages: Reduced post-operative pain
Improved cosmesis
Reduced hospital stay

Disadvantages:	Prolonged operating time Increased equipment costs
Technical Recommendations:	There is at present no consensus as to which surgical corrective procedure is superior (viz. suture vs mesh rectopexy) There is no agreement on which approach is better (viz. laparotomy, laprosopy or perineal) There is no agreement on how extensively to mobilize the rectum (division or preservation of lateral ligaments) At present, there is only evidence available suggesting that laparoscopic rectopexy can be performed safely and effectively, but as yet there is no data recommending which patients would best benefit from the laparoscopic approach. It is therefore not possible for this committee to currently recommend it as a procedure of choice.
References:	Saureland S, Lefering R, Neugbauer EAM. Laparoscopic versus open surgery for suspected appendicitis. *Cochrane Database of Systemic Reviews* 2004, Issue 4. Art No CD001546. DOI:10.1002/14651858.CD00156.pub2 EAES Guidelines……..
Reviewed by:	Dr Maseelan Naidoo
Date reviewed:	March 2009