Defecatory Dysfunction and Rectocele Repair

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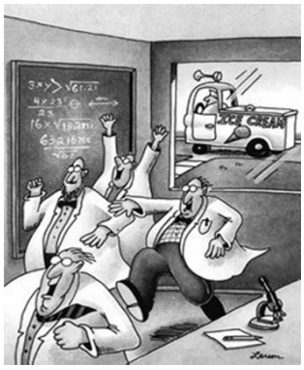
No financial relationship to disclose



Disclosures: none

Objectives

- Understand the etiology of defecatory dysfunction in women
- Outline success rates and complications associated with transvaginal repair of rectocele
- Describe the steps in performing transvaginal rectocele repair

Case

A healthy 68 year-old parous 3 woman presents to you as a new patient complaining of difficulty passing out bowel movements. She presses on her perineum to complete evacuation. She has a long history of constipation and occasionally uses osmotic laxatives. She has no blood in her stool and had a normal colonoscopy last year.

Case

BMI: 28 kg/m²
Genital Hiatus 4.5 cm (wide)
Perineal Body 2 cm
Aa -2
Ba -2 (anterior vaginal wall is 2 cm above the hymen)
C -7 (cervix is well supported)
D -9
Ap +2
Bp +2 (posterior wall is 2 cm beyond the hymen)
Total Vaginal Length 10

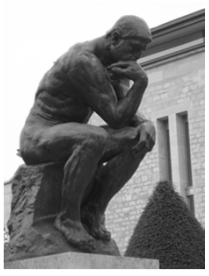
What treatments can we offer her?

Constipation and Defecation

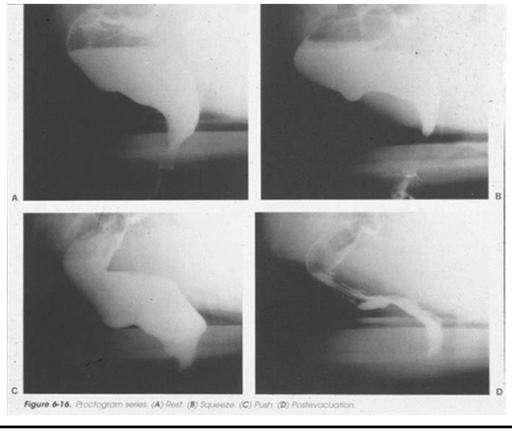
- Physiologic Studies
  - Colonic-Transit testing
  - Anorectal Manometry
  - Balloon expulsion test
  - Defecography

Constipation and Defecation

- MRI Defecography
- Cystoproctography
- Evacuation Proctography
  - Contrast administered and patient sits on commode-rests, contracts, and strains to defecate



Defecography Commode



Defecatory Dysfunction

- Conservative treatments:
  - Total dietary fiber 20-25 G/day
  - Osmotic laxatives
  - Toilet Regimen
  - Manual “splining” or vaginal pessary
  - Pelvic floor physical therapy

Rectocele Repair

- Highest success rates are with a trans vaginal midline plication of the vaginal wall muscularis
- Important to address apical prolapse if needed
- Important to address the perineum if needed

Rectocele Repair

- Staining, splinting and incomplete evacuation
  - about 65% improve or resolve these symptoms
  - the longer you have had these symptoms, the less likely they will resolve
  - normal posterior vaginal wall support is associated less postoperative straining and feeling of incomplete evacuation

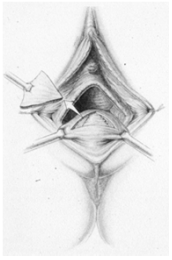
Rectocele Repair

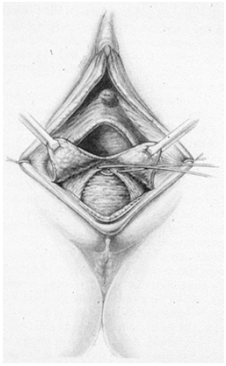
- Transvaginal repair of rectocele has a higher success rate than transanal repair
- There is no evidence to support the use of grafts in transvaginal repair of rectocele
- Overall sexual function scores improve after prolapse surgery, but 18% will report dyspareunia after rectocele repair

Posterior Vaginal Wall Prolapse

Components to the repair:

1. Perineal body
2. Levator ani muscles
3. Apical support at the uterosacral ligaments





Rectocele Repair

- Surgical Video

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References

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