



2nd International Surgery, Translational and Regenerative Medicine Conference

April 15-16, 2019 Valencia, Spain

Long-Term Results of Anorectal Physiologic Changes and Recurrence between Transanal Repair and Transanal Repair with Posterior Colporrhaphy in Patients with Symptomatic Rectocele

Joo Hyung Kim^{1*}, Dae Hyun Kim² and Yong Pyo Lee³

¹Ajou University School of Medicine, South Korea

²University of Alabama, USA

³Hanvit Hospital, South Korea

Background: Rectoceles are often associated with anorectal symptoms. Various surgical techniques have been described to repair rectoceles, but the surgical results vary. The aim of this study was to compare transanal repair (TAR) and transanal repair with posterior colporrhaphy (TAR+PC).

Methods: While 44 patients went through TAR, the other 49 patients went through TAR+PC. Patients were followed up with anorectal physiological studies three month post-surgeries. 22 patients who went through TAR and 25 patients who went through TAR+PC agreed to participate in a three year post-treatment check-up.

Results: Out of 22 patients that went through TAR, 3 of them (13.6%) scored higher than 15 on their constipation scoring system (CSS) 3-month post-treatment while 1 out of 25 patients that went through TAR+PC scored higher than 15 on their CSS 3-month post-treatment, which is considered as recurrence ($p=0.237$). With 7 patients from TAR treatment group (31.8%) and 2 patients from TAR+PC treatment group (8.0%) showing recurrence of rectocele at 3-year post-treatment observation, this research has found that TAR+PC resulted in much lower recurrence rate, when compared with TAR treatment method. In rectal sensation, sensory threshold ($p=0.001$) and early defecation urge ($p=0.003$), this research has shown that TAR+PC is more effective treatment method than TAR.

Conclusions: TAR+PC can help alleviate some symptoms through revitalizing the rectal sense and improving the rectovaginal septum. In other words, it is believed that addition of a simple treatment method can ultimately lead to lowering of a recurrence rate of rectocele.

Biography:

Dr. Joo Hyung Kim is a colorectal surgeon, graduated from Soonchunhyang University School of Medicine, South Korea in 1993. In 2006, he earned a Ph.D. from the Graduate School, Ajou University, South Korea. He is currently a professor at department of surgery, Ajou University School of Medicine. He is a recipient of the Scientific Award of the Korean Society of Coloproctology in 2004 and 2008. He is currently active as a Member of American Society of Colorectal Surgeon (USA), Member of International Society of University Colon & Rectal Surgeons (USA) and Board member of directors of the Korean Society of Coloproctology (Republic of Korea).