

Overview of Pelvic Operation for Obstructive Defecation

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The Paradox

- Rectoceles are often asymptomatic
- Rectoceles are common in healthy volunteers and constipated subjects
- Structural repairs are not always “successful”

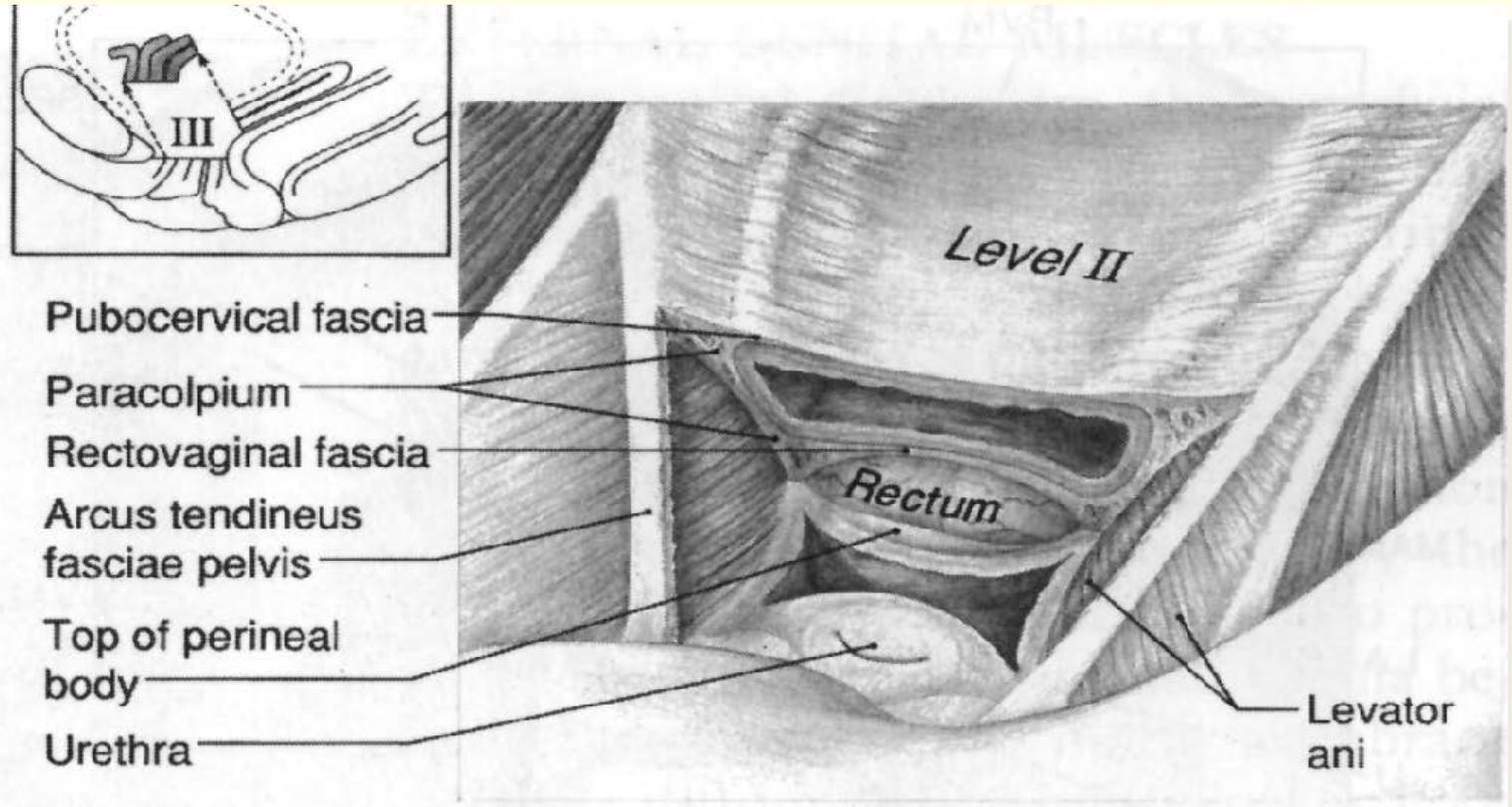


Introduction

- Do rectoceles cause defecatory dysfunction?
- Does defecatory dysfunction cause rectoceles?
- Do other sources of defecatory dysfunction effect surgical outcomes?
- Does structural repair improve function?



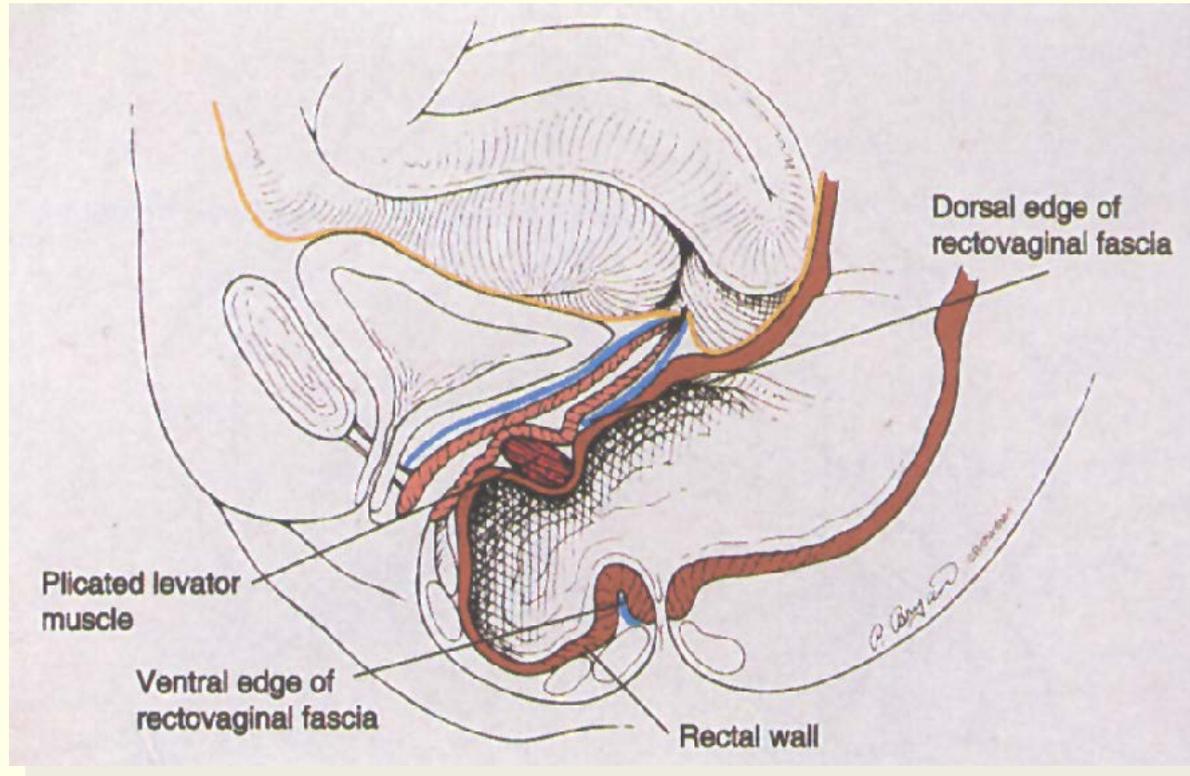
Vaginal fascial attachments



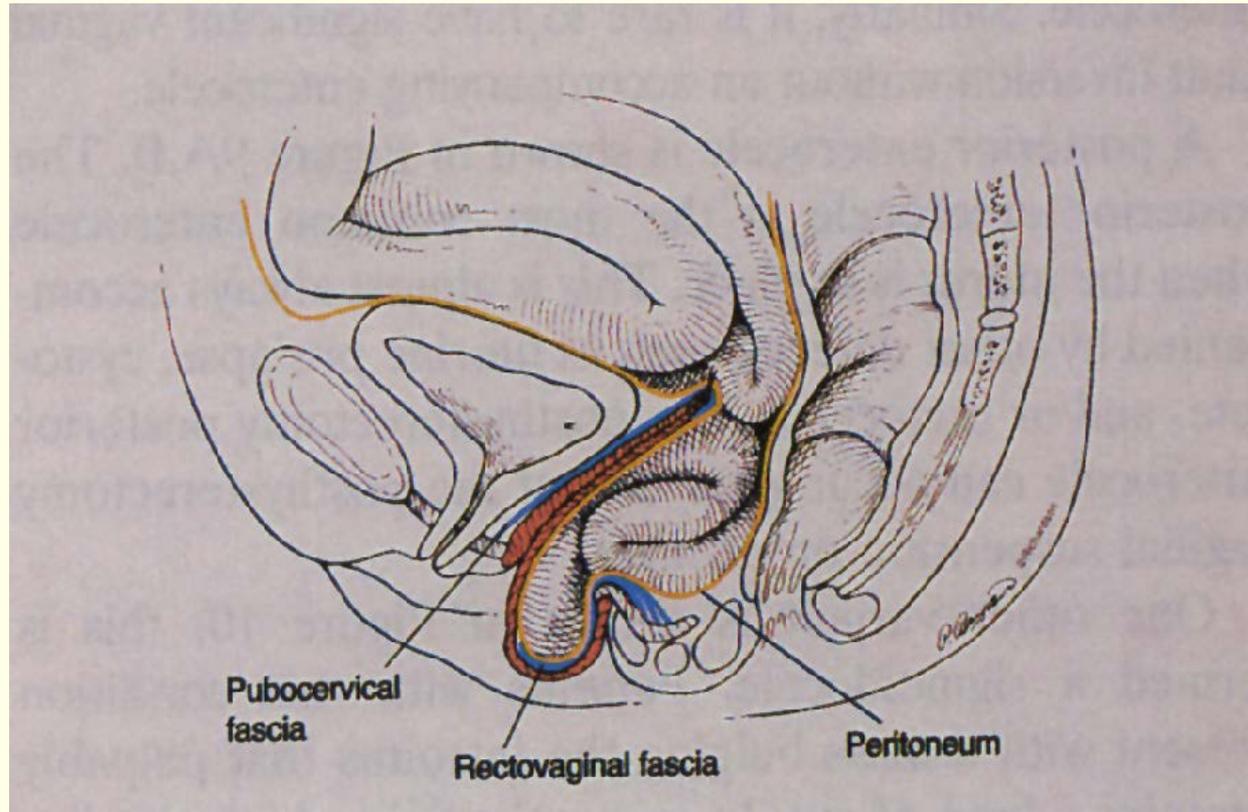
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Rectocele



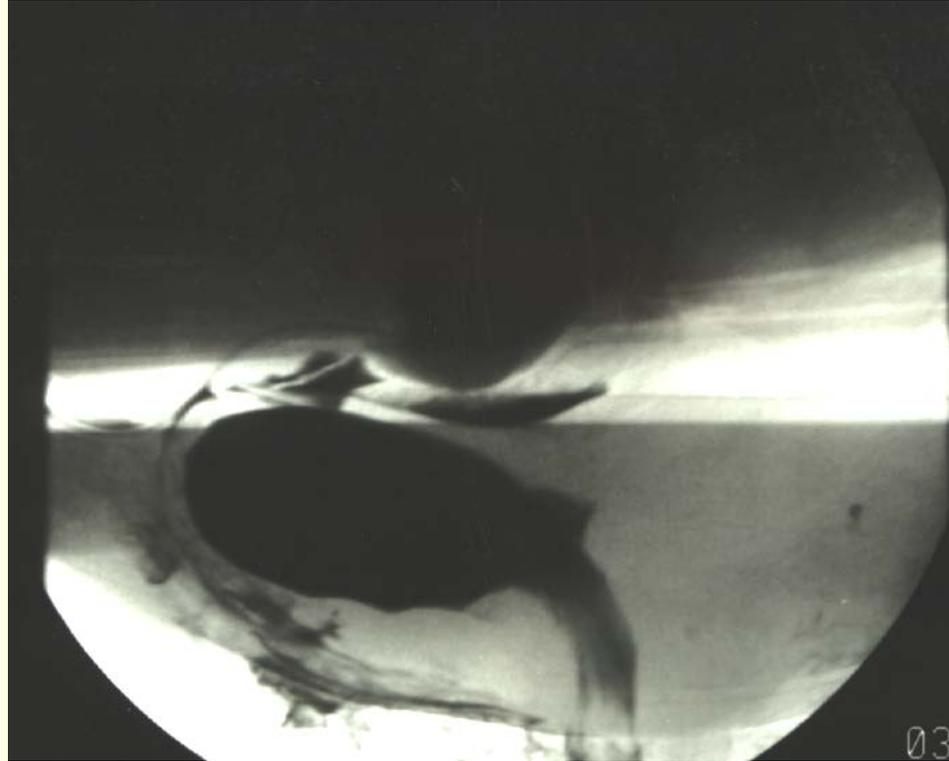
Posterior Enterocele



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Rectocele



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Posterior Vaginal Wall Bulge

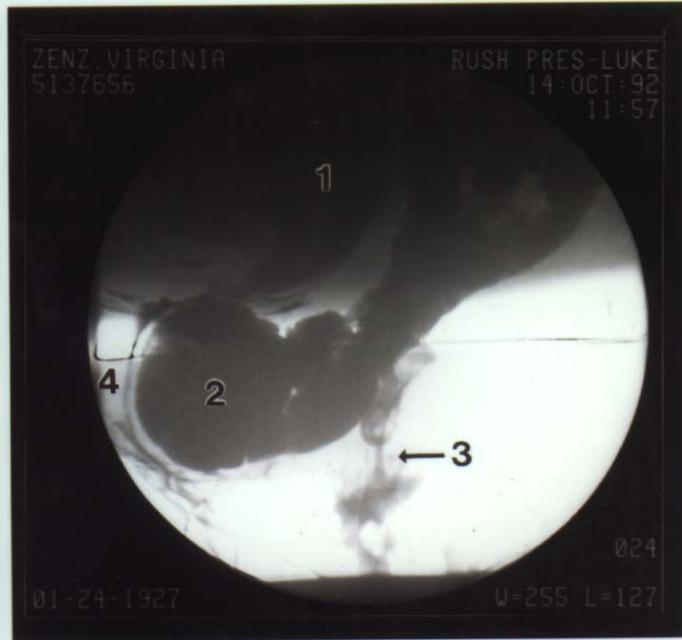


Fig. 1A. Posterior Vaginal Wall Bulge
1) Cystocele; 2) Enterocele; 3) Rectum; 4) Vagina

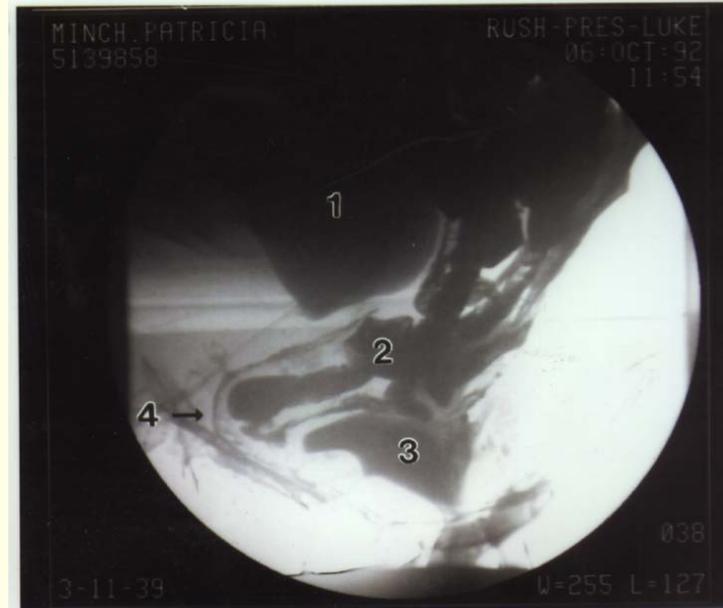


Fig. 1B Posterior Vaginal Wall Bulge
1) Bladder; 2) Enterocele; 3) Rectocele; 4) Vagina



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Do rectoceles cause symptoms?

- 98 women
- Fluoroscopic diagnosis
 - Contrast retention
 - Anterior rectal wall protrusion
- 76 rectoceles
- 22 normals

Kenton Int Urogynecol J 1999;10:96-99

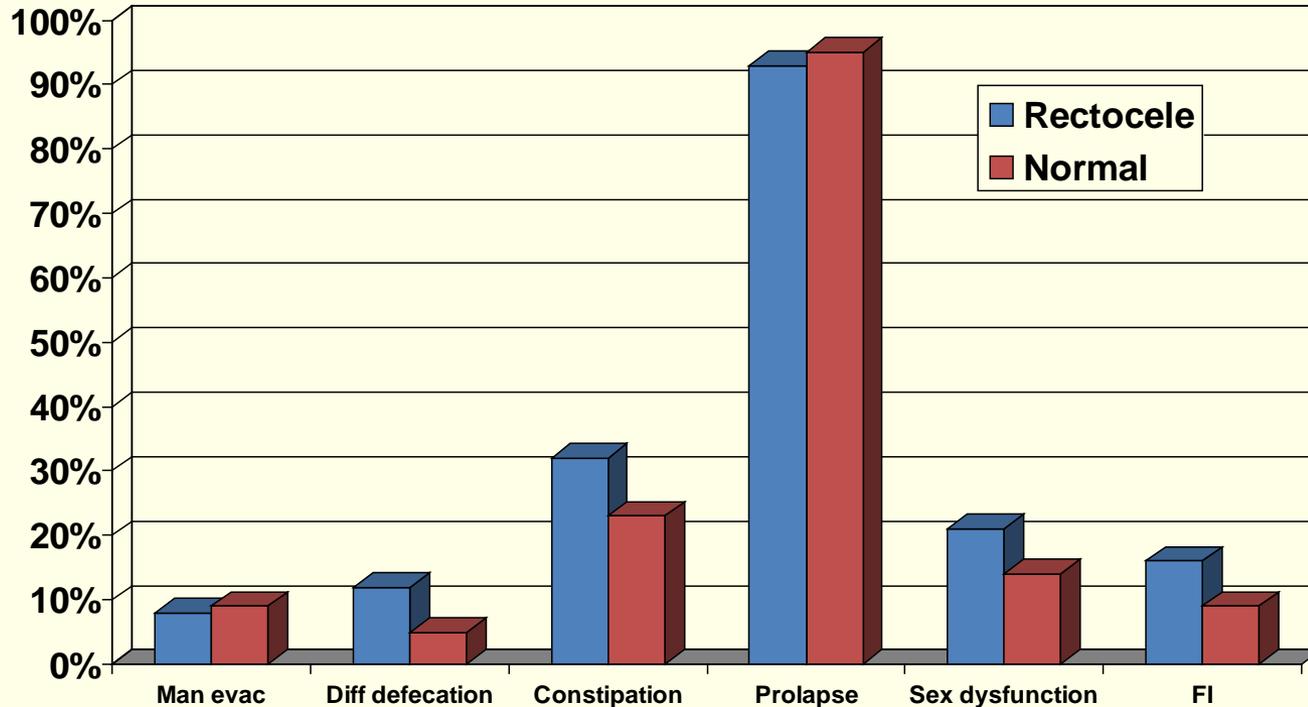


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Do rectoceleles cause symptoms?

No correlation between contrast retention and symptoms



Kenton Int Urogynecol J 1999;10:96-99



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Do rectoceles cause incomplete emptying?

- Evacuation proctography
- 11 patients with rectocele/barium trapping
- 11 patients with rectocele matched for size
- 11 without rectocele
- Balloon evacuation to simulate stool

Halligan Dis Colon Rectum 1995;38:764-768



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Do enteroceles obstruct defecation?

- 47 constipated patients
- 31 controls
- Proctography/Peritoneography
- 36 (77%) constipated patients with peritoneocele
- Peritoneal descent greater in constipated patients (3.5 vs. 0.4cm, $p < 0.001$)

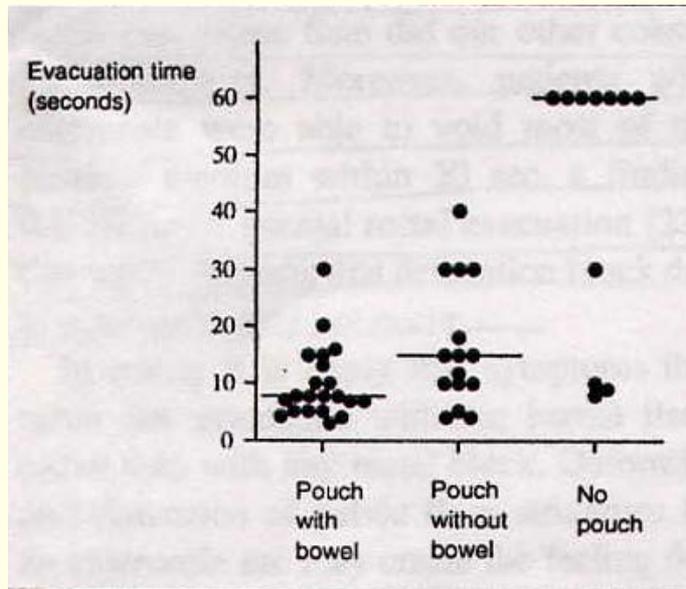
Halligan AJR 1996;167:461-466



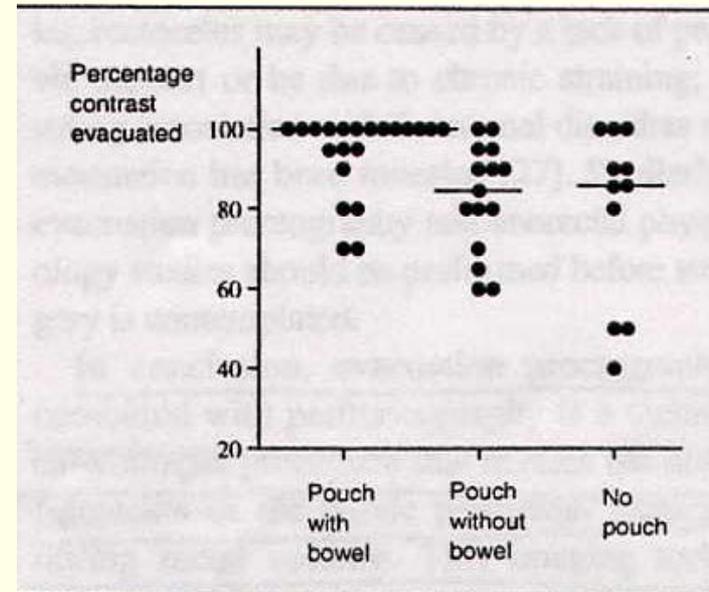
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Do enteroceles obstruct defecation?



$P = 0.008$



$P = 0.02$

Halligan AJR 1996;167:461-466



Does defecatory dysfunction cause prolapse

- Case control study
- 73 patients
 - Controls (n = 27)
 - SUI (n = 23)
 - Uterovaginal prolapse (n = 23)
- Controlled for parity, heaviest baby, age, menopausal status, forceps delivery

Spence-Jones Br J of Ob/Gyn 1994;101:147-152



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Does defecatory dysfunction cause prolapse

Onset	Symptoms	Controls (n = 27)	SUI (n = 23)	UV prolapse (n = 23)	P
Young adult	Straining	1 (4%)	7 (30%) ¹	14 (61%) ²	¹ 0.018, ² 0.0001
	BM < 2/wk	2 (27%)	2 (23%)	11 (48%) ³	³ 0.002
	Total	2 (27%)	7 (30%)	15 (65%)	
At present	Straining	1 (4%)	4 (17%)	19 (83%) ⁴	⁴ 0.00001
	BM < 2/wk	2 (8%)	3 (13%)	14 (61%) ⁵	⁵ 0.00006
	Total	3 (11%)	6 (26%)	22 (95%)⁶	⁶ 0.00001

Spence-Jones Br J of Ob/Gyn 1994;101:147-152



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Are functional results after rectocele repair affected by anismus

- Anismus
 - Symptoms of obstructed defecation
 - Paradoxical increase EMG activity or anal sphincter pressure with straining
- 1996-1998
- 59 patients
- Transanal repair
- 6 mos follow-up



Are functional results after rectocele repair affected by anismus

Symptom	No Anismus		Anismus		P
	Preop	Postop	Preop	Postop	
Constipation	43	16 (37)	16	11 (69)	0.03
Vaginal bulge	409	5 (13)	12	2 (17)	0.71
Vaginal stenting	24	3 (13)	4	2 (50)	0.71
Rectal stenting	23	3 (13)	9	6 (67)	0.002
Laxative use	43	29 (67)	16	14 (88)	0.124
Enema use	7	2 (29)	5	4 (80)	0.079

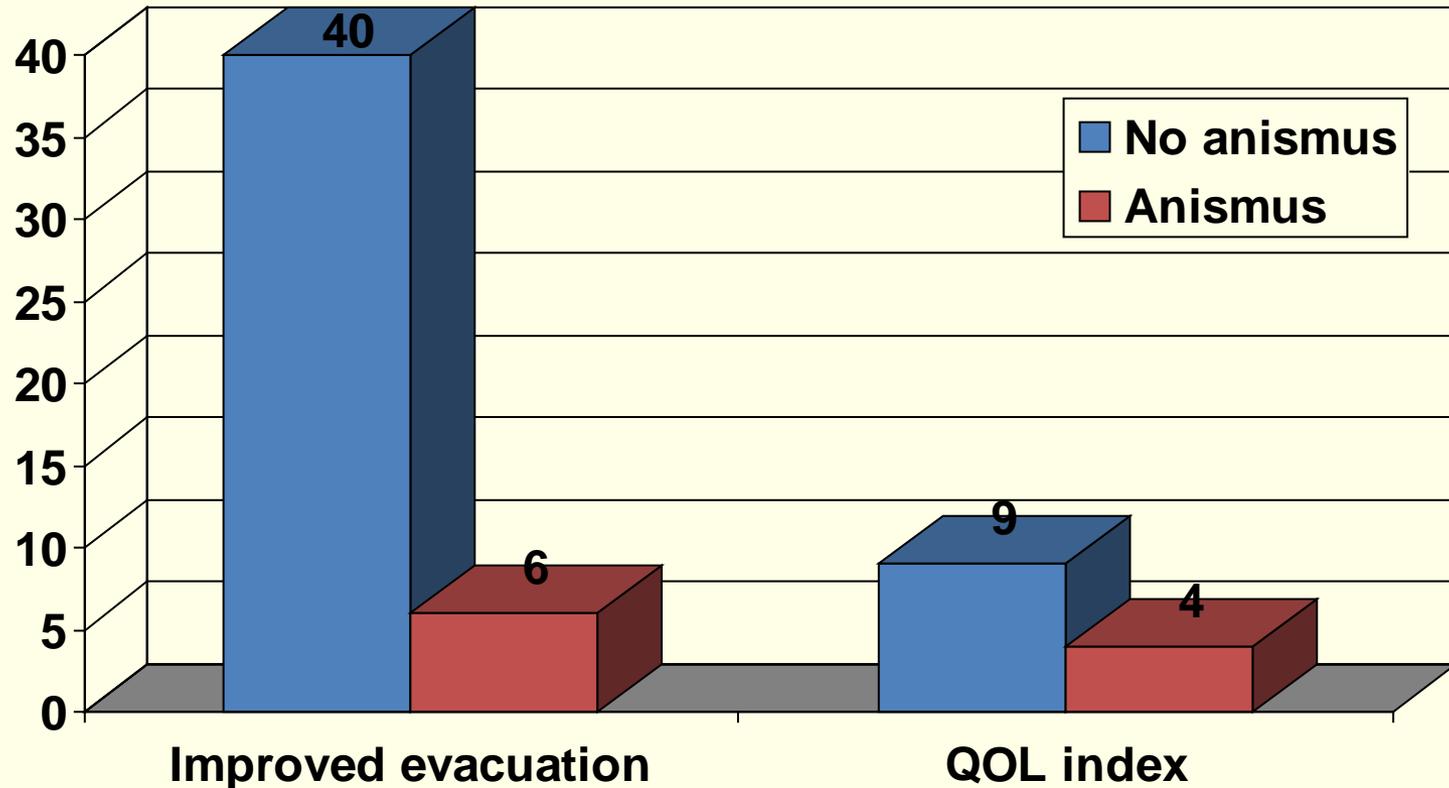
Tjandra Dis Colon Rectum 1999;42:1544-1550



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Functional outcomes after rectocele repair



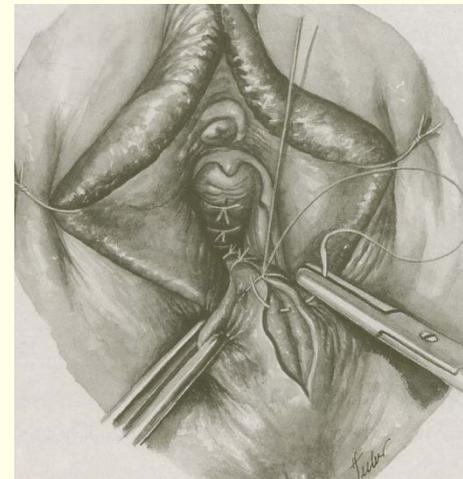
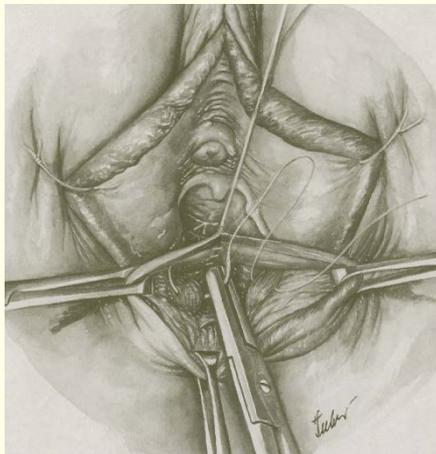
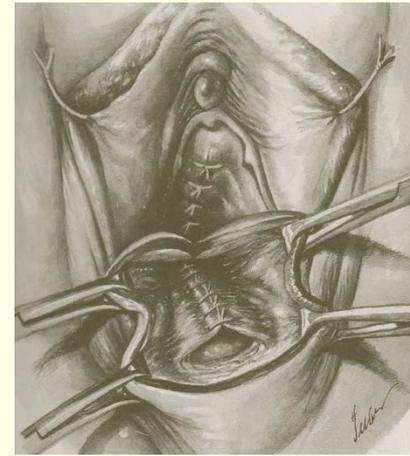
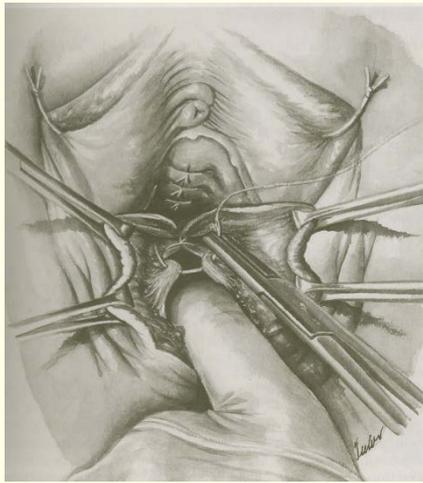
$P < 0.05$

Tjandra Dis Colon Rectum 1999;42:1544-1550



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Posterior colporrhaphy: Effects on bowel and sexual function

- 1989-1994
- 231 patients
 - 171 interviewed (74%)
 - 140 examined (61%)
- Retrospective cohort
- Levator ani muscles incorporated
- 76% rectocele cure rate

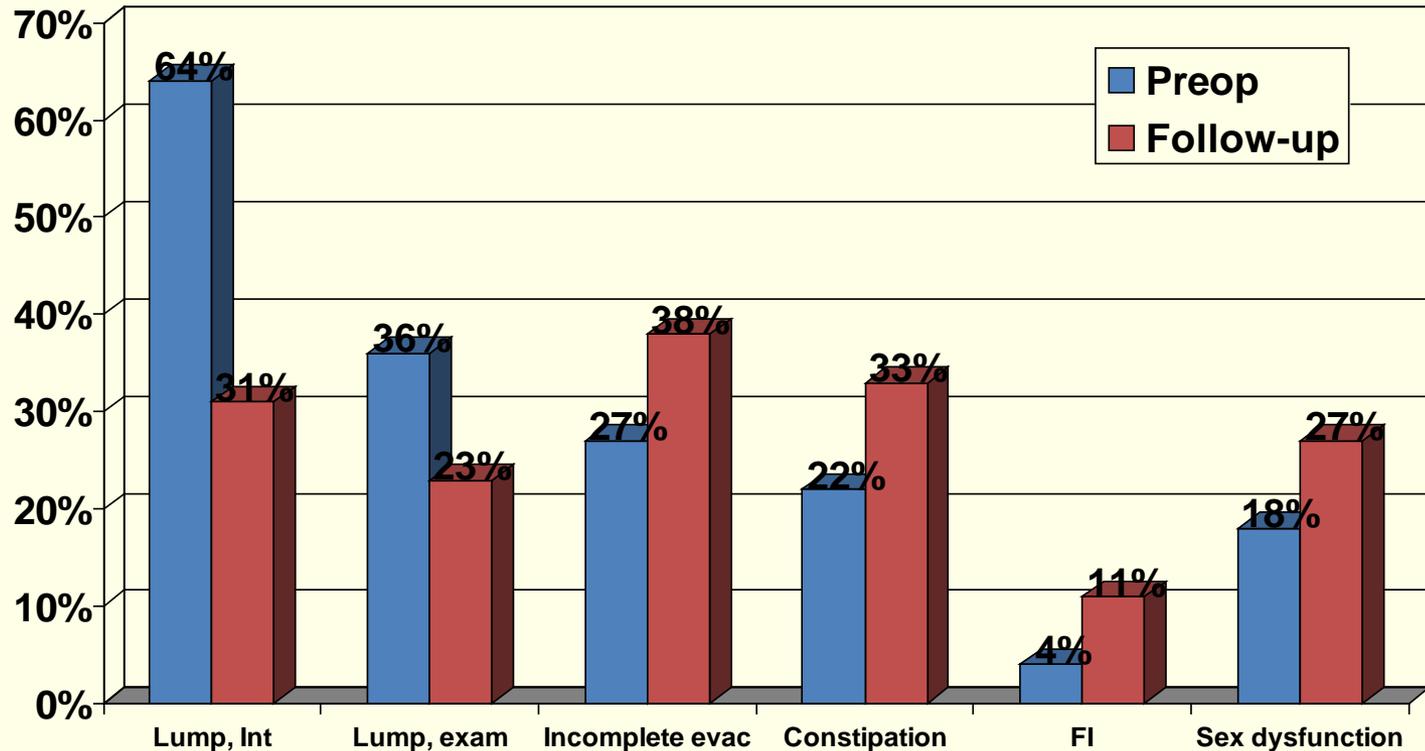
Kahn, Br J Obstet Gynecol 1997;104:82-86



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Posterior colporrhaphy: Effects on bowel and sexual function



$P < 0.05$

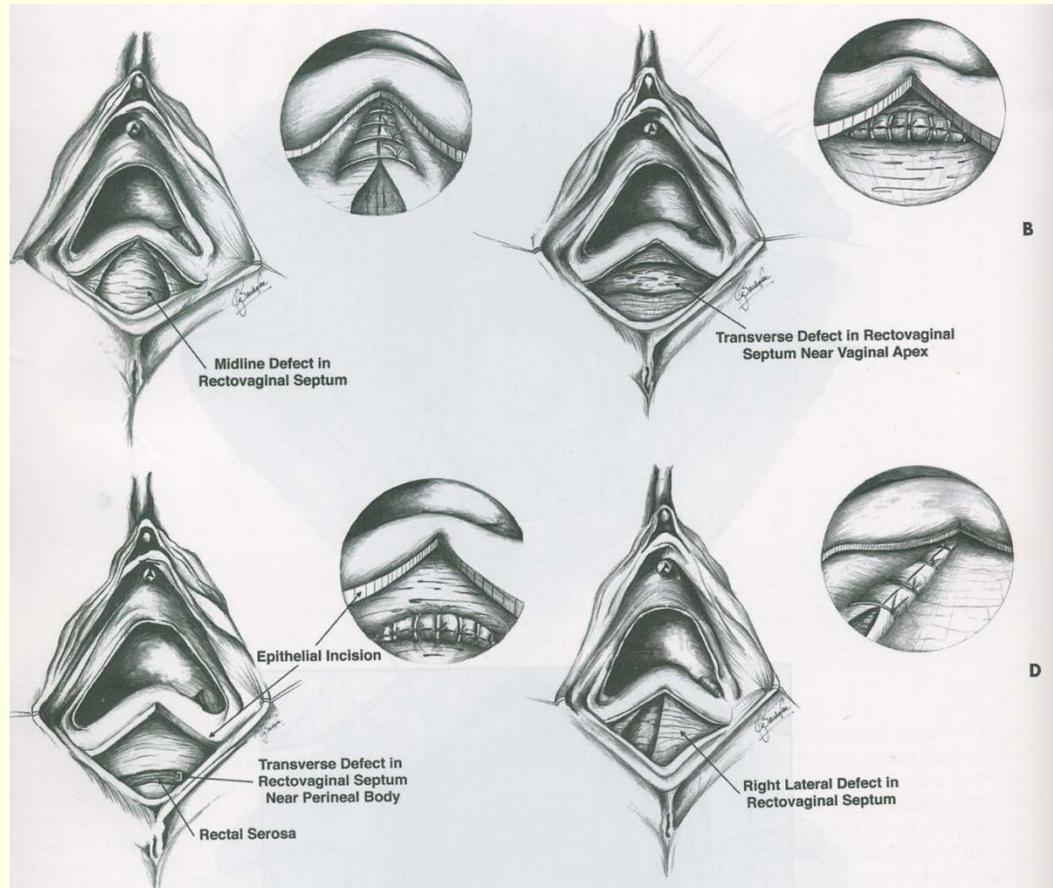
Kahn, Br J Obstet Gynecol 1997;104:82-86



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Site specific defect repair



Anatomic and functional assessment of discrete rectocele repair

- 69 patients
- Retrospective cohort study
- Follow-up
 - Initial follow-up 6 weeks
 - Long term follow-up 24 mos
- Symptom questionnaire (RR 87%)
- 82% rectocele cure rate

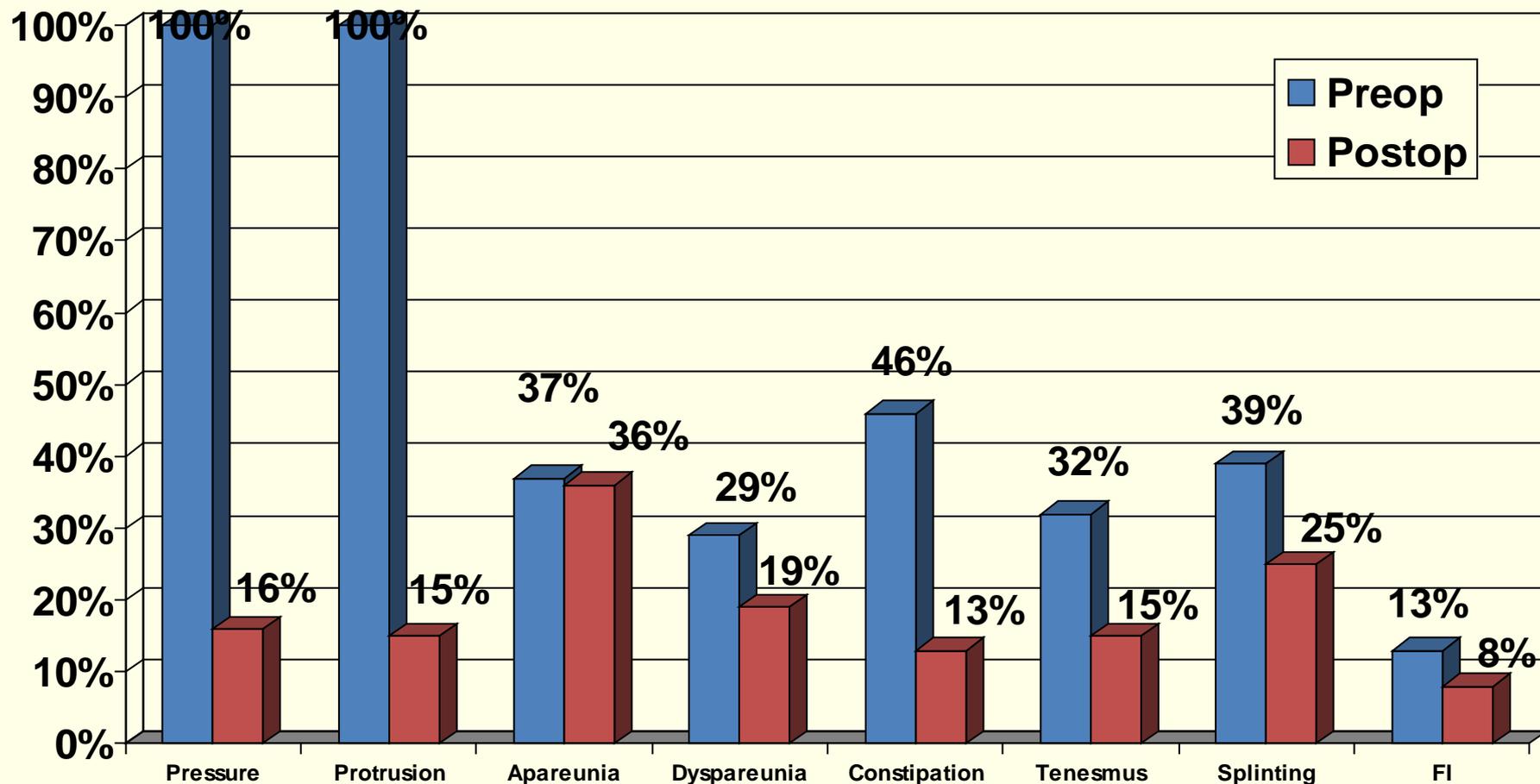
Cundiff Am J Obstet Gynecol 1998;179:1451-7



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Anatomic and functional assessment of discrete rectocele repair



Cundiff Am J Obstet Gynecol 1998;179:1451-7



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CARE Study RCT

- 305 patients with Stage II-IV POP
- Abdominal Sacrocolpopexy ± Burch
 - 87 with posterior repair
 - 211 without posterior repair
- 1 year follow-up

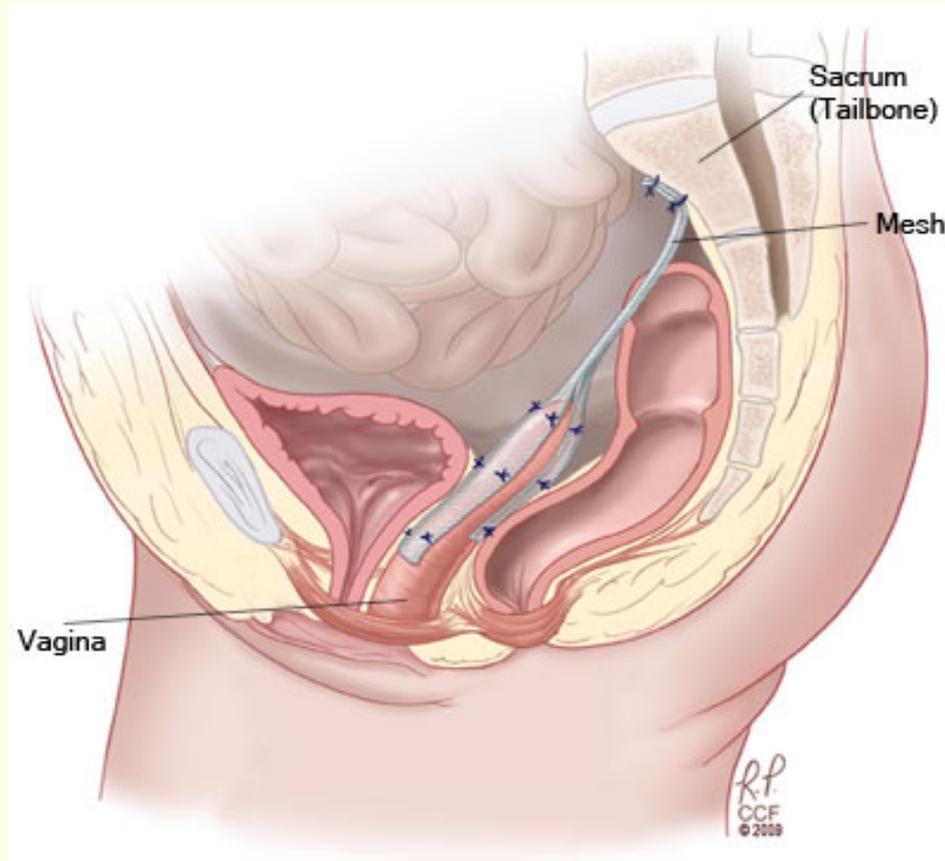
Bradley CS, Nygaard IE, Brown MB, et al. Bowel symptoms in women 1 year after sacrocolpopexy. *Am J Obstet Gynecol* 2007;197:642.e1-642.e8.



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Abdominal Sacrocolpopexy



Bradley CS, Nygaard IE, Brown MB, et al. Bowel symptoms in women 1 year after sacrocolpopexy. *Am J Obstet Gynecol* 2007;197:642.e1-642.e8.



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CARE Study RCT

- 71-88% reduction in symptoms of
 - Digital assistance to defecate
 - Excessive straining
 - Feeling of incomplete evacuation
- 50-75% reduction in fecal and/or flatal incontinence
- 10% denovo symptoms (with posterior repair)
 - Fecal incontinence with activity
 - Pain prior to defecation

Bradley CS, Nygaard IE, Brown MB, et al. Bowel symptoms in women 1 year after sacrocolpopexy. *Am J Obstet Gynecol* 2007;197:642.e1-642.e8.



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Conclusion

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