Main Abstract

Pelvic Floor
S23

ESC22ABS-1880

LAPAROSCOPIC RESECTION RECTOPEXY VERSUS DELORME'S PROCEDURE IN FULL THICKNESS RECTAL PROLAPSE –
A RANDOMIZED INTERNATIONAL MULTICENTRE TRIAL (DELORES-TRIAL-GROUP)

Florian Herrle*[1] and DELORES TRIAL GROUP
[1]Surgical Department, University Medical Centre Mannheim, Mannheim, Germany

Aim: The DeloRes trial investigates if laparoscopic resection rectopexy (LRR) is superior to Delorme's procedure (DP).
Method: DeloRes is a randomized, parallel-group, observer-blinded, expertise-based multicenter trial. Patients with full-thickness rectal prolapse were eligible. Primary outcome was time to recurrence of full-thickness rectal prolapse during 24 months after primary surgery. Secondary endpoints were time to and incidence of recurrence of full-thickness rectal prolapse during 5-year follow-up, duration of surgery, morbidity, hospital stay, quality of life, constipation, and fecal incontinence. Surgical interventions were consented and standardized. Primary outcome assessment was partly performed by a blinded, independent review board. Ethical approval was granted.
Results: Between Sept 2010 and Jan 2016 358 patients were screened in 13 colorectal expert centers in Germany and Switzerland. 70 patients were randomized in 8 centres. 65 patients are included in the analysis (3 males, 62 females). Mean age at surgery was 69.1 years (SD 13.2; range 33-90). 33 patients underwent LRR and 32 underwent DP.
Regarding primary outcome 1 of 33 patients (3.0%) had full thickness prolapse recurrence during 24mth follow-up in the LRR-group versus 12 of 32 patients (37.5%) in the DP-group (p=0.0003). Median time to recurrence was 11.9 months for LRR and 8.2 months for DP (range 0.3-19.8). Median duration of surgery was 212min (LRR) vs. 77min (DP) (p<0.001). Overall postoperative morbidity was very low; no anastomotic leakage occurred. Reoperation rate was higher for DP (0 % LRR vs. 33.3% DP; p=0.002). Quality of life (FIQL) and incontinence scores (Wexner) were superior for LRR.
Conclusion: Laparoscopic resection rectopexy was superior to Delorme's procedure with the caveat of loss to follow-up. This trial consolidates the role of laparoscopic resection rectopexy which can be considered safe and a standard of care for full thickness rectal prolapse in patients operated by colorectal expert surgeons.
Reference: https://pubmed.ncbi.nlm.nih.gov/22931552/

Disclosure of Interest: None Declared

FINAL ID: S24

SESSION SYMPOSIUM NAME:

TITLE: Development of a Consensus-Derived Synoptic Operative Report for Rectal Prolapse from the ASCRS Pelvic Floor Consortium

ABSTRACT BODY:

Purpose/Background: There is a paucity of evidence that directs best practice surgical care for rectal prolapse (RP). Standardization of procedure details is a necessary step for data collection since narrative operative reports may frequently omit important surgical details, The Pelvic Floor Consortium (PFC) aims to develop a synoptic operative report for RP that includes descriptors which achieved consensus by expert international pelvic floor surgeons.

Methods/Interventions: Data descriptors for prolapse surgery were generated through literature review and expert opinion. Members of the PFC were recruited to participate in a 3 round Delphi process using a 9 point Likert scale. Descriptors that achieved 70% agreement or higher were kept from the first round, descriptors scoring 40-70% agreement were recirculated in subsequent rounds. A final list of operative descriptors was determined at a consensus meeting using interactive voting, with a final consensus meeting more than 70% agreement.

Results/Outcomes: 176 surgeons, 91% colorectal and 9% urogynecologists or urologists practicing in North America (56%), Latin America(4%), Western Europe(29%), Asia(4%), and Africa(1%) participated in 3 rounds of Delphi voting. After two additional rounds and a final consensus meeting, 16 of 30 initial descriptors met 70% consensus. Descriptors included: Surgery type, posterior dissection, ventral dissection, mesh used, type of mesh used, mesh location, sutures used, suture type, pouch of Douglas and peritonea lclosure, length of rectum imbricated, length of bowel resected, levatoroplasty, simultaneous vaginal procedure, simultaneous gynecologic procedure, simultaneous enterocele repair, and simultaneous urinary incontinence procedure. A synoptic operative report containing these intraoperative descriptors is seen in Table 1. During an interactive meeting to review descriptors, 100% of attendees agreed to participate in completing a synoptic operative report as part of their workflow.

Conclusions/Discussion: This Delphi survey establishes consensus descriptors for intraoperative variables that have been used to produce a minimum of required fields in a synoptic operative report. PFC surgeons unanimously agreed to complete an operative template with minimum criteria to standardize operative reports for rectal prolapse surgery. This will allow communication between institutions by enhancing data collection, quality of measurement, and multicentric collaborations. The template can be expanded to include additional information depending on individual or local need and/or clinical scenarios.

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Core Descriptor	Options
Surgery Type	· Rectopexy · Ventral mesh rectopexy · Resection Rectopexy · Altemeir · Delorme
Posterior Dissection performed	· Yes · No · N/A
Ventral Dissection performed	· Yes · No · N/A
Mesh used	· Yes · No
Mesh type	· Biologic · Lightweight polypropylene · Polypropylene · Polyester · N/a
Mesh Location	· Anterior rectum · Posterior rectum · Circumferential · N/A
Suture used	· Permanent · Absorbable · Tacks · N/A
Pouch of douglas removed and peritoneum reclosed	· Yes · No · N/A
Length of Rectal Imbrication	· Integer 1-20 cm · N/A
Length of bowel resected	· Integer 1-50cm · N/A
Levatoroplasty	· Yes · No · N/A
Simultaneous Procedure	· Colpopexy · Anterior/posterior repair · Enterocele repair · Urinary incontinence procedure · Hysterectomy

Table 1: Synoptic operative report fields

IMAGE CAPTION: Table 1: Synoptic operative report fields

AUTHORS (FIRST NAME, LAST NAME): C. Olson[1], L. Bordeianou[2], L. Ferrari[4], C. Ratto[3], L. C. Oliveira[5], B. Gurland[6]

AUTHORS/INSTITUTIONS: C. Olson, Associate Professor, Baylor Scott & White Health, Dallas, Texas, UNITED STATES|L. Bordeianou, Professor, Harvard Medical School, Boston, Massachusetts, UNITED STATES|C. Ratto, Associate Professor, Universita Cattolica del Sacro Cuore Facolta di Medicina e Chirurgia, Roma, Lazio, ITALY|L. Ferrari, Senior Fellow, Guy's and St Thomas' NHS Foundation Trust, London, London, UNITED KINGDOM|L.C. Oliveira, Coloproctologia Dra Lucia de Oliveira, Rio de Janeiro, Rio de Janeiro, BRAZIL|B. Gurland, Professor, Stanford University School of Medicine, Stanford, California, UNITED STATES|

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FINAL ID: S25

SESSION SYMPOSIUM NAME:

TITLE: Treatment of Low Anterior Resection Syndrome Symptoms with Sacral Neuromodulation: Preliminary Results of a Randomized, Multicentric, Crossover Trial

ABSTRACT BODY:

Purpose/Background: Patients undergoing rectal resection are at risk of developing low anterior resection syndrome (LARS), which impairs their quality of life. Sacral neuromodulation (SNM) has been suggested to be effective to palliate LARS symptoms. The objective of this clinical trial was to assess the impact of SNM on LARS symptoms, measured by validated scores and bowel diaries.

Methods/Interventions: The SANLARS (Sacral Neuromodulation for LARS) was a prospective, randomized, multicentric, controlled, double-blinded crossover clinical trial held in 3 Spanish hospitals (NCT02517853). Patients who developed major LARS 12 months after transit reconstruction following rectal resection, who failed conservative treatment, were considered for inclusion. Included patients underwent a test phase by stimulation for three weeks with a tetrapolar electrode inserted in the S3 or S4 sacral foramina, connected to an external temporal generator. If there was at least a 50% reduction in baseline LARS score, they received a permanent subcutaneous implanted pulse generator (IPG). These patients entered a cross-over randomized phase in which the IPG was left active or inactive for four weeks (Group ON-OFF or Group OFF-ON). After a 2-week wash-out period, the IPG was activated or disconnected according to the group. After the cross-over phase, all IPG were left activated, and patients were followed up at 6 and 12 months. The aim was the relief of symptoms, measured with a reduction of LARS after advanced testing and at 12 months compared to baseline. At each visit, assessments were made using the LARS score, the St Mark's Continence score, and bowel diaries.

Results/Outcomes: A total of 46 patients (32 men) were included. After advanced testing, 35 patients (78%) had a LARS score reduction of over 50% respect to baseline and received IPG. During the crossover phase, all implanted patients showed a reduction in scores and improved diary symptoms, with better performance if the IPG was active (ON sequence). At 6- and 12-month follow-up, the reduction from baseline was maintained: the mean reduction in LARS score was -6.2 (-8.97; -3.43; $p<0.001$) and -6.97 (-9.74; -4.2; $p<0.001$), and St Mark's continence score -7.57 (-9.19; -5.95, $p<0.001$) and -8.29 (-9.91; -6.66; $p<0.001$), at 6- and 12-month follow-up, respectively. Total reduction in LARS score after testing was of 59.1% and 18.4% at 12 months. Urgency, bowel emptiness sensation and clustering episodes decreased 6 and 12 months with active IPG. No patients were lost, and three adverse events occurred, which were not related to the study.

Conclusions/Discussion: SNM provides symptoms amelioration in LARS patients. These results support the recommendation of this therapy for this syndrome.

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AUTHORS (FIRST NAME, LAST NAME): F. Marinello[1], D. Fraccalvieri[2], P. Planellas[3], M. Adell[1], J. Gil[3], E. Kreisler[2], G. Pellino[1], E. Espin[1]

AUTHORS/INSTITUTIONS: F. Marinello, M. Adell, G. Pellino, E. Espin, Hospital Universitari Vall d'Hebron, Barcelona, Catalunya, SPAIN|D. Fraccalvieri, E. Kreisler, Hospital Universitari de Bellvitge, L'Hospitalet de Llobregat, Catalunya, SPAIN|P. Planellas, J. Gil, Hospital Universitari de Girona Doctor Josep Trueta, Girona, Catalunya, SPAIN|

FINAL ID: S23

SESSION SYMPOSIUM NAME:

TITLE: ESCP Best Paper

Laparoscopic Resection Rectopexy versus Delorme's Procedure in Full Thickness Rectal Prolapse - A Randominzed Internation Multicentre Trial (DELORES-TRIAL-GROUP)”

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AUTHORS (FIRST NAME, LAST NAME): F. Herrle

AUTHORS/INSTITUTIONS: