Laparoscopic Rectopexy – A New Management for Rectal Prolapse at the Georgetown Public Hospital Corporation

Joshua Bhudial¹, Hemraj Ramcharran¹, Navin Rambarran¹ and Zoilo Leon¹

¹Georgetown Public Hospital Corporation, Georgetown, Guyana.

Authors’ contributions
This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information
DOI: 10.9734/JAMMR/2019/v30i1230261

Received 05 November 2019
Accepted 07 November 2019
Published 07 November 2019

ABSTRACT

Introduction: Rectal prolapse is a debilitating and unpleasant condition adversely affecting the quality of life. It is a distal displacement of the rectum through the pelvic diaphragm that produces pressure symptoms on other pelvic organs causing fecal incontinence, obstructive defecation, or even strangulation. Different perineal and abdominal approaches have been described for surgical correction of rectal prolapse. Laparoscopic Rectopexy has been proven to be an effective treatment for rectal prolapse.

Objective: LPR has recently been practiced as a method of treatment for rectal prolapse at GPHC. This study aims to assess the clinical and functional outcomes of the patients who underwent Laparoscopic Rectopexy in the effort to highlight this practice in Guyana and the Caribbean.

Design /Method: The study design includes a retrospective review and prospective follow-up of a series of 4 patients who underwent LPR at GPHC for rectal prolapse. Pre-operative, intra-operative and post-operative factors surrounding the procedure were recorded and analyzed.

Results: All patients were males of 29-52 years of age. One (1) Patient was a smoker and One (1) used alcohol. Two (2) patients had a previous perineal approach for rectal prolapse that recurred. No comorbidities were recorded. All patients had complete rectal procidentia. Laparoscopic Ventral Mesh Rectopexy was done for each patient. None of the cases were converted. All patients were fully ambulant by postoperative day one and all were discharged by postoperative day three. No short-term recurrence was recorded for three patients; the fourth patient did not complete the six months postoperative period.

Conclusion: Laparoscopic Rectopexy was successfully pioneered at GPHC as a method of management for rectal prolapse with good outcomes.
Keywords: Laparoscopic rectopexy; rectal prolapse; public hospital.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

© 2019 Bhudial et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.