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Research Article

**AN OBSERVATIONAL STUDY RELATED THE FREQUENCY
AND OUTCOMES OF RECTAL PROPLASE TREATED
SURGICALLY**¹Dr. Raisa Bakhat, ²Dr Anam Tanveer, ³Dr. Amna Afzal¹BHU Sarhali Kalan Kasur²BHU Ram Thaman Kasur³House Officer DHQ Teaching Hospital Gujranwala**Abstract:**

Purpose: To analyze the frequency and results of surgical treatment of full rectal prolapse.

Study Design: An Observational Study.

Place and Duration: The study was performed in Mayo Hospital, Lahore for the period of one year from June 2015 to June 2016.

Methods: Records of our medical records were taken and all adult patients who were referred and Surgically treated for rectal prolapse during the study period were reviewed. By contacting patients with letters and telephone Long-term follow-ups were made. The data were recorded in a standard two-page form and analyzed using SPSS 21.0 between different variables.

Findings: A total of twenty operations were performed (n = 20). All patients had complaints of presenting a dismissal, 70% (n = 14) had rectal bleeding, incontinence in 20% (n = 4), anal pain in 30% (n = 6). In 50% (n = 10) Chronic constipation of patients, 30% (n = 6) of obstructive uropathy, chronic cough, mental illness (n = 2) and weight loss. Primer procedure was performed in 70% of patients. 3 hours was the average time and 7 days' average stay with an average of 25 months. In 5% (n = 1) Early complications occurred and in 30% (n = 6) late complications occurs in the patients. Based on these data, a comparative analysis of different variables was made.

Conclusions: In adults only treatment for rectal prolapse is surgery. Several procedures have been performed to show that there is no other treatment for this problem. While male patient's ratio was higher, the chronic constitution was the most frequent risk factor, abdominal rectal pain was the preferred method, perineal procedures were performed at shorter operation time, hospital stay and more frequently.

Keywords: Rectal Prolapse, Perineal methods, surgical treatment.

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INTRODUCTION:

Rectal prolapse is defined as the arrest of all rectal wall layers and is synonymous with proximal. In Egyptian and Greek Civilizations Complex rectal prolapse is a rare pathology reported and a weak pelvic floor, associated with fecal incontinence, rectal bleeding, pain, constipation, all of which cause social embarrassment and discomfort. Complete rectal prolapse incidence has yet not been measured, but in women it is four times more common, in the elderly, in mental patients, and in patients with chronic constipation. In adults, full rectal prolapse can only be treated surgically, and hundreds of different surgical procedures have been described, with only a few of them still being treated. These procedures are classified as abdominal or perineal. In the last century, the latest research has provided a better understanding of etiology, which leads to much better results than surgery. However, despite experience and years of research, it is impossible to refute or identify significant clinically differences between various surgical procedures, and there is currently no standard surgical procedure. The choice of procedure depends largely on the experience of the surgeon, the age of the patient, and the physical form. Regardless of the procedure, there are significant morbidities such as prolapse, anal stenosis and fecal incontinence.

MATERIALS AND METHODS:

All adult patients who did not work, all rectal prolapse, and who were referred to the clinic were selected. Patients under 14 years of age and ambulatory reductions were not included.

information on the patient's procedure was recorded using our standardized two-page sections for the data demographic, clinical data form 569.1 ICD9-CM due to rectal prolapse (Diseases, 9th Edition, International Classification of Clinical Modification) The archives were followed up for a long time and were also accessed by telephone and letters of illness. The collected data were analyzed and comparative analysis was performed using SPSS version 21.0.

RESULTS:

20 total patients were selected for the study. Thirteen (65%) of the women were men (65%) (35%). 50 years + 22 years (19-74 years) was the average age. 48 +19 years was average age of males (18-72 years) and women 53 years + 24 years (19-74 years). Fecal incontinence (n = 4) complained of anal pain and only 20 cases of rectum, 30% of bleeding complaints were present in all patients (n = 20). For our patients most common risk factor in 50% of patients (n = 10) was chronic constipation. Weight loss, mental illness, obstructive uropathy in 30% (n = 6) and in 10% of patients (n = 2) chronic cough were the other risk factors included. In terms of presentations and well-known risk factors there was no significant statistically differences between male and female patients. The first surgical method was performed in 70% of our patients (n = 14). Twenty (n = 4) patients were subjected to the first procedure revised and subjected to the second revision procedure were 10% (n = 2). The mean duration of operation was 3 hours with difference of approximately 2 hrs. The average duration of stay was 8 + 3.6 days (4-12 days). In Table 1 the procedure details are given.

Table 1. Procedure details (n=20).

Procedure	No.	%
Rectopexy alone	9	45
- Posterior with mersilene mesh	7	
- Posterior with suture	2	
- Anterior	1	
Thiersch wiring	3	15
Rectosigmoidectomy alone	3	15
Perineal proctectomy	2	10
Rectosigmoidectomy with posterior rectopexy	1	5
Sigmoid colectomy with posterior rectopexy	1	5
Delorme's procedure	1	5

On data collected based, different variables comparative analysis was made. While comparing male and female patients, we know that the average female patients age was greater than that of males by 52 years. It was found that patients undergo perineal procedure were more likely had a high average survival time of 7.7 days compared to male patients which was 6.6 days. In terms of mean surgical time, presentation and complication there was no significant statistically difference between the two groups (Table 2).

Table 2. Comparison between male and female patients.

	Male	Female
No. of procedures	13	7
Mean age (years)	48 ±19 (18-72)	52 ± 23 (18-75)
Primary vs. Revision	Primary: 9, Revision: 4	Primary: 5, Revision: 2
Type of procedure	Abdominal: 3, Perineal: 4	Abdominal: 3, Perineal: 4
Mean operative time	187 minutes	171 minutes
Mean length of stay	6.6 days	7.7 days

Primary and revision procedures Comparison proved a higher average duration of operation and time of stay for undergoing revision surgery patients. Perineal and abdominal comparison of procedures proved that the average age of the perinealized patients was 53 years (19-71) higher when compared to 48 years (19-74) during the abdominal procedure. In addition, mean operative time and mean hospital stay were 266 minutes and 7.92 days in the abdominal group and 125 minutes and 5.89 days in the perineal group, respectively given in Table 3.

Table 3. Comparison of abdominal and perineal procedures.

	Abdominal	Perineal
No. of procedures	12	8
Gender	Male: 9, Female: 3	Male: 4, Female: 4
Mean age (years)	47 (18-75)	52 (18-70)
Type of procedure	Primary: 8, Revision: 4	Primary:6, Revision: 2
Mean operative time	266 minutes	124 minutes
Mean length of stay	7.92 days	5.88 days

Two patients responding to regular anal dilatations with Hegars dilators developed anal stenosis after the procedure; Both had perineal surgery, but there was no difference in recurrence and incontinence in the two groups.

DISCUSSION:

For the complete rectal prolapse treatment there is no standard or optimal procedure. Although more than 100 various surgical procedures have been defined so far, some are more acceptable than others, only some

are accepted in practice up to today, more than five hundred articles have been published in this topic. However, only some relevant clinical studies have been performed to know the "best" diet. The common

procedure in our center was Abdominal rectopexy, perhaps due to excellent outcomes in the literature in terms of incontinence and recurrence. Most surgeons have considered this method as the preferred operative procedure for prolapse control even in old patients. Another commonly used procedure is Thiersch cabling, which is a perineal form in three patients. Generally, the results of the ancianos. resection procedure was applied to three patients who underwent rectosigmoidectomy, a much wider procedure, but seven patients who were better, associated with the locking procedure reserved for the variety, longer surgery time and significant morbidity. In a patient undergoing abdominal rectosigmoidectomy, postoperative urinary retention was the only major complaint. On the basis of our male domain this can be explained. culture and inadequacy of perianal pathologies by the female population. It should also be remembered that our studies represent patients who had surgery only to detect proactivity and do not represent the population necessarily suffering from the disease. Female patients in our study were slightly aged than their male patients, which is often the case in most studies. There was no difference between the genders related to the presentation. Another finding was that female patients who were comparable in age and comorbidity to male patients were more exposed to perineal procedures than male patients. It has been shown that patients with prolapsus have irregular rectal bleeding, and that this is also an important problem that may be more prevalent before surgery than in general. In our study, 50% of patients (n = 10) had constipation; However, fecal incontinence occurs in only 20 percent (n = 4) of about 70 percent reported by other large series. This is also important because rectal prolapse is a famous anal incontinence cause, the clinical diagnosis may sometimes be difficult, but a specific prolapse treatment can improve the symptoms of anal incontinence. It is also found that some kind of mental illness is also present. According to published literature, at least ten percent (n = 2) of our patients.

CONCLUSION:

The study concluded that rectal prolapse surgery is rare and is the most common risk factor for chronic constipation. Perineal procedures were preferred for

older women and associated with shorter duration of surgery and duration of hospital stay.

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