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Transverse perineal support: A novel surgical treatment for perineal descent in patients with obstructed defecation syndrome

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Background: We hypothesized that pathological perineal descent may be responsible for the failure of operations for obstructed defecation syndrome and that correcting excessive perineal descent may improve the outcome in this group of patients.

Objective: To report the short-term preliminary results of a novel surgical procedure, Transverse Perineal Support, for the correction of pathological perineal descent.

Method: Prospective, uncontrolled, open-label study was conducted in a hospital and a university center. Among 25 patients observed with failure of previous surgery for obstructed defecation syndrome, 12 with pathological perineal descent underwent Transverse Perineal Support, were followed-up at 6 months and constituted the object of analysis. Interventions: The surgical procedure was performed positioning a porcine dermal implant just above the perineum superficial fascia sutured to the periosteum membrane of ischiatic tuberosities at the insertion of the superficial transverse perineal muscle. Main Outcome Measures: The main outcome measures were: obstructed defecation syndrome score, X-ray and magnetic resonance defecographic imaging evaluation of perineal descent and ano-rectal manometric parameters.

Results: Postoperative median obstructed defecation syndrome score was 7.0(3-8), showing a statistically significant difference if compared with the preoperative one, 13.5(9-18), ($P=0.0005$). The mean postoperative maximum intrarectal pressure was 69.4(11.1) mmHg, significantly higher than the preoperative one, 45.9(12.8), ($P<0.0001$). At postoperative X-ray and magnetic resonance imaging defecography, the mean fixed and dynamic perineal descent were significantly lower than the preoperative ones ($P=0.02$ for fixed perineal descent and $P=0.0004$ for dynamic perineal descent). Out of the four patients (33.3%) with preoperative pathological dynamic perineal descent, only 1 showed a persistent pathological dynamic perineal descent. No early or late complication was observed.

Limitations: The study was limited by its small size and short follow-up time.

Conclusions: Transverse Perineal Support would appear to be a promising, safe and effective procedure in the treatment of obstructed defecation syndrome associated with pathological perineal descent.

Biography

Dr. Adolfo Renzi, graduated in Medicine and Surgery (1996) and specialized in General Surgery (2002) at the Faculty of Medicine of the Second University of Naples. At the same university he obtained the title of Doctor in Research (2006). Colonoscopy training has matured, as a research fellow, at the Department of Color Surgery at Cleveland Clinic Florida, USA (2000). Author of several scientific papers, published in national and international journals, has conducted research at the Second University of Naples, dealing mainly with advanced laparoscopic surgery and post-operative early feeding. He is currently Chirurgical Group Manager and is Coordinator of the Colon Pathology Unit "Pelvic Care Center" at the Clinica Villa delle Querce di Napoli. Inotre, he is the President of the Italian Society of Colon Proctology (SIUCP).

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