

MEETING ABSTRACT

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Morphological rectal alterations following STARR performed for obstructed defecation syndrome

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Background

Anorectal functional disorders are common disease involving about a quarter of population. Most patients concerned are females complaining of one or more symptoms, with a negative impact on quality of life, and high social costs. Traditional surgical treatments are frequently unsatisfactory, indeed some surgeons opt for conservative therapy consisting in the pelvic floor rehabilitation. A new surgical technique, the STARR (stapled trans-anal rectal resection) seems to show encouraging results. STARR aims to improve obstructed defecation syndrome (ODS) symptoms by the correction of the associated rectal anatomical alterations, such as rectocele and/or rectal intussusception. Contraindications to STARR are represented by stenosis, perianal sepsis, malignancy, enteroceles, sigmoidecele.

Patients and methods

Thirty-five patients were investigated by dynamic defecography before and after STARR. Preoperative imaging findings were: rectocele, recto-rectal intussusceptions, internal mucosal rectal prolapse, full-thickness rectal prolapse, descending perineum and paradoxical puborectalis syndrome. Four and six months after surgery, defecographic follow-up was carried out.

Results

In only one case, the rectal intussusception was not corrected by surgical treatment; in two patients, partial reduction of rectocele was found. Two patients, in which the STARR corrected functional and anatomical defects, showed a iatrogenic rectal diverticulum anterior and posterior respectively. In thirty patients, an

“hourglass” stricture was found and the rectal ampulla was reduced in size and length.

Conclusions

The STARR represents an effective surgical treatment in patients with ODS symptoms. Dynamic defecography is a useful method to define patients who require surgical treatment and to investigate the causes of surgical failure or relapses.

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