Same-day Discharge and Quality of Life for Primary Laparoscopic Rectopexy for Rectal Prolapse in Children- A 10-Year Experience

Obiyo O. Osuchukwu
ooosuchukwu@cmh.edu

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/researchdays

Part of the Disease Modeling Commons, Pediatrics Commons, and the Surgery Commons

https://scholarlyexchange.childrensmercy.org/researchdays/GME_Research_Days_2020/researchday4/7

This Poster Presentation is brought to you for free and open access by the CONFERENCES, EVENTS, GRAND ROUNDS at SHARE @ Children's Mercy. It has been accepted for inclusion in Research Days by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
Title: Same-day Discharge and Quality of Life for Primary Laparoscopic Rectopexy for Rectal Prolapse in Children- A 10-Year Experience

Submitting/Presenting Author: Obiyo Osuchukwu, MD MPH
Primary Email Address: ooosuchukwu@cmh.edu
Pediatric Surgical Scholar Fellow

Primary Mentor: Rebecca Rentea, MD
Other authors: Robert M. Dorman, Charlene Dekonenko, Wendy Jo Svetanoff, Jason D. Fraser, Pablo Aguayo, Shawn D. St. Peter, Tolulope A Oyetunji

IRB Number: 644

Describe role of Submitting/Presenting author: Study Design, data acquisition, analysis, interpretation and drafting of manuscript.

Background:
Rectal prolapse (RP) in pediatric patients may require surgical intervention. Varying surgical approaches and heterogenous patient populations have resulted in difficulty defining surgical outcomes and superiority of technique.

Objectives/Goal:
Our goal is to review our surgical and self-reported outcomes of patients who underwent laparoscopic rectopexy for idiopathic RP.

Methods/Design:
Records of children under 18 years who underwent primary laparoscopic rectopexy between March 2009 and March 2019 were retrospectively reviewed. Patients with re-do rectopexy were excluded. Demographics, pre- and post-operative treatment and outcome data were collected and reported using descriptive statistics. Qualitative analysis of a Quality of a Life (QoL) questionnaire administered to patients and parents 2-10 years post-operatively was performed.
Results:
Fifteen patients were included. Median age at surgery was 5 years (IQR 3, 12.5); 60% were male and median weight was 22 kg (IQR 16.4, 39.2). Median length of stay was 6 hours (IQR 4, 22) with 9 (60%) discharged the same day. Perioperatively, 73% were on laxative for constipation while only 33% were on laxative therapy at 6 months post-rectopexy. Median follow-up was 19 months (IQR 8, 39). Three patients (20%) suffered recurrent rectal prolapse (two required redo rectopexy), and three minor complications were noted (hemorrhoids (n=1), self-limited urinary retention (n=2)). Respondents to the QoL questionnaire indicated improvement in symptoms following surgery. No patient reported fecal incontinence, smearing or leakage of stool.

Conclusions:
Laparoscopic rectopexy is a safe, minimally invasive approach for children with idiopathic rectal prolapse which offers high patient satisfaction with same-day discharge, early recovery and relatively low recurrence.