



Stappled Transanal Rectal Resection (STARR) for Rectocele

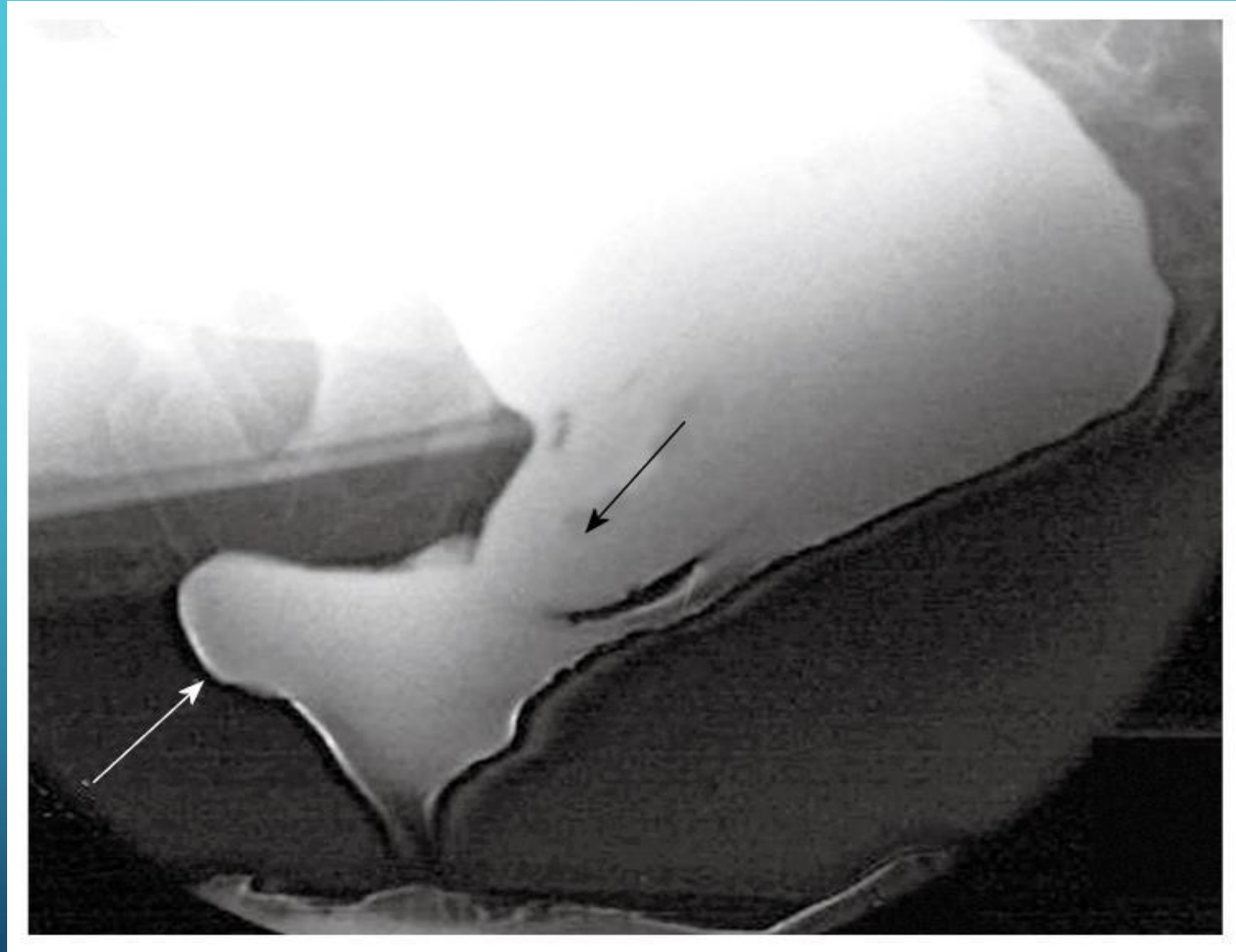
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CASE 1:

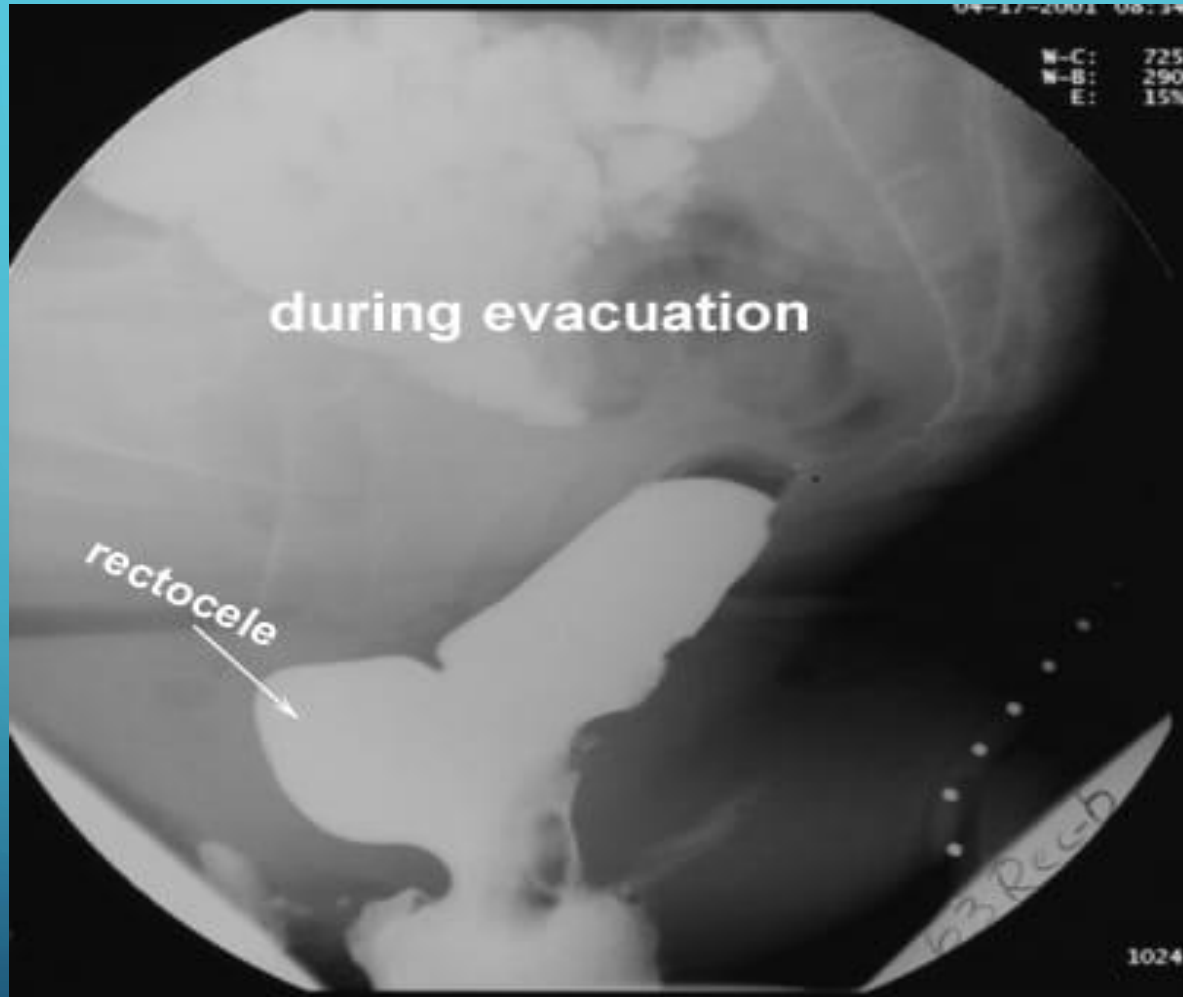
- 45 year-old female, 3 vaginal deliveries
- ODS (excessive straining, incomplete evacuation and vaginal digitation) since 3 years and dyspareunia
- Defecography>>> anterior rectocele and recto-rectal intussusception
- Dynamic MRI>>> Moderate pelvic floor descent, 5 cm anterior rectocele and circumferential recto-rectal intussusception
- EMG>>> anismus
- On biofeedback since 1 year...no improvement
- Managed by CPH 36 circular mono-stapler





CASE 2:

- 42 year-old male, history of prostatectomy 4 years ago.
- ODS (excessive straining, incomplete evacuation and water jets) since 2 years.
- Defecography>>> recto-rectal intussusception, anterior rectocele
- Dynamic MRI>>> Mild pelvic floor descent, 4 cm anterior rectocele and recto-rectal intussusception
- EMG>>> anismus
- On biofeedback since 8 months...no improvement
- Managed by high volume CPH 36 circular mono-stapler





POSSIBLE COMPLICATIONS:

1. Fecal urgency
2. Stapled line bleeding
3. Pelvic hematoma
4. Stapled line dehiscence
5. Pelvic sepsis
6. Stapled line granulomas
7. Rectal stenosis
8. Rectovaginal fistulae

CONCLUSION

- STARR using high volume CPH monostapler is safe and effective for treating ODS
- The key to success is patient selection (anatomical causes)
- The procedure needs only 24 hrs hospitalization, patients can resume their daily activity at third postoperative day
- Stapler cost may be the only obstacle



**YOUR ATTENTION IS MUCH
APPRECIATED**