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## DIFFERENT SURGICAL MANAGEMENT FOR COMPLETE RECTAL PROLAPSE: THREE CASE SERIES

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**Aim:** To present our experience in different surgery for complete rectal prolapse (CRP) in elderly patients.

**Methods:** Two patients with significant comorbidities, woman (I) and man (II) 78 years old, chronically constipated, presented with CRP, associated with faecal/urine incontinence during last 4 months. Digital examination revealed reduced sphincter tone and voluntary contractility of puborectalis. Colonoscopy, CT and manometry helped diagnostic evaluation. The woman had also rectocele. The third patient, woman 69 years old (III), suffered from worsening constipation, accompanied by faecal incontinence for 7 years and urine incontinence with rectocele from 3 years. She presented with CRP associated with patulous, less functional anal sphincter due to radiotherapy for squamous anal carcinoma before 17 years; she had postanal repair for faecal incontinence 6 years ago. Her endoscopy revealed dolichosigmoid with diverticulosis; CT/MRI described CRP and rectocele. Cases I and II underwent Altemeier's procedure; segments excised measured 21 and 23 cm. Case III underwent open laparotomy; low anterior rectal resection, extended up to mid descending colon, coloanal anastomosis with presacral fixation of rectum, and left loop transversostomy were performed.

**Results:** Postoperative courses of cases I and II were uneventful with discharge at day 4, after bowel movement. Early and steady improvement of constipation, maintaining of faecal/urine continence and no recurrence are noted during follow-up of 19 and 16 months respectively. Case III had uneventful outcome, was discharged at day 8. During 20 months of follow-up she is satisfied with her ostomy and denied its closure, besides promising results of postoperative specific tests.

**Conclusions:** The Altemeier's procedure for treatment of CRP in elderly and high-risk patients is safe and effective, followed by restoration of faecal and urine continence, as well as improvement of constipation. In case of functional disturbance of anal sphincter and dolichosigmoid with diverticulosis, colectomy/colostomy for CRP is preferred

### Biography

Avgoustou C has specialized in General Surgery, working in the Greek National Health System since 1988, and his main areas of interest are Colon and Pelvic Surgery, Hepatobiliary Surgery, Gastric Surgery and Thyroid Surgery. He has been Director of Surgery in the Surgical Department of General Hospital of Nea Ionia "Constantopoulion - Aghia Olga - Patission" since 2008. He is Member of numerous Medical Societies. He has participated in hundreds of Congresses, with presentation of his work in 160, international in their majority. He has 111 publications, with 42 of them in international English-language Medical Journals. He has been trained in specific surgical topics, such as laparoscopic surgery, thoracic surgery, pelvic surgery etc.

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