

An Unusual Complication of Ripstein Rectopexy

Dear Madam,

Rectopexy is one of the standard operations described for the surgical management of rectal prolapse. We report a rare and hitherto unreported complication of ripstein rectopexy and its subsequent management is discussed.

A 78-year-old Caucasian female presented to the outpatient clinic with complaints of loose stools, tenesmus as well as passing fresh blood per rectum for 4 months. Three years prior to presentation, she had undergone a ripstein rectopexy for rectal prolapse. General physical and abdominal examinations were normal. At flexible sigmoidoscopy, an inflamed, friable area of rectal mucosa on the left lateral wall was seen, that also bled on contact. In the center of this inflamed area, a loop of blue suture material with an intact knot was seen. The suture was grasped with a biopsy forceps, drawn into the lumen and divided. A length of 8cm of suture was removed, careful examination revealed that this was polypropylene (prolene) that had been used to fix the marlex mesh to the rectal wall.

Her postoperative recovery was normal and the symptoms disappeared by the fourth postoperative day. A repeat sigmoidoscopy six weeks after the operation showed completely normal looking rectal mucosa at the site of the original inflammation. The patient remains well at followup with no evidence of recurrence of the rectal prolapse.

Rectal prolapse is a distressing condition where the rectal mucosa protrudes through the anus, it is commoner in females especially in the 7th and 8th decades. Several procedures have been described for the surgical management of rectal prolapse, but ripstein's rectopexy has emerged as a safe and effective procedure¹⁻³. Originally described in 1963 the procedure involves mobilizing and then anchoring a straightened rectum using a marlex mesh on to the sacrum⁴. The operation has a success rate of around 80%. Faecal incontinence can persist after the operation in a third of patients and at least a similar number become constipated⁵. It is thought that the constipation is caused by a tight mesh causing luminal stenosis. Sling erosion into the rectum is a disastrous complication that usually leads to fatal infection⁶. A similar complication has been documented after abdominal sacrocolpopexy⁷.

Our patient had erosion of the suture material into the rectal lumen which was causing the symptoms. Such a complication has not been reported before and simple removal of the suture material was sufficient to cure the patient's symptoms.

Consequently, fixation of the mesh to the rectal wall must be performed carefully taking special care not to penetrate the rectal mucosa⁸. If in doubt, a sigmoidoscopic examination of the rectum at the operation can be performed.

In conclusion ripstein's rectopexy is a safe and effective procedure for rectal prolapse. Key to the success of the operation is complete mobilization and secure fixation of the rectum using a mesh. Suture erosion into the rectum is a rare complication and may present similar to the case described above. Simple removal of the suture endoscopically results in an effective cure.

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