Resektionsrektopexie
mit Omentum Majus Plastik

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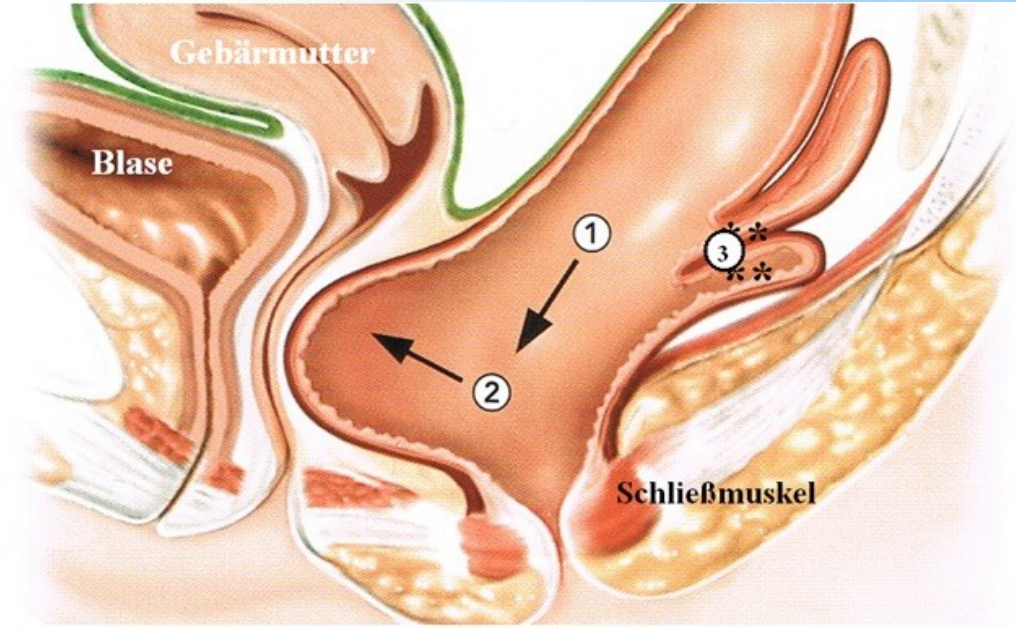
LKH Wolfsberg

Brač 2016 - ISDS

Korrektur des Rektumprolaps

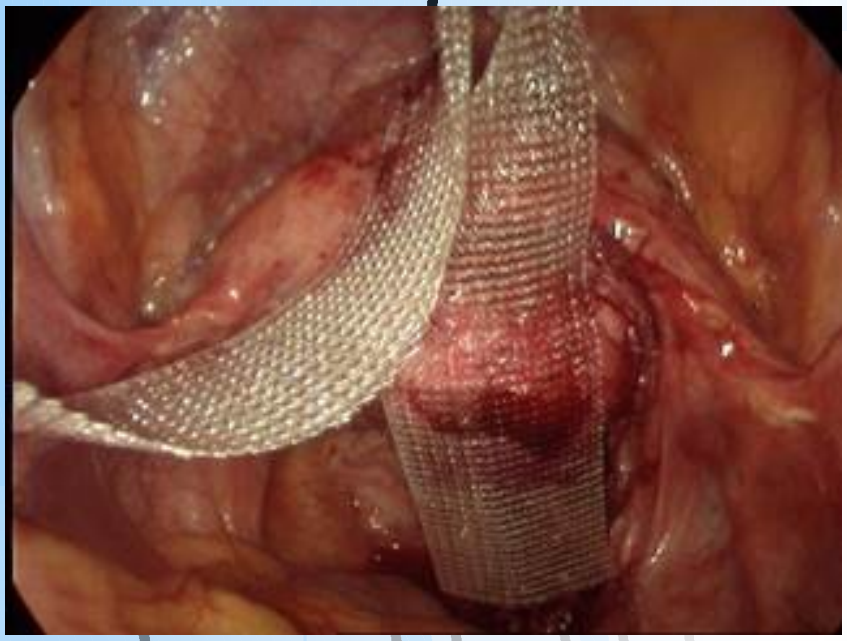
- Resektionsrektopexie
- Rektopexie
- Stoma
- Delorme

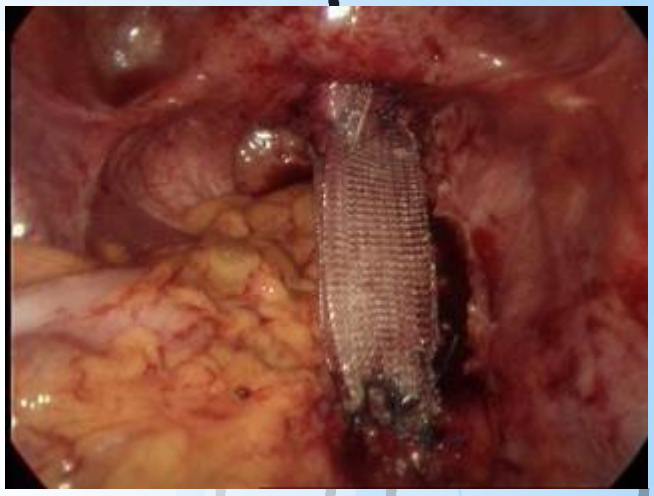


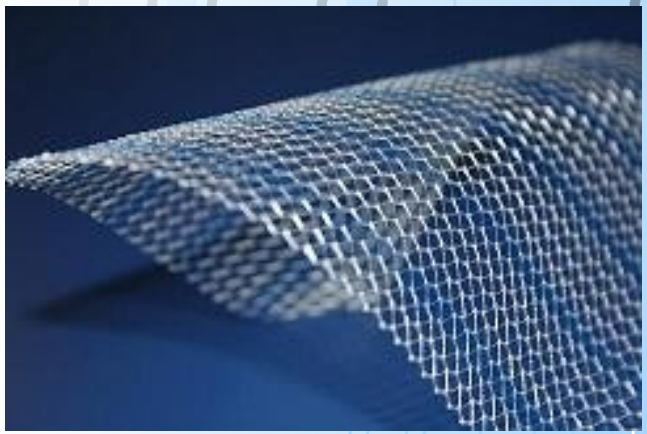
Anomalien des Beckenbodens bei einer obstruktiven Defäkationsstörung:
① Verlagerung des Rektums nach unten (fällt in sich zusammen)
② Rektozelle (Stuhlereservoir)
③ Einstülpung des Enddarms

[Quelle:Ethicon Endo-Surgery Norderstedt]

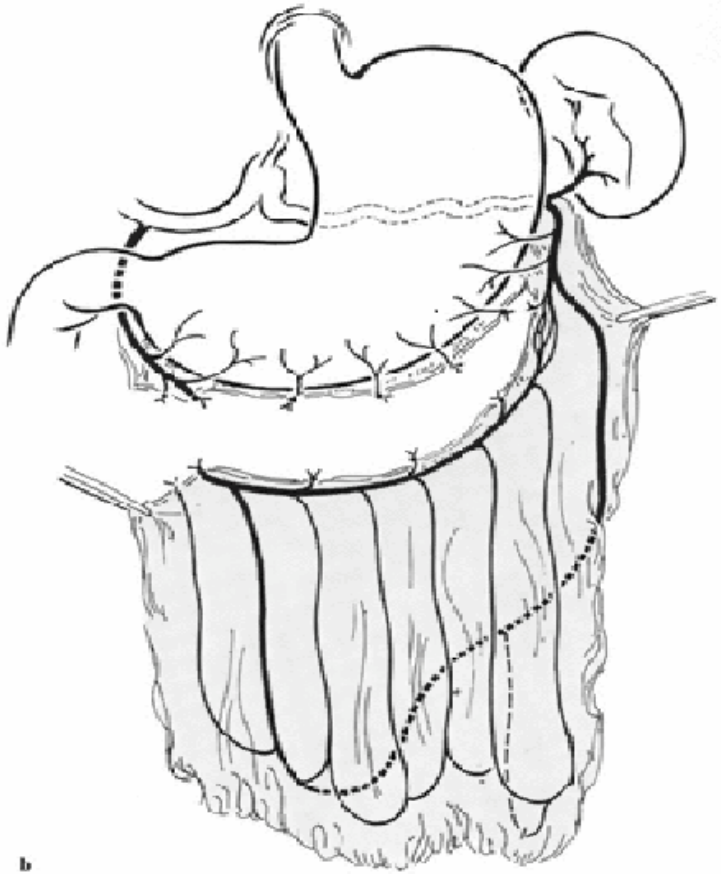
Heterogenes Material

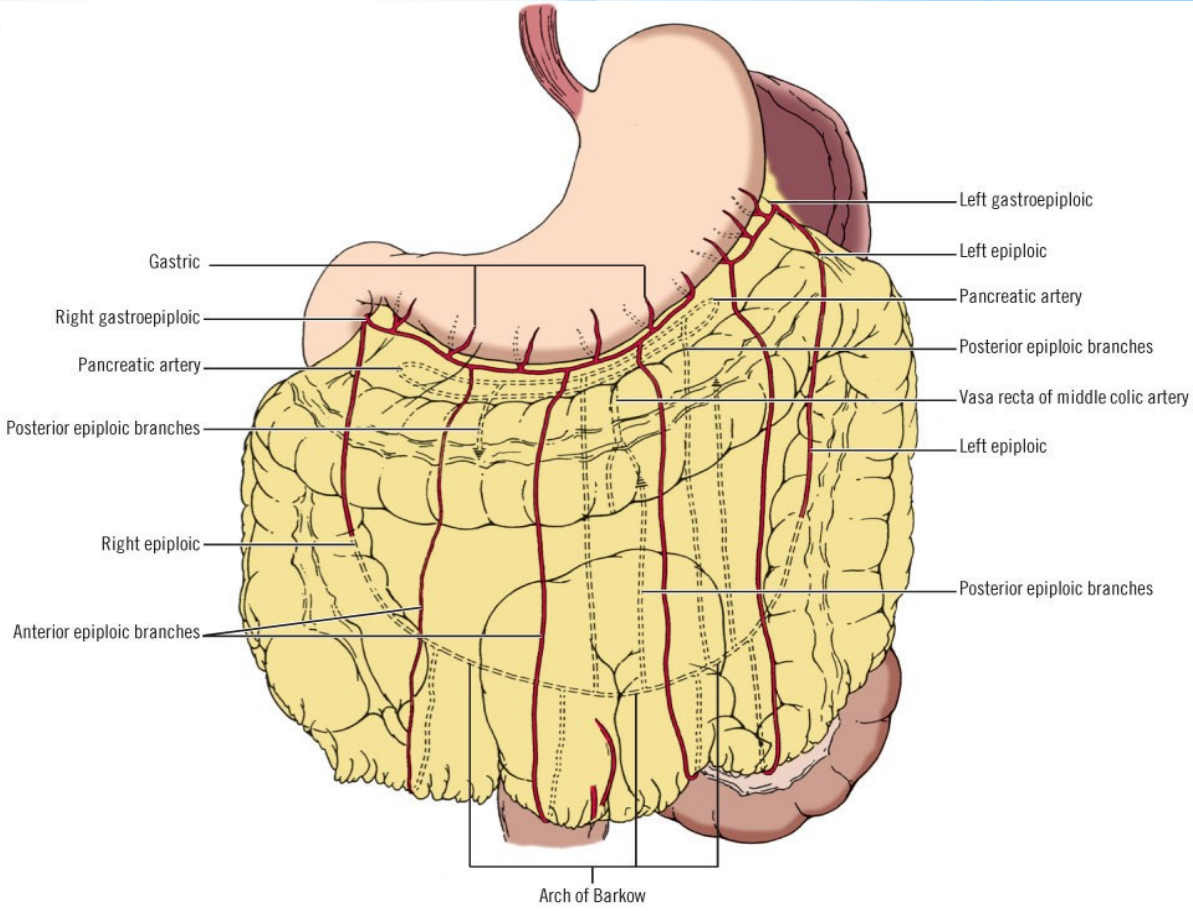






Autologes Material
mit Omentum Majus Lappen



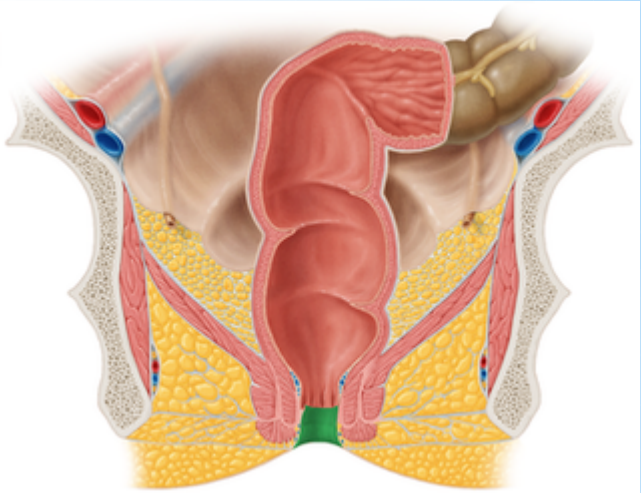


Komplikationen

Netzwanderung

Peristaltikverlust

Outlet-Syndrom



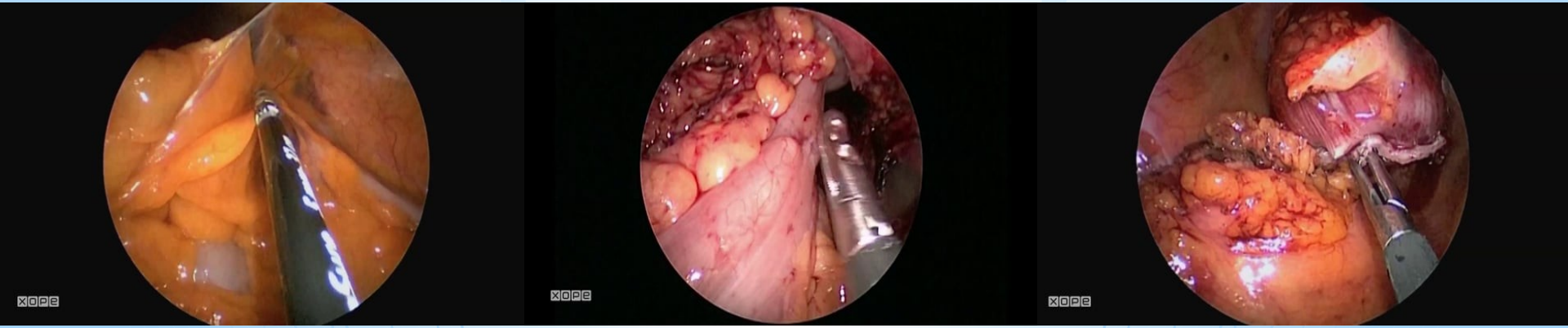
Die Kolposuspension (nach Burch) verursachte eine Torsion des Rektums mit einer Knickbildung unter Einbeziehung des Ureters ins heterogene Material

Bisherige Vorgangsweise

Rektumresektion

offen oder laparoskopisch

Kolonfixation ohne jegliches Netz



Int J Colorectal Dis. 2005 Mar;20(2):180-9..

Abdominal rectopexy for complete rectal prolapse: preliminary results of a new technique.

Di Giorgio A[1], Biacchi D, Sibio S, Accarpio F, Sinibaldi G, Petrella L, Cappiello FR, Sammartino P.

Int J Colorectal Dis (2005) 20:180–189
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ORIGINAL ARTICLE

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Abdominal rectopexy for complete rectal prolapse: preliminary results of a new technique

Accepted: 7 July 2004
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Abstract *Purpose:* Although the technique for the surgical repair of rectal prolapse has advanced over the years, no ideal procedure has been found. We aim to test a new surgical procedure for abdominal rectopexy that uses the greater omentum to support the rectum below the rectopexy, to reconstruct the anorectal angle and dispense with the need for synthetic mesh, thus reducing the risk of infection. *Methods:* A series of ten patients, all young and medically fit, underwent repair surgery for rectal prolapse with the new rectopexy

continence. In only 1 patient who initially had severe incontinence, continence completely regressed and severe constipation developed. Maximal basal pressure values increased significantly after surgery (p=0.0025), although they increased slightly less evidently in patients in whom marked incontinence persisted at postoperative follow-up. Maximal voluntary contraction pressure also increased significantly after surgery (p=0.0054), although the values changed less than those for basal pressure. During rest, squeeze and

Rektopexie
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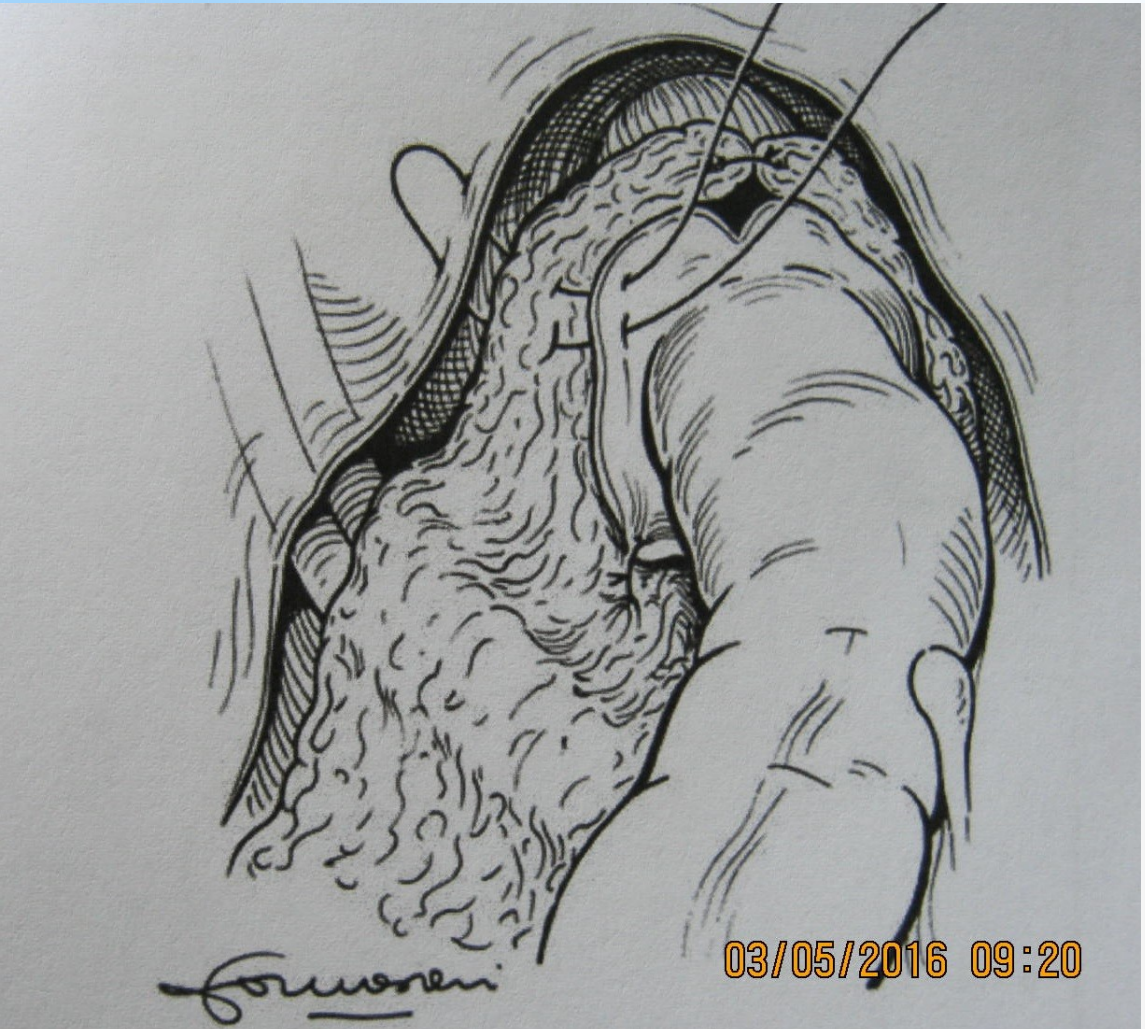

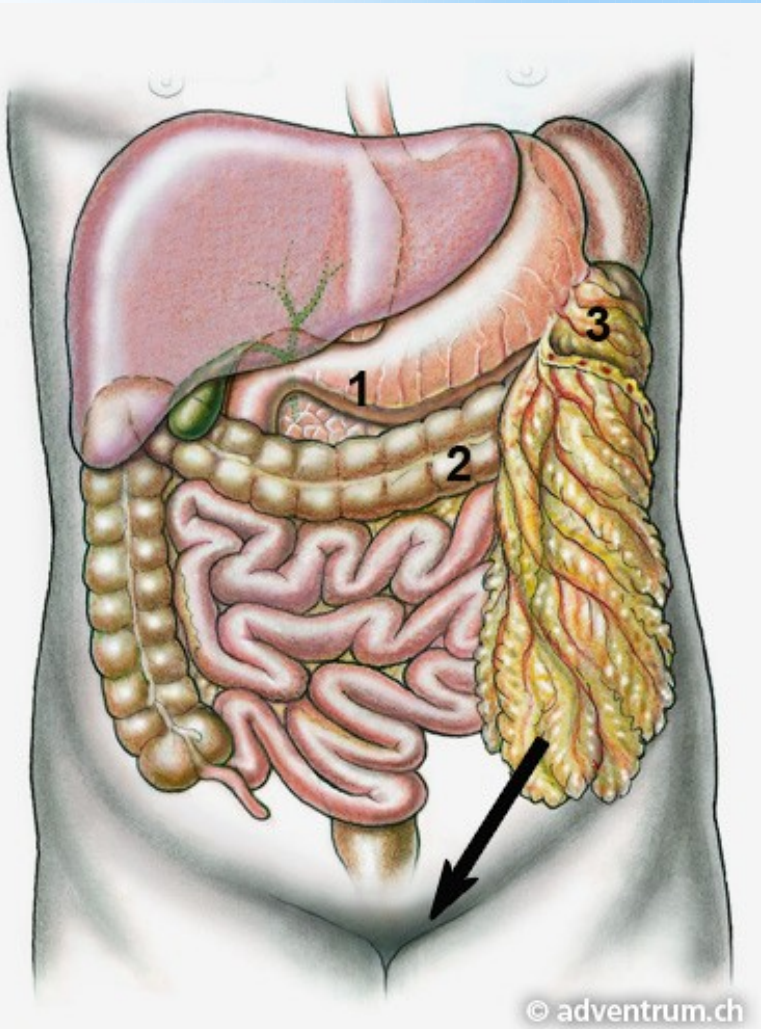

Resektionsrektopexie
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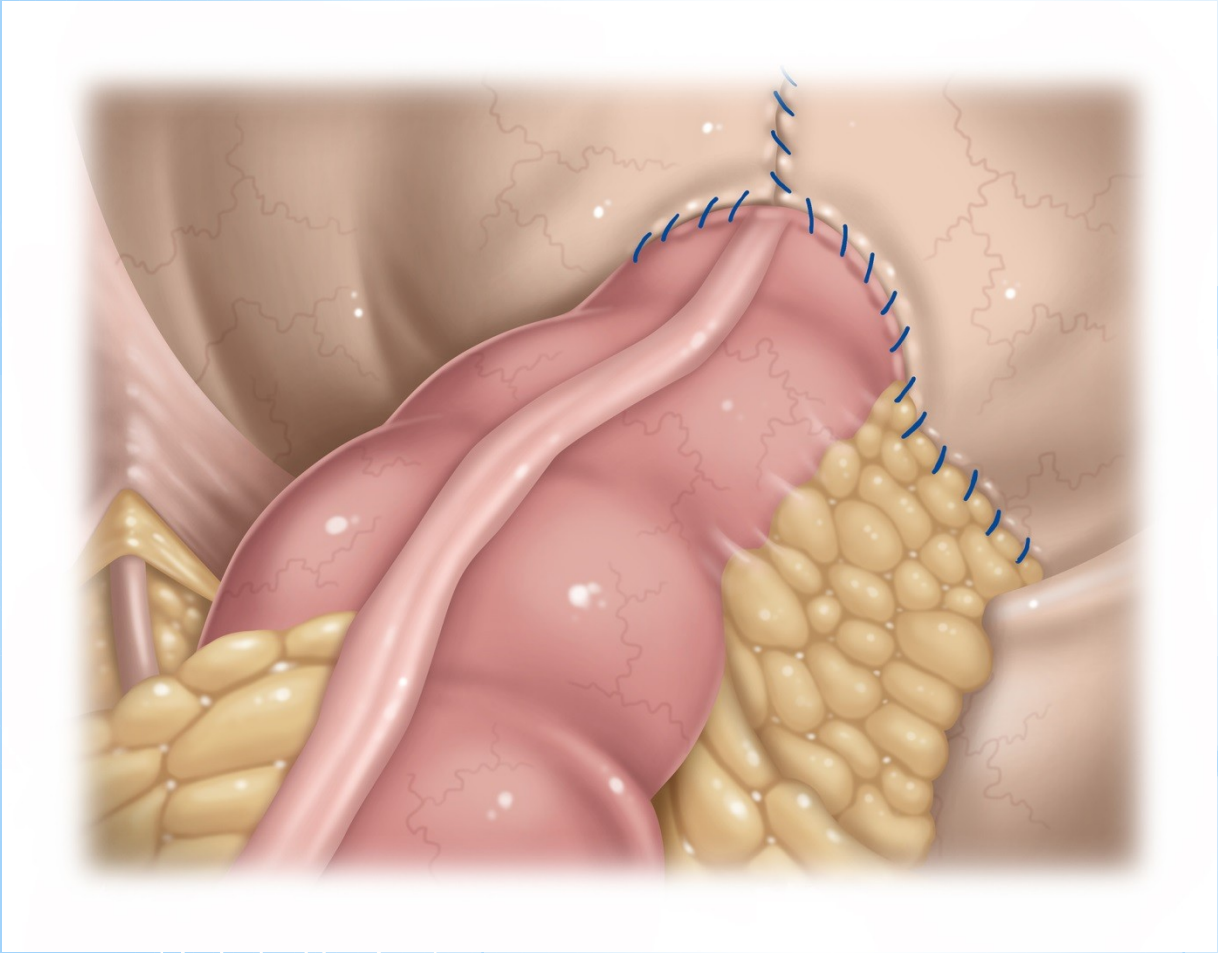
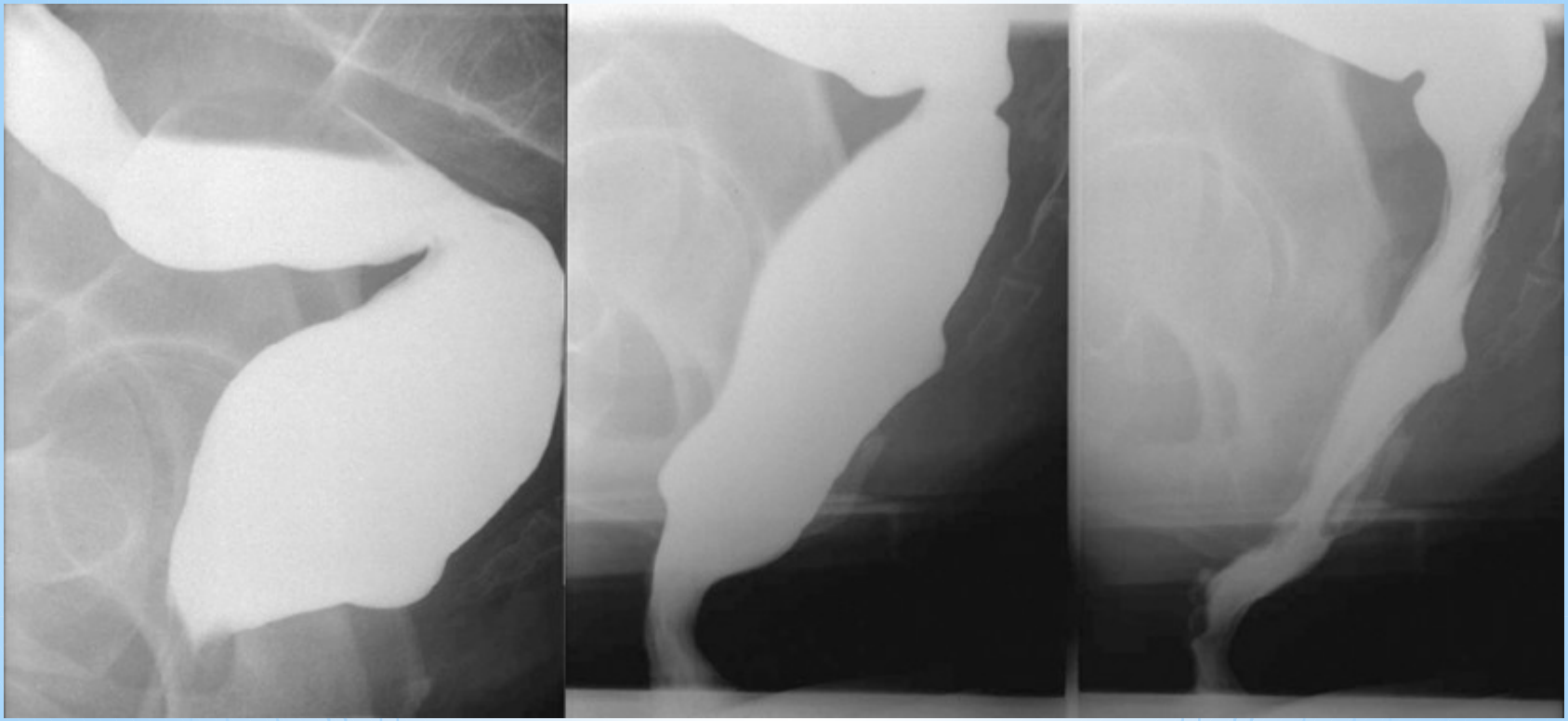
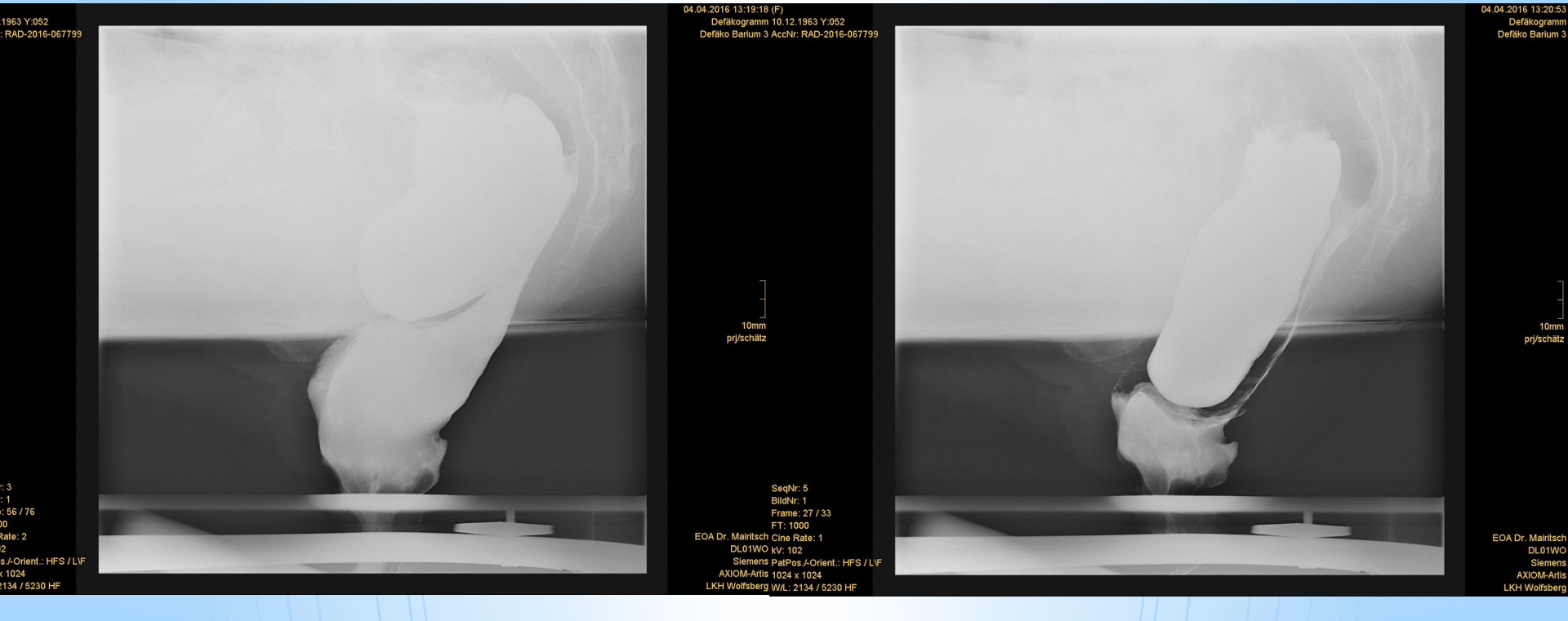


Defäkogramm

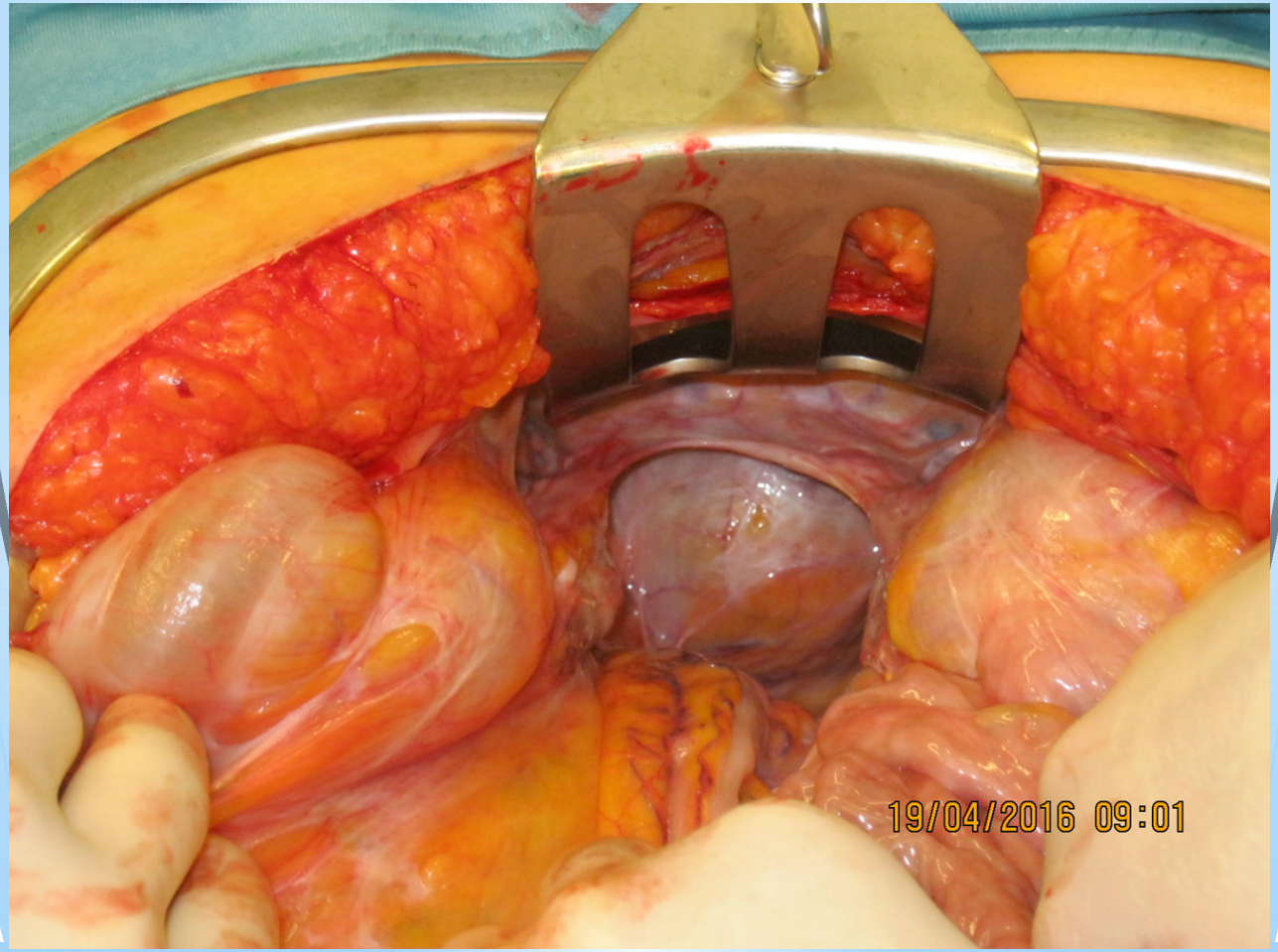


Defäkogramm

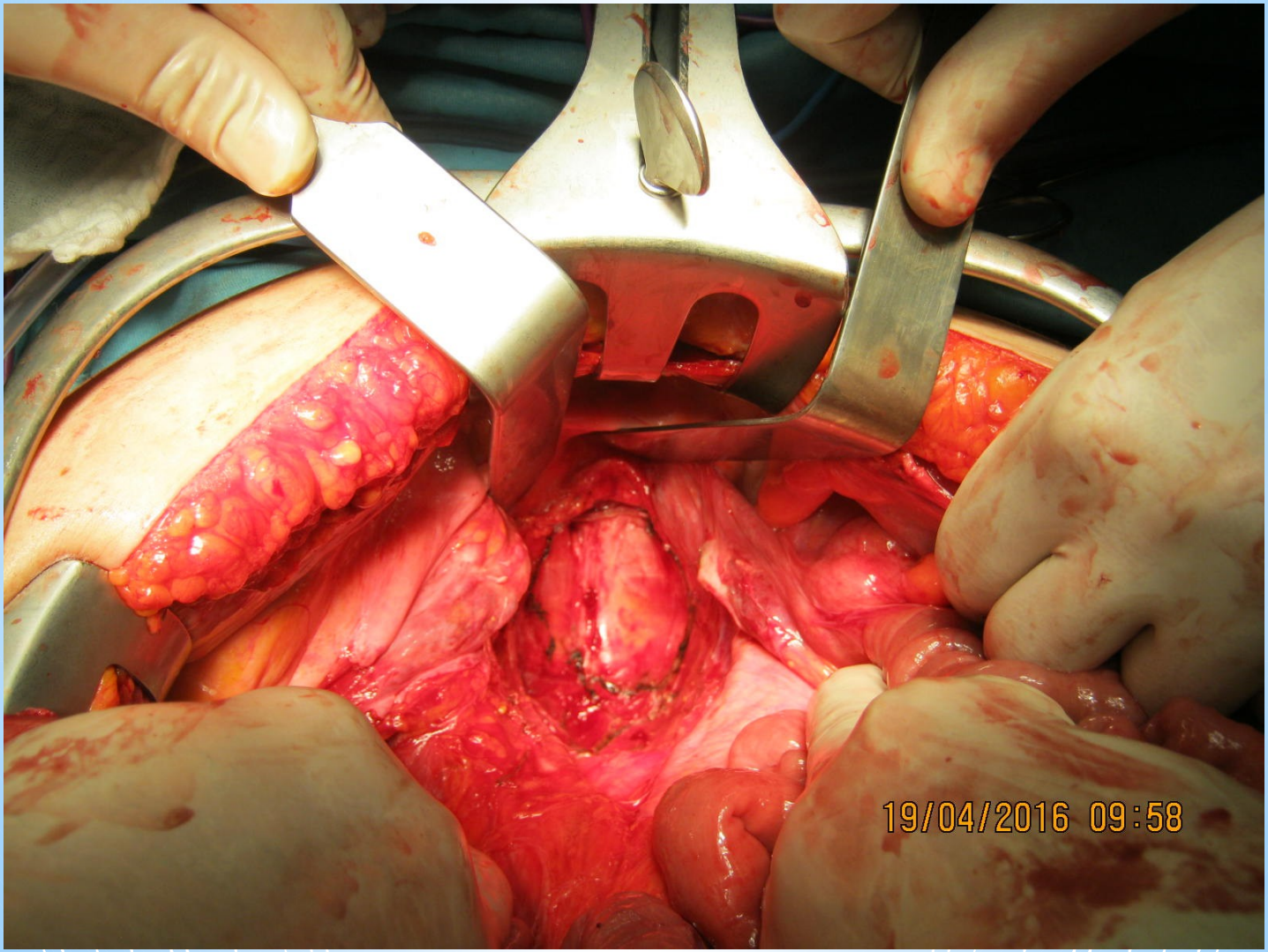


Z.n. Prolift Operation

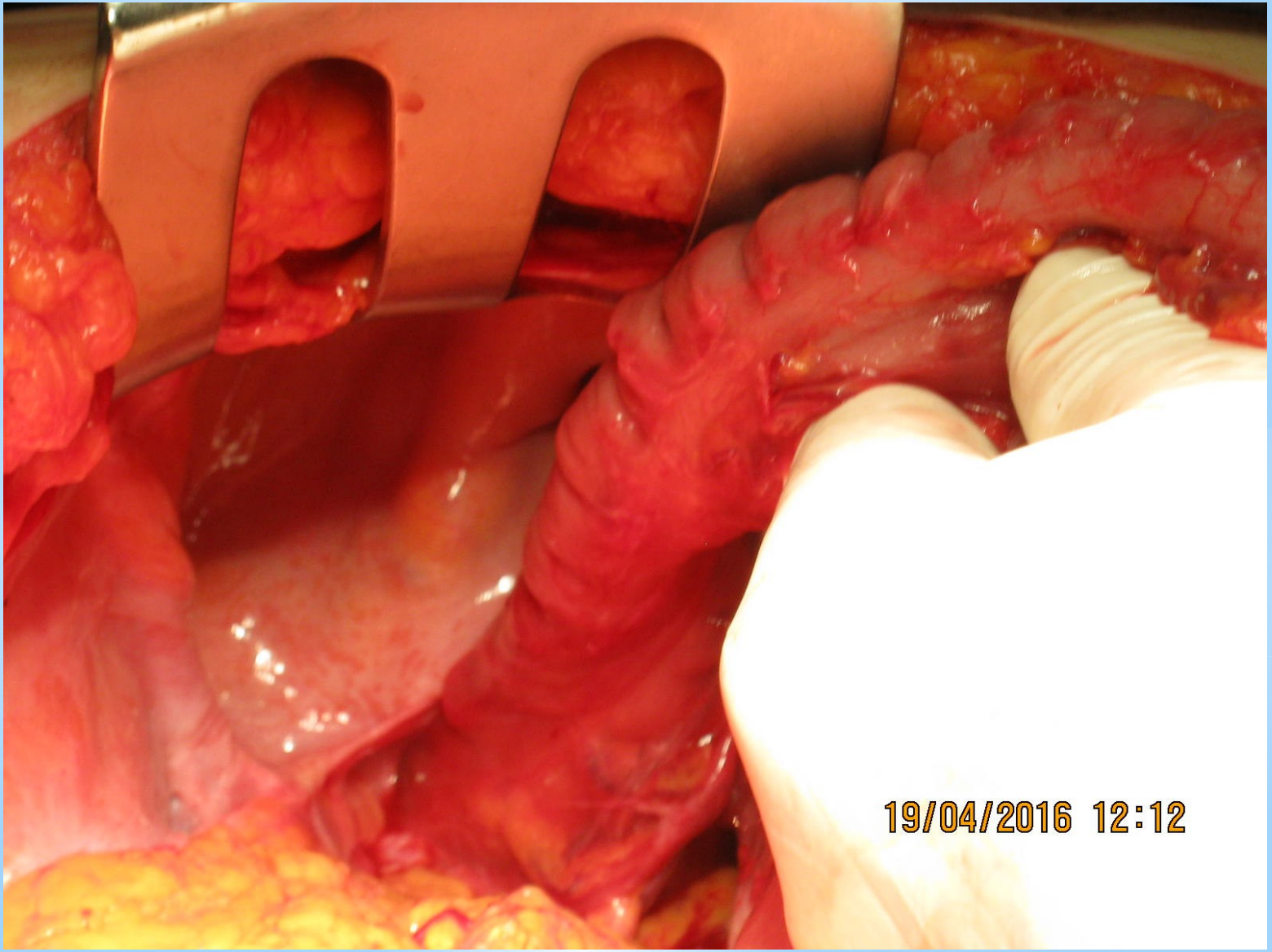
mit Kunststoffnetz und nach Y-Roux Bypass



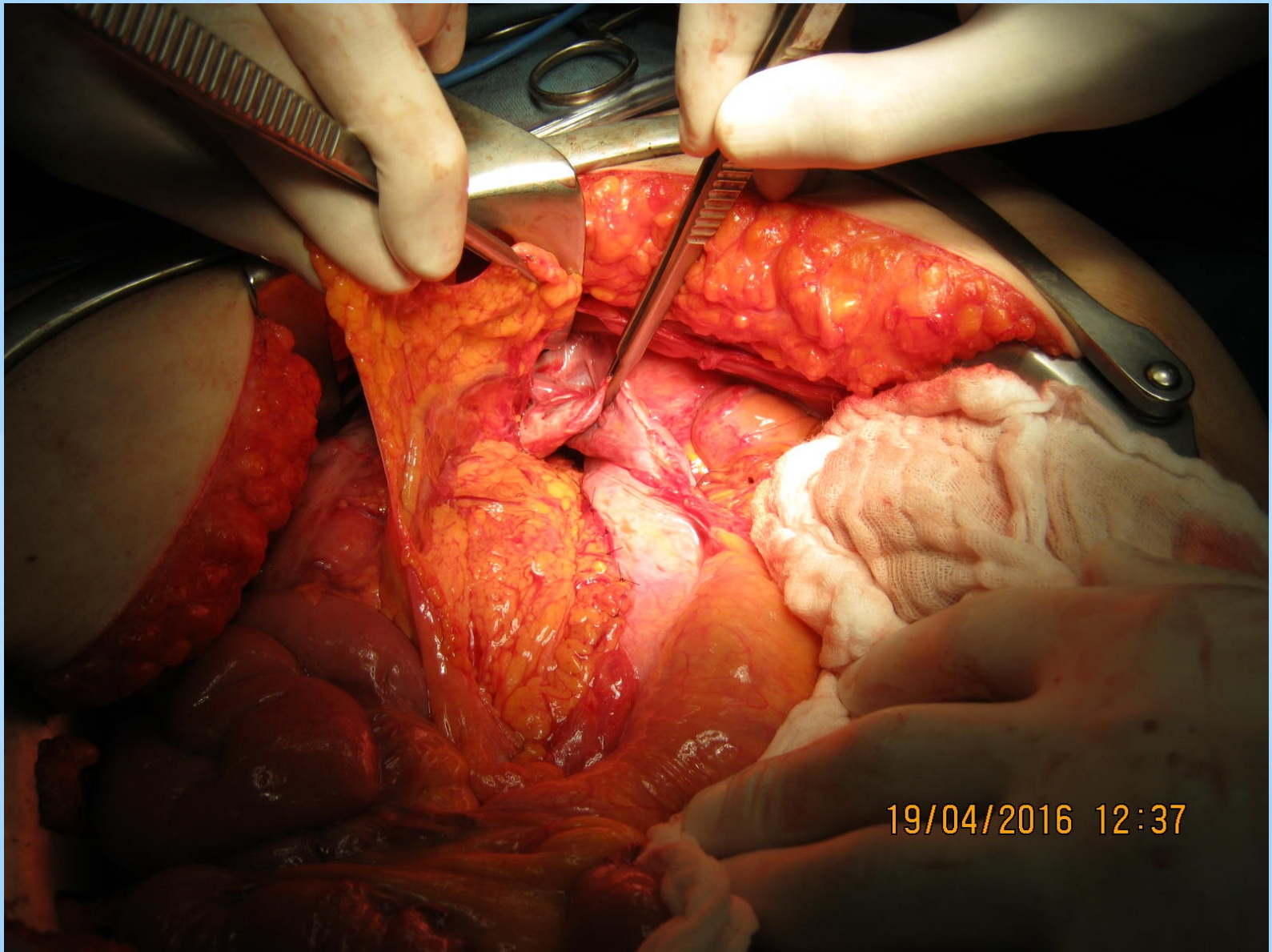
Resektionsfläche



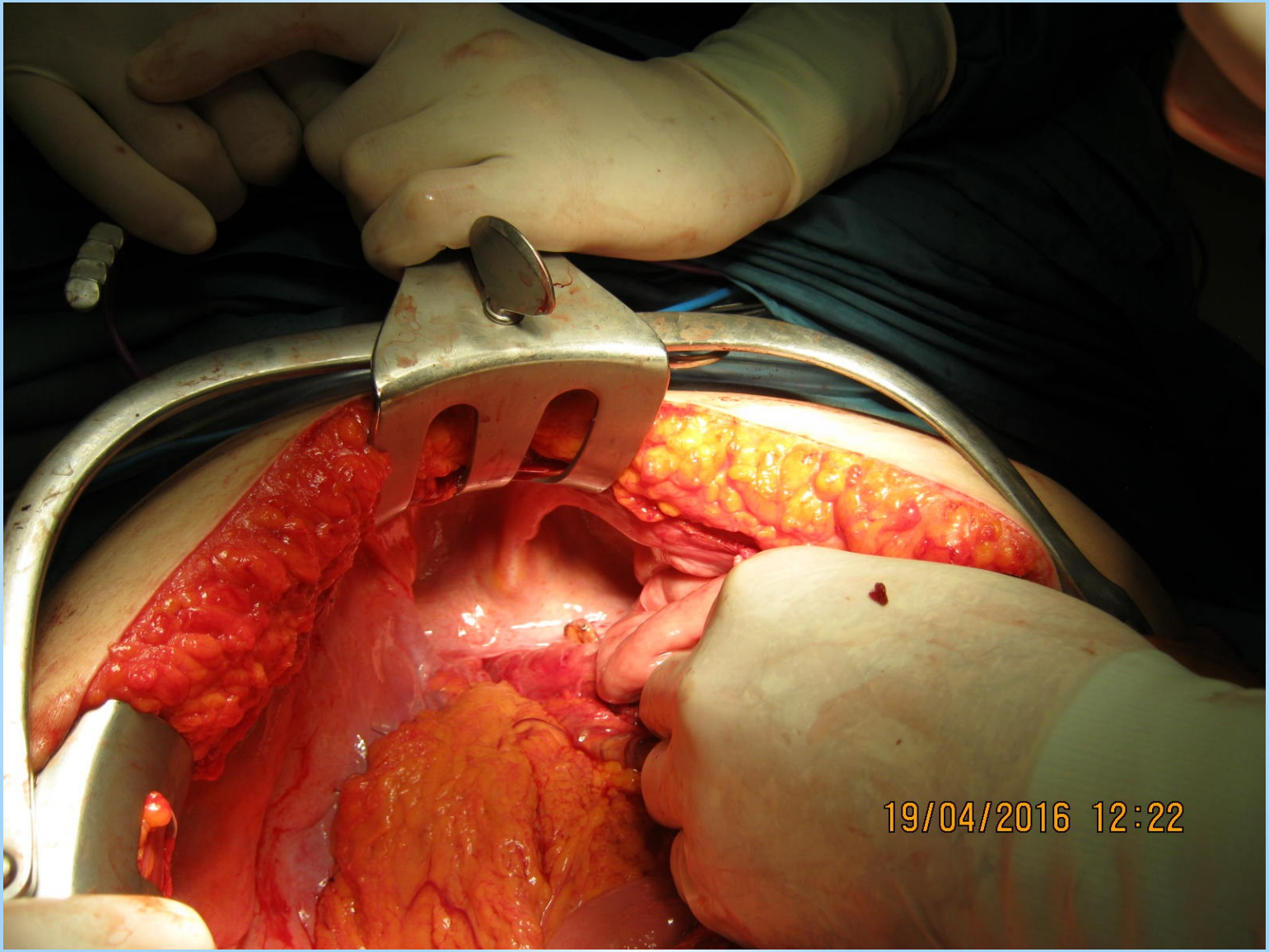
Nach der Anastomosenanlage



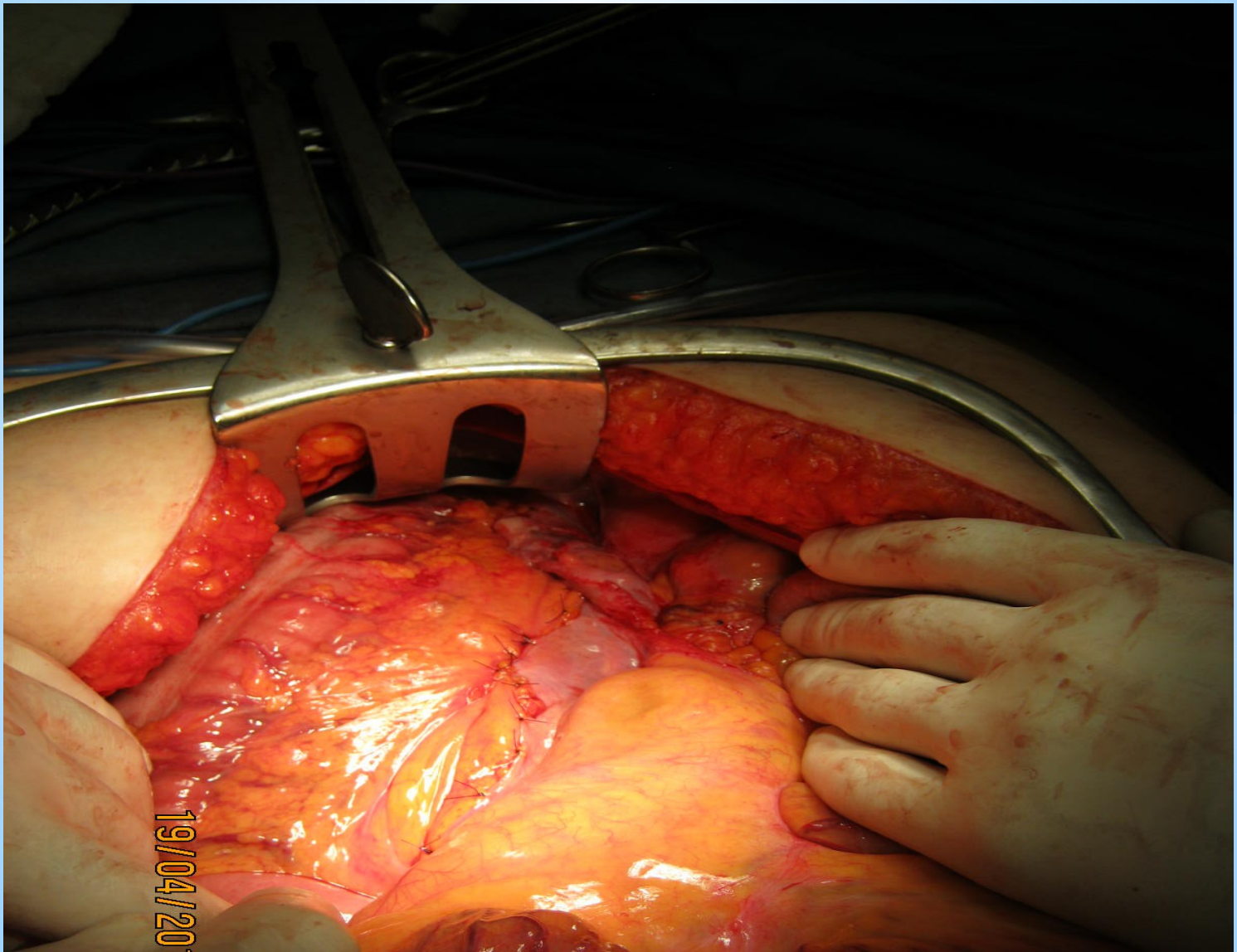
Mobilisation des Omentum Majus



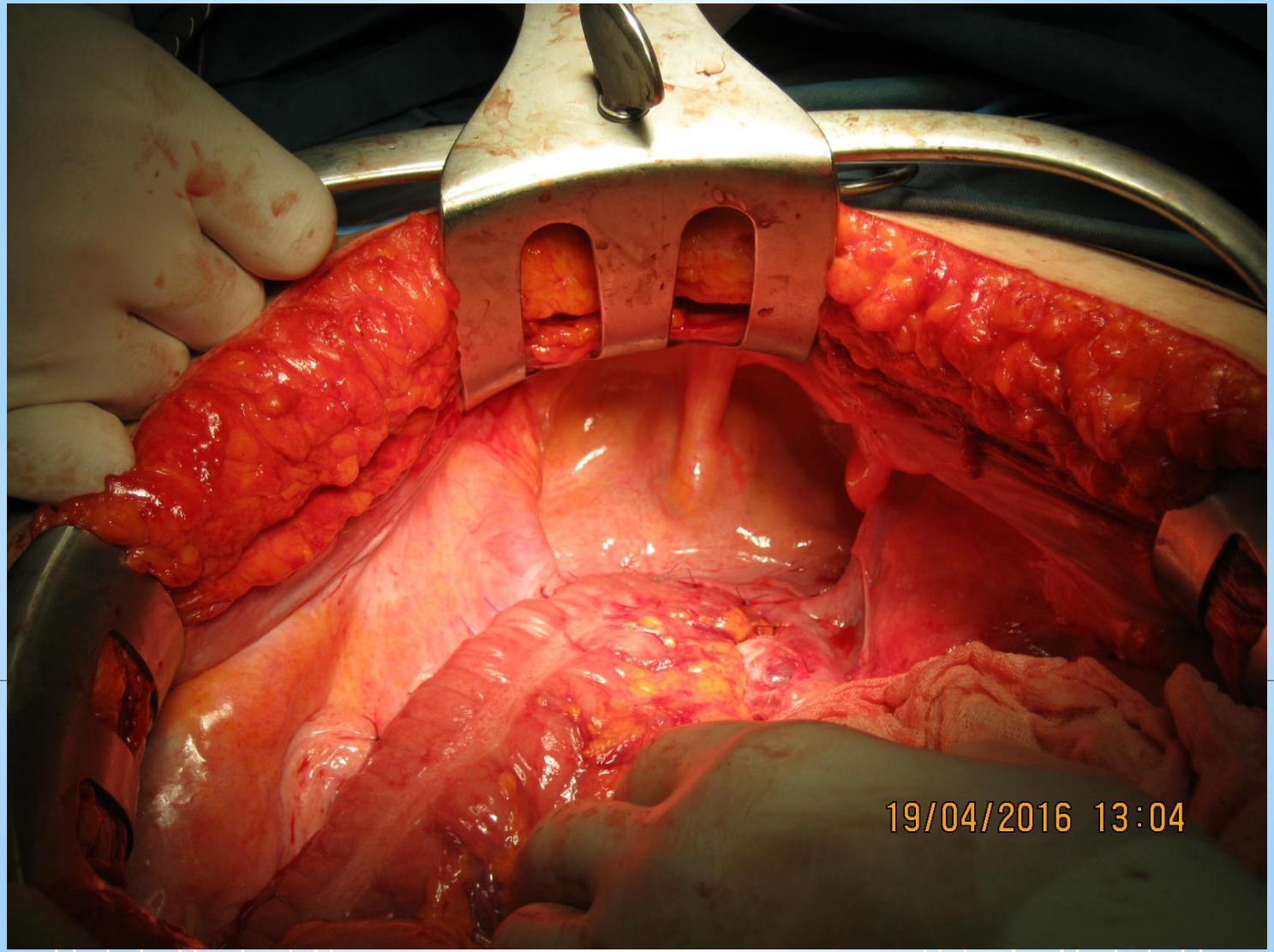
Positionierung des Omentum Majus

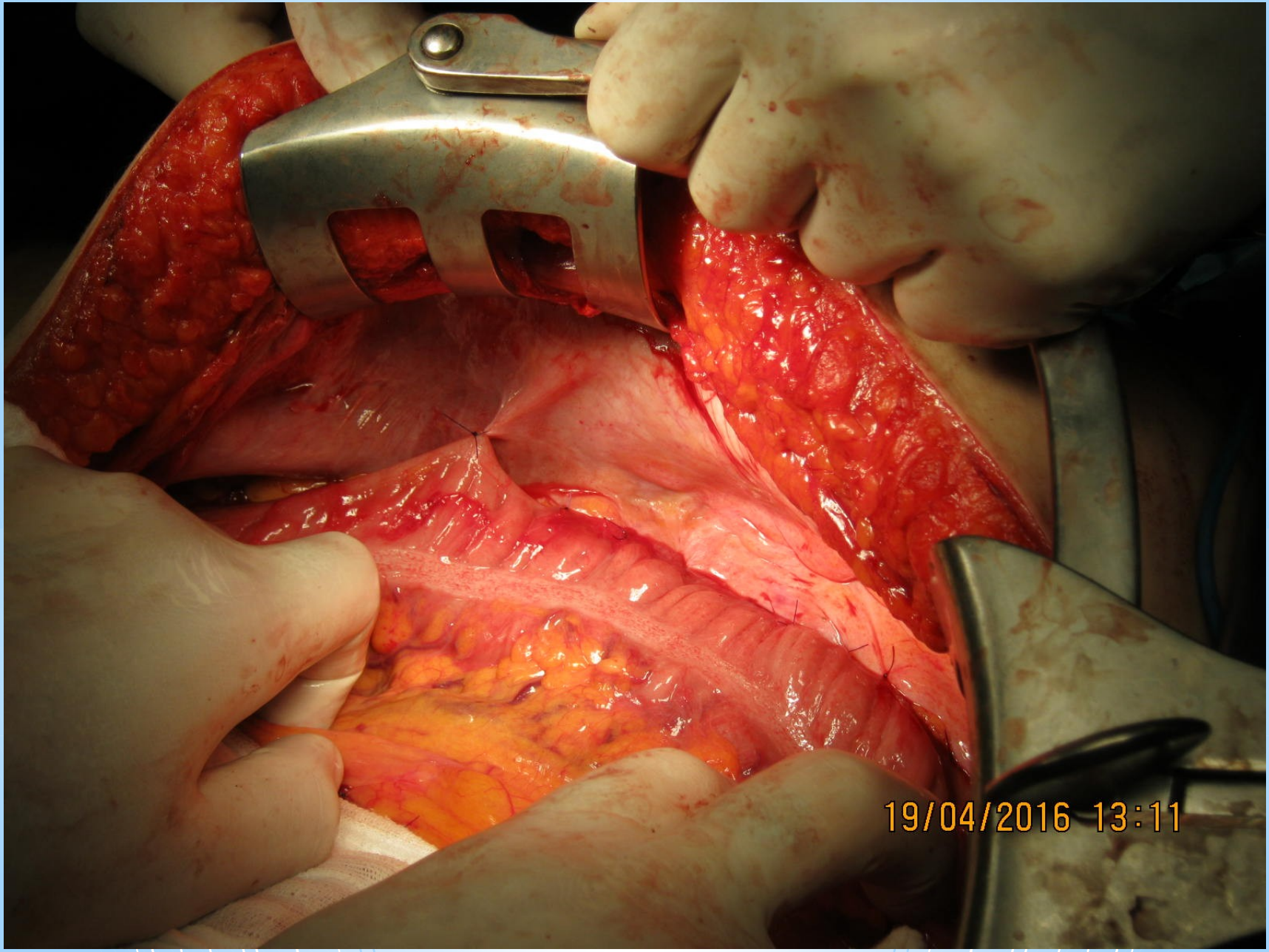


Fixation



Kolon Fixation




19/04/2016 13:11

Fallzahlen (n=18)

9 Primäre Resektionsrektopexie (ohne Stoma)

4 Revision-Resektionsrektopexie mit Netzimplantation und Stomaanlage

- 3 Sphinkterplastik
- 1 sakrale Nerven-Stimulations-Elektrode

3 Revision-Rektopexie mit Netz (ohne Stoma)

1 Revision-Kolposuspension (n. Burch) (mit Stoma)

1 Revision-Pro-Lift Operation (mit Stoma)

Keine major Komplikationen

Omentum Majus Plastik
Beckenbodenverschluss

Rektumamputation (n. Quenue)

Ultratiefe Hartmann Resektion

Zusammenfassung

Verlässliche Technik

Exaktes Aufsteppen des Omentum Majus und des Kolons mit exakter Übernähung

Niedrige Komplikationsraten

Deutliche Reduzierung des Beckeboden-Deszensus

Verhinderung der Knickbildung an der Anastomose

Danke für die Aufmerksamkeit