



CLINICAL AND SONOGRAPHIC OUTCOMES OF RECTOSIGMOID DEEP INFILTRATING ENDOMETRIOSIS LESION RESECTION IN AUSTRALIAN SETTING; 6 YEAR CASE SERIES

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Context

Endometriosis is a serious condition that affects approximately 1 in 10 women in in the Australian setting. Rectosigmoid deep infiltrating endometriosis (DIE) poses a significant clinical strain with potentially debilitating symptoms.

Objective

We present our unique experience of surgical management of rectosigmoid DIE by evaluating post-operative symptom relief and Transvaginal Sonography (TVS).

Methods

Post-operative questionnaire and TVS in cohort of patients that had rectosigmoid DIE surgically resected. Surgery was combined with colorectal and gynaecology specialists between 2009 and 2016. All patients underwent pre-operative TVS scans and colonoscopy organised prior if lesions identified. Post-operative TVS and questionnaire was offered. Data was collected based on patient symptoms, demographics and procedural outcomes. Simple and advanced statistics was calculated using SPSS v24 software.

Patients

394 patients underwent surgical intervention for endometriosis, and 63 had rectosigmoid lesions laparoscopically treated. 25 of these patients underwent postoperative TVS and questionnaire.

Interventions

Combined colorectal and gynaecology laparoscopic resection of endometrial lesions with appropriate treatment of obliterated Pouch of Douglas. Colonoscopy was performed for patients identified to have negative sliding sign on pre-operative TVS.

Main Outcome Measures

Patient questionnaire looked at changes in symptom relief and quality of life. Peri-operative

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complications, post-operative fertility and TVS findings were also recorded.

Results

63 patients underwent surgical treatment of stage 4 endometrial disease. Mean age at surgery was 33.6. 35 patients had bowel resection, 28 had shave biopsy and 4 had discectomy. 25 patients volunteered for the repeat TVS and 14 of these had anterior resection. 2 patients reported significant complications and one patient required colostomy. Post-operative fertility rate was 26%. There was 82% improvement in rectal bleeding and dyschezia, and 38% improvement in dyspareunia. 6 patients had endometrioma still present in post-operative scan, however, this was not strongly correlated to symptom improvement.

Conclusion

Specialist resection of rectosigmoid DIE offers patients the chance for much needed relief of their chronic symptoms. This cohort is the first group in the known literature to undergo post-operative TVS to analyse these changes.