

Reply to: ‘Re: “Laparoscopic ventral rectopexy for obstructed defecation syndrome” ’

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Dear Authors,

We would like to thank Wijffels et al. for their interest in our article. In answer to their letter we would like to react to their comments.

Obviously, the indications for operation for all 17 patients in this series are not clear to the repliers. In answer to this question, all patients had a severe form of constipation in combination with an enterocele. Sixteen of them also had a rectocele, as revealed by defecating proctography. This, in combination with the duration of complaints and deterioration after conservative treatment, was used to define the indication, rather than using a threshold in the Longo score.

Recto-anal intussusception was seen in only four patients. However, recto-rectal intussusception was not recorded, because we find it of no importance due to its high incidence in “normal” population. Furthermore, we believe that its absence cannot rule out existence of obstructed defecation syndrome (ODS).

We think that it is too easy to pose that constipation worsened in most patients. During analysis, we indeed

found that postoperative ODS score deteriorated in the majority of patients, while the same majority of this group was satisfied with long-term outcome. Probably Longo score was insufficient to objectify these differences, and quality-of-life (QoL) questionnaires had to be added.

We agree with the repliers that a total morbidity rate of 41% is too high. However, we want to emphasize that the recorded complications occurred in the complete (short- and long-term) follow-up. The eventual hospital morbidity rate was 6%, but indeed one early and one late bowel perforation is dramatic.

Finally, careful case selection and pelvic floor surgery in experienced hands should indeed be a guarantee for success and we look forward to the presentation of the definitive results of the study by the repliers.

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