

**(21245) - LAPSTAR- LAPAROSCOPIC SIMULTANEOUS TREATMENT OF APICAL PROLAPSE AND RECTOCELE IN A MALE PATIENT**

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- **Introduction:** The LAPSTAR technique- Laparoscopic Simultaneous Treatment of Apical Prolapse and Rectocele is widely used to correct pelvic organ prolapse.

- **Purpose:** The aim of this video is to demonstrate LAPSTAR technique in a male patient.

- **Material and methods:** Male patient, 60 years old, with a medical history of hypertension and Diabetes, and no surgical history. The patient reported external prolapse of the rectum with pain and difficulty in evacuation, with blood clots coming out. MRI defecography was performed, which revealed the presence of pelvic prolapse. We decided to perform simultaneous laparoscopic treatment of apical prolapse and rectocele with the LAPSTAR technique. The patient is positioned in a modified lithotomy position and the abdomen is then insufflated to 12 mmHg. Four ports were used in this procedure: 12 mm in the umbilicus and in the right lower quadrant, 5 mm port in the left hypochondrium and in the suprapubic area. The procedure consisted of: dissection at the level of the Fund of Douglas sac with release of the prolapsed rectum to the pelvis, using an advanced bipolar energy machine. Preparation of the Y-shaped polypropylene prosthesis. Fixation of the foot from the Y to the rectum in 3 points, with Prolene. Passage of the Y arms subperitoneally from the iliac spine anterosuperior until the dissection of the anterior surface of the rectum, peritoneal reflection and anterior surface of the rectum - Pexia anterolateral. Closure of the peritoneum with Vlok and fixation of the prosthesis in the aponeurosis of the external oblique muscle, next to the anterior superior iliac spine, with Vicryl.

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- **Results:** The surgery was uneventful, the operative time was 140 minutes and there was a estimated blood loss of 90 ml. The patient was discharge on the first post-operative day without complications and was observed in a postoperative consultation 2 months after surgery, with significant improvement in symptoms, maintained GIT and diary. On objective examination, there was no recurrence of rectal prolapse, good healing of the incisions and no apparent hernias.

**Discussion/ Conclusion:** The LAPSTAR technique is safe and viable, with good results in the treatment of tricompartamentalprolapses with rectocele and can be performed on both sexes.

**Palavras-chave :** LAPSTAR technique, pelvic organ prolapse, rectocele