

“Audit Of Patients Referred For Rectal Prolapse Surgery And Assessed By Proactive Care Of Older People Undergoing Surgery (POPS) Team”

Dr Libby Sampey (FY1, NHS Lothian),

Dr Elizabeth MacDonald (Consultant Physician, NHS Lothian),

POPS team (Western General Hospital, Edinburgh).

Introduction

- Rectal prolapse most commonly affects the frailer elderly person and can significantly affect quality of life^{1,2}. Perineal procedures, such as Delormes, are often the favoured surgical management in the frail as it is less invasive, has lower postoperative complication rates² but it does have higher recurrence rates².
- Decisions to proceed to surgery in the frail require careful assessment of relative risks and benefits. In NHS Lothian, surgeons can refer frail patients to POPS pre-assessment clinic for additional in-depth ‘risk vs benefit’ multidisciplinary team (MDT) assessment prior to listing patients for surgery.

Aims

- To review outcomes in a frail patient group referred for rectal prolapse surgery.
- To explore differences in patient cohorts who had rectal prolapse surgery and those who did not.

Methods

Case note review:

- Consecutive patients referred to POPS for comprehensive assessment before surgery, were reviewed.
- Anonymised data was obtained from routine clinical notes and included demographics, co-morbidities, frailty markers/scores, main symptoms, what operation was performed if any, 6-month recurrence and mortality rates.

Discussions with POPS team:

- To explore their assessment process and any particular patient factors which effect decisions to list patients for surgery.

Results

1. Patient Demographics

- 32 patients were reviewed, 2 assessed twice.
- Mean age 84, 100% female.
- Main symptoms discomfort (78%) and incontinence (69%).

2. How many proceeded to surgery?

- 75% (n=24) proceeded to surgery, 62.5% had a Delormes procedure.
- 25% (n=8) did not proceed with surgery:
 - 75% (6/8) were considered too high risk at POPS clinic
 - 12.5% (1/8) symptoms resolved
 - 12.5% (1/8) died while waiting for surgery

Percentage Of Patients Who Proceeded To Surgery

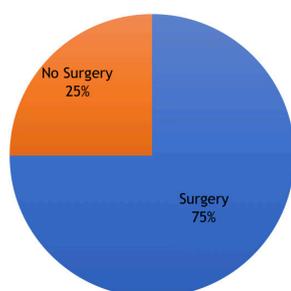


Figure 1: Percentage of patients who proceeded to have surgery

“finds it very frustrating and distressing”

“has been interfering with her quality of life to the extent that she has not left the house in months”

Figure 2. Quotations from POPS clinic letters describing the effects of rectal prolapse on patient lives.

3. Differences between those who had and did not have surgery

	Had surgery (n=24)	Did not have surgery (n=8)
Average age	83	84
Average number of comorbidities	6	7
Average number of medications	8.5	9.6
Average BMI	22	24.5
Average MMSE	25.5	25
Average Edmonton Frailty Score (EFS)	9.5	10.4
% with Package of Care/nursing home	37.5%	50%
Average Hospital Anxiety and Depression Scale (Anxiety)	5.3	5.9
Average Hospital Anxiety and Depression Scale (Depression)	4.7	7

Table 1: Differences between those listed and not listed for surgery

4. Recurrence and Mortality rates

- 6-month recurrence rate was 17%. Patients who had Delormes made up 75% of this 17%.
- 48% of all patients have died.
- Of those who had surgery 43% have since died (median 27 months from surgery). 1 patient died within 6 months post operation.
- Of those who did not have surgery 62.5% have died (median 11 months from POPS assessment).

5. Discussion with POPS Team regarding decision making process

- A key goal of POPS team is to keep patient at centre of decision making.
- The effects of rectal prolapse on quality of life are a major factor in a patient's wish for surgery. If symptoms were significantly reducing quality of life, the majority of patients would have surgery, providing anaesthetic risk was acceptable.
- POPS found that incontinence is a commonly distressing symptom resulting in some patients scared to leave home for fear of being incontinent (Figure 2).
- Managing patient expectations was also emphasised, particularly given recurrence rates and risk that surgery may not cure all symptoms.

Conclusion

- This audit demonstrated that after comprehensive assessment a decision not to proceed with surgery was made in one quarter of patients.
- There were few significant differences between those who did and did not have surgery, perhaps consistent with recommendations from POPS team that decisions around surgery are patient centred with a focus on quality of life.
- After surgery a small but significant number had recurrence of prolapse within 6 months.
- The group that had surgery had lower mortality rates than the group who did not have surgery. This may indicate poorer health status although this was not clearly reflected in the formal assessments at POPS clinic.
- One limitation of this audit was that it was small-scale. The team plan to continue collecting and evaluating data to increase reliability.
- Further studies such as this will help inform and guide discussions between patients and professionals regarding best approach to management of rectal prolapse.

References

1. Poylin, V., Bensley, R. and Nagle, D., 2013. Changing approaches to rectal prolapse repair in the elderly. *Gastroenterology Report*, 1(3), pp.198-202. Doi: 10.1093/gastro/got025
2. Bordeianou, L., Paquette, I., Johnson, E., Holubar, S., Gaertner, W., Feingold, D. and Steele, S., 2017. *Clinical Practice Guidelines for the Treatment of Rectal Prolapse. Diseases of the Colon & Rectum*, 60(11), pp.1121-1131. Doi: 10.1097/DCR.0000000000000889