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Obstructed defecation syndrome is a combined functional and mechanical problem. In selected patients, especially when an enterocele is present, **laparoscopic ventral rectopexy** is a **feasible...**

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The overall mean decrease in fecal incontinence after **ventral rectopexy** was 44.9% (CI, 6.4–22.3%). Perioperative morbidity was 4.8% with no mortality. At a median follow-up of 29 (4–59) months, there was a significant decrease in vaginal discomfort (86–20%) and **obstructed defecation** symptoms (83–46%) ( $p < 0.001$ ). There was no worsening ...

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In selected patients, especially when an enterocele is present, **laparoscopic ventral rectopexy** is a **feasible technique, with an acceptable number of complications.**

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The abdominal approach in good risk patients has emerged as the preferred method of correction with the local approaches reserved for patients whose comorbidities or overall health precludes an abdominal procedure. Ventral mesh rectopexy with avoidance of a posterior rectal dissection has emerged as a potentially favored transabdominal option for correction of **pelvic organ prolapse.**

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