Bowel endometriosis requiring anterior resection: 5-year experience at a single tertiary centre

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Introduction – Endometriosis is a significant health problem affecting 10-15% of women of reproductive age. Symptoms include dysmenorrhoea, pelvic pain, dyspareunia, dyschezia and infertility, and has a major impact on quality of life. 5.3% – 12% of cases involve the bowel and treatment options include shaving, disc excision or bowel resection depending on the location of the lesion, depth of infiltration, number of nodules, and presence or absence of stricture. [1,2]

Methods – A retrospective cohort study of women who underwent anterior resection for endometriosis at Royal Brisbane and Women's Hospital within a 5-year period from January 2013 to December 2017.

Results – 33 women underwent anterior resection during the study period. Their age ranged from 26 to 50 years old (mean 36 years) and parity ranged from 0 to 6 (mean 1). 17 women underwent hysterectomy and 16 women wished to retain fertility. There were 32 laparoscopic cases, 3 of which were converted to laparotomy, and 1 case was intended laparotomy. The length of stay ranged from 4 to 32 days (mean 8 days). Postoperative complications included 3 cases (9.1%) of voiding dysfunction requiring temporary self-catheterisation, 2 women (6.1%) who returned to theatre for anastomotic leak, 2 cases of ileus managed conservatively, 2 re-admissions for conservative management of gastrointestinal symptoms, and 1 case (3%) of pancreatitis. The 2 women with anastomotic leak had the longest stay of 32 and 22 days. All women reported either complete resolution of or improved pain symptoms at the follow-up appointment. 8 women (24.2%) reported altered bowel habits, for which 2 women underwent a colonoscopy with normal findings. All women with altered bowel habits were managed conservatively.

Discussion – Anterior resection for bowel endometriosis is effective for pain management. However 24.2% of women suffered altered bowel habits and 6.1% of cases were complicated with anastomotic leak associated with extended length of stay. Other surgical complications reported in the literature include fistula (0-14%), haemorrhage (1-11%), and infection including abscess (1-3%).[3] The incidence of surgical morbidity involved with bowel poses a therapeutic dilemma. Rationale behind the management plan for each patient and careful preoperative counselling is essential.

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