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VIDEO CORRESPONDENCE

Laparoscopic resection–rectopexy with natural orifice specimen extraction (NOSE): In a male with recurrent internal rectal prolapse—A video vignette

Laparoscopic sigmoid resection and suture rectopexy (LRR) is a well-established option for overt rectal prolapse; however, evidence for its role in internal rectal prolapse (IRP) and obstructed defecation syndrome (ODS) remains limited, and the potential impact on functional and sexual outcomes—particularly in young males—often prompts caution [1–3]. Many of these patients are directed towards transperineal approaches or mesh rectopexy [1, 2, 4], yet in the presence of transit delay and motility disorders, these repairs may under-correct the constellation of constipation mechanisms. Moreover, due to concerns about mesh-related complications, interest in LSRR has been increasing among both patients and surgeons, with favourable results particularly in cases with a high take-off internal rectal prolapse [3, 5].

In this video, we present LRR in a recurrent IRP case. A 32-year-old man with a history of haemorrhoidectomy and a prior STARR procedure presented with worsening ODS (Altomare score: 27), Oxford grade 4 IRP and slow-transit constipation. After 9 months of conservative management, the anismus was resolved but ODS symptoms persisted (Altomare 20). He underwent LRR with transrectal natural orifice specimen extraction (NOSE) for IRP. The sigmoid colon was resected using a medial-to-lateral dissection. The sigmoidal vessels were low-ligated, away from the root of the IMA, and mesenteric dissection was performed in the intramesocolic plane, preserving the hypogastric nerves and the superior rectal artery. Figure 1 shows a representative still image of laparoscopic resection–rectopexy with natural orifice specimen extraction (NOSE) for recurrent internal rectal prolapse. At 6 months, the Altomare score improved to 9, with no sexual or urinary dysfunction. Clinical and radiological examination confirmed the resolution of prolapse.

In patients with transit delay and redundant sigmoid, resection should not be avoided as it specifically targets constipation mechanisms. Resection–rectopexy provides favourable long-term functional outcomes, quality of life and low recurrence rates [1, 6, 7] and is significantly superior to trans-perineal approaches regarding durability [2]. Combining LRR with NOSE minimizes abdominal wall

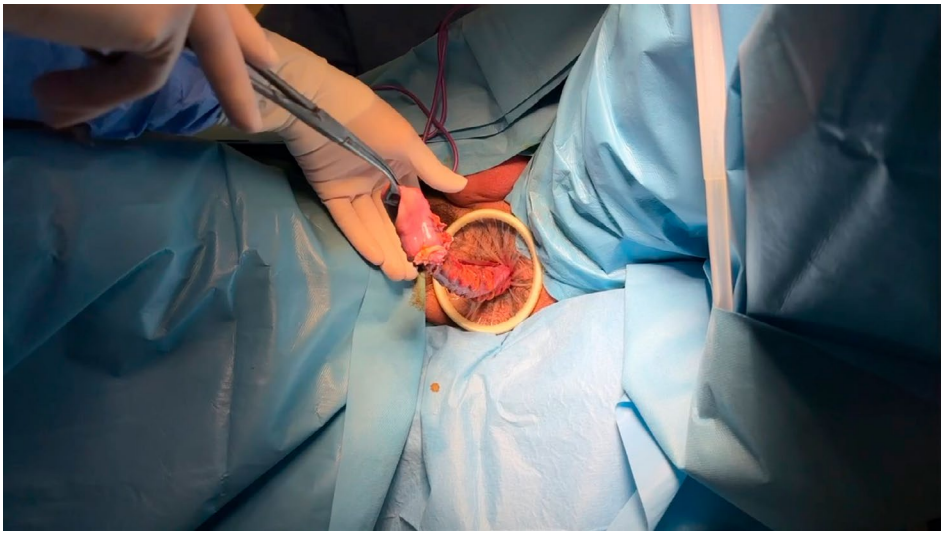
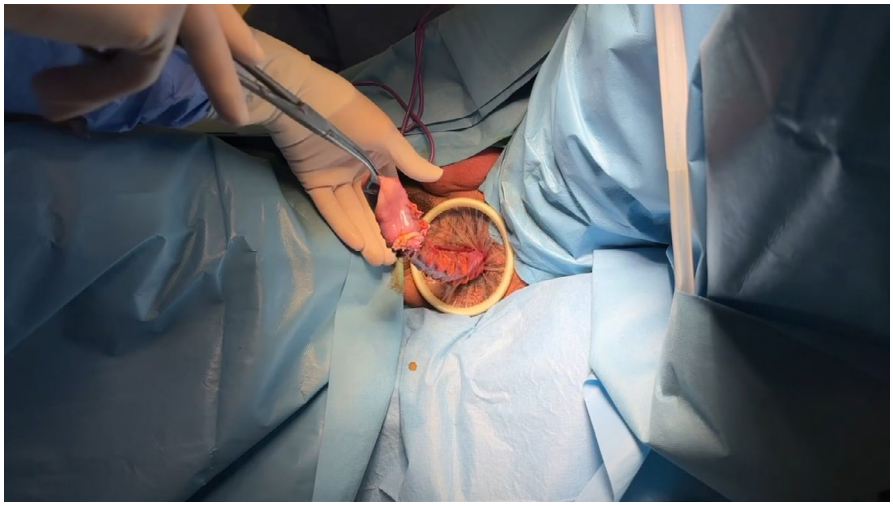


FIGURE 1 Representative still image from Video 1 demonstrating laparoscopic resection–rectopexy with natural orifice specimen extraction (NOSE) for recurrent internal rectal prolapse.



VIDEO 1 Laparoscopic resection–rectopexy with natural orifice specimen extraction (NOSE) for recurrent internal rectal prolapse in a male patient. Video content can be viewed at https://onlinelibrary.wiley.com/doi/10.1111/codi.70615.

trauma and enhances recovery [7]. When nerves are meticulously preserved, LRR is a safe and comprehensive option for young males.

AUTHOR CONTRIBUTIONS

Ilknur Erenler Bayraktar: Supervision; writing – review and editing. **Elif Diler Ermec:** Conceptualization; methodology; investigation; writing – original draft. **Yasemin Yildirim:** Data curation; visualization; writing – original draft. **Cigdem Arslan:** Conceptualization; methodology; data curation; investigation; writing – original draft.

FUNDING INFORMATION

The authors have nothing to report.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Ethics approval was not required for this educational Video Vignette. Written informed consent for publication of the video and accompanying images was obtained from the patient.

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