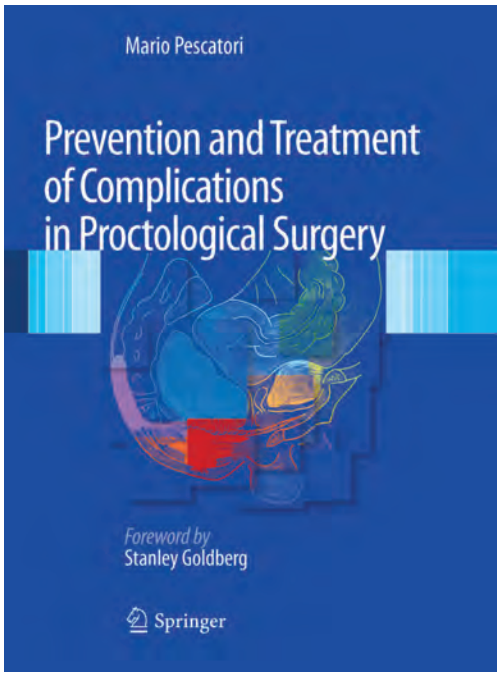
Book review



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Prevention and Treatment of Complications in Proctological Surgery

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- **Complications in Coloproctology**
- **Unforgettable Clinical Cases (with complications)**
- **Medico-legal implications Tips and Tricks**

"The volume is authored by a colorectal surgeon with long-standing clinical and scientific experience and is devoted to the management of complications following surgery of the anorectum and the pelvic floor. It is aimed not only at general surgeons, colorectal surgeons, perineologists and, of course, proctologists, but also at gastroenterologists, endoscopists, radiologists, and physiotherapists, i.e. those who may be involved in both diagnosis and cure whenever an adverse event, either unpredictable or potentially preventable, causes an intra- or postoperative, early or late, mild or life-threatening complication. Severe bleeding, dehiscence, perforation, anorectal stricture, fecal incontinence, and even vena cava thrombosis, fatal Fournier gangrene and pneumomediastinum may occur after ano-rectal surgery. The incidence, pathogenesis prevention and treatment of such events are discussed in detail in 10 chapters with 30 tables, 200 illustrations and more than 1000 references. Both conventional procedures and recent innovations are reported. "Unforgettable clinical cases (complications with litigation)" and "Tips and Tricks" are sections increasing the appeal of this book. The approach is "evidence-based" and holistic, focusing on anorectal problems while taking into consideration whole body-mental unity—showing, for example, that a non-healing perineal wound may be due to hypo-pituitarism, and failure after a reintervention may be related to psychological distress".

"Prevention and treatment of complications in proctological surgery" by Mario Pescatori is a quite interesting, useful and also pleasant reading, as it can be expected knowing this *surgeon-writer* who easily becomes a *writer-surgeon* as well.
Of special interest within the field of Pelviperineology, is chapter 8, entitled **"Obstructed Defecation (OD) and Related Diseases"**, where the Author presents all the critical issues of this highly debated topic. The so called "outlet obstruction" or "obstructed defecation" being such a common complaint, the attempts to a "radical", i.e. surgical solution have been very attractive for all surgeons somehow involved with recto-vaginal septum, pelvic organ prolapses, etc. Pescatori analyzes the main surgical procedures, tips, tricks and pitfalls underlying possible complications and how to avoid surgical damages. In order to perform an effectively and safe surgery, it must be kept in mind that OD is never a single dysfunction, and it requires a holistic and multidisciplinary approach. Indeed, in high volume and specialized centres (St Marks Hospital, Cleveland Clinic,…) surgical treatment rates are very low, and patients complaining OD are successfully treated with pelvic floor rehabilitation, biofeedback, high fiber intake diet, and also psychotherapy. A great quote of patients, if carefully asked, admit to be depressed and anxious or both. Very few studies in the literature review the results of treating constipated patients with a psychological approach before surgery.
Using the "iceberg similitude" the author shows how often hidden problems are responsible of symptoms much more than the anatomical defects that surgery is called to correct. Restoring anatomy doesn't imply restoration of a correct function.
New technical devices have been created to improve relatively new surgical procedure. This is the case of the Transtar that, using a Contour stapler, should be the evolution of the well known Starr. The new device should guarantee a better vision of the prolapse, avoiding the blind resection of pph and Starr. So, why complication rate such as rectal bleeding, chronic rectal pain, defecation urgency, urinary retention and recto-vaginal fistula remains notable? Possibly a key of analysis is on careful patient selection and surgeon specialization. Although very often popularized as an easy and safe procedure feasible by general practitioners, stapler surgery requires a precise training, and the general agreement of literature suggests that it should be performed by colorectal surgeons. But even more important is patient selection. Whereas many surgeons are looking for increasing their patients number, poor success results are highly advisable as the satisfactory defecation tends to worsen in time.
Manual procedures such as Delorme, Altemeier or Sarles and Block for rectocele appear to be safer although anastomosis dehiscence may cause pelvic sepsis, bleeding, and complications requiring re-intervention or even a diverting stoma. The same complications may follow the procedure performed for a complete rectal prolapse, in this case indications to surgery cannot be questioned as in case of a functional complaint. The introduction of mesh repair for symptomatic rectocele brought considerable advantages, creating an effective barrier between rectum and vagina. However synthetic meshes are more prone to infections, skin erosion and post-surgical dyspareunia due to a lack of elasticity of posterior vaginal wall.
Reading this chapter we understand how difficult and challenging can be an aggressive treatment of constipation, and, once more, how surgery doesn't always mean cure. We also learn how try to avoid pitfalls and complications due to a too superficial patient's selection and "easy surgery" .

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