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Bowel function and symptoms after surgical resection of deep endometriosis

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Introduction Endometriosis is the presence of endometrial tissue outside the uterine cavity, causing chronic inflammation. Deep endometriosis refers to lesions more than 5 mm below the peritoneal surface. These lesions commonly cause pain, infertility and problems with bowel function. There are three surgical methods for treating deep endometriosis: segmental bowel resection, discoid bowel resection and bowel shaving. This study aims to compare pain and bowel function before and after bowel-shaving surgery.

Methods A total of 27 women completed questionnaires detailing their pain symptoms and bowel function before surgery and at six months after surgery. Of these, 15 women had also completed the questionnaire at one year after surgery. The scores were compared for each symptom using statistical analysis.

Results Overall, bowel-shaving surgery for endometriosis significantly improved several of the pain symptoms at both six months and one year after surgery, when compared to before surgery. There were also some significant improvements in bowel function following surgery, at both six months and one year after surgery. There were no recorded long-term complications, and no recorded recurrence in the short time frame covered by this study.

Conclusions The results of this study are in concordance with the current literature, that bowel-shaving surgery can effectively treat pain and bowel symptoms associated with endometriosis. Further studies are required to



address the limitations of the methodology. There is also a need for a larger prospective study to look at the results of bowel-shaving surgery in direct comparison to bowel segmental and discoid resection.