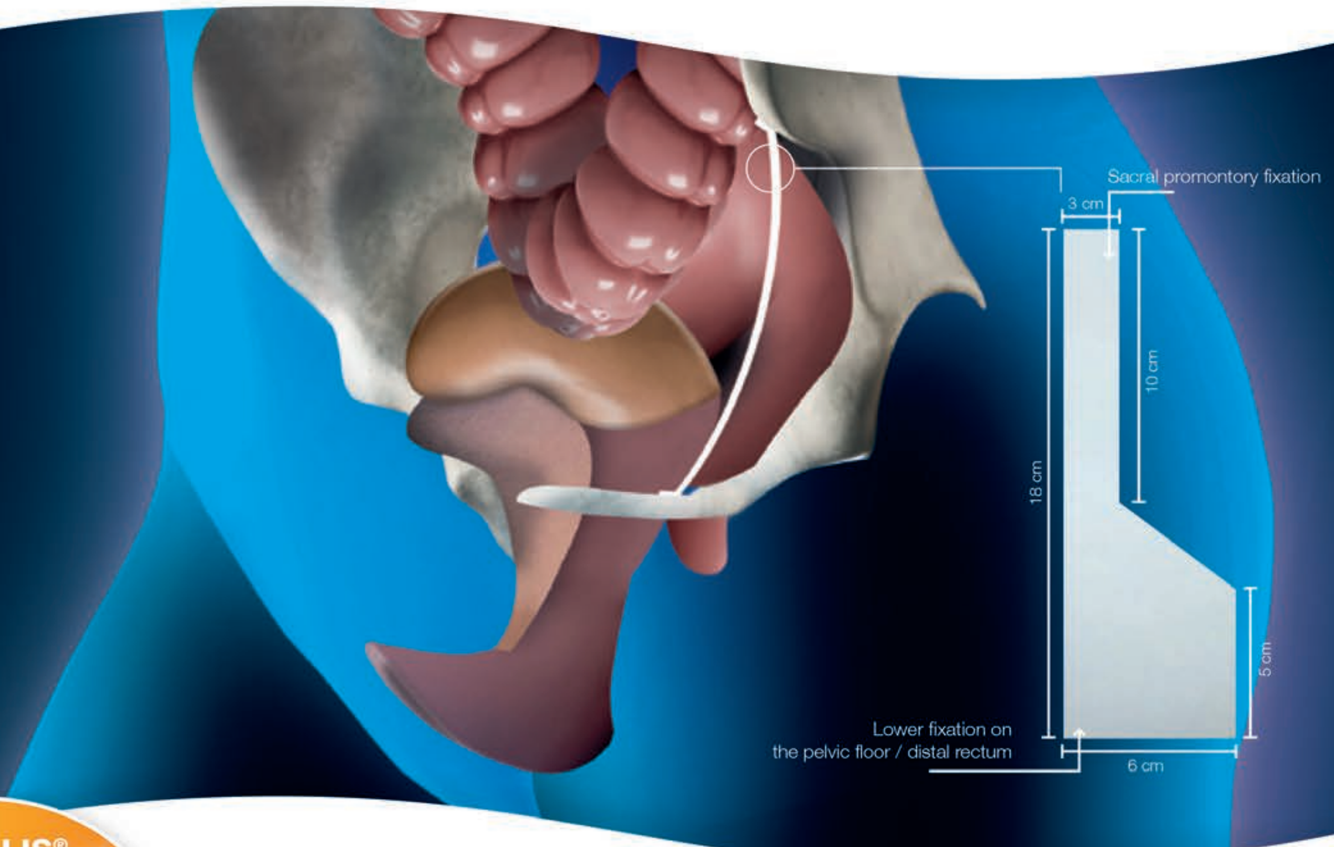
RECTAL PROLAPSE
TREATMENT

Acellular dermal matrix for reconstruction, rebuilding and regeneration of soft and connective tissue.



CELLIS® BENEFITS

- 100% biologic, preservative free
- Biocompatible
- Flexibility
- Anatomically adapted fit
- Easy to use
- Fast hydration

Distributed by

cellis Rectopexy®

The abdominal approach for the pelvic floor disorders surgery has benefited from the recent advances in laparoscopy. Indeed, this surgical approach has gradually gained popularity among surgeons specialized in pelvi-perineology due to a less aggressive surgery and to the improvement of postoperative recovery.

We have to distinguish today between the operative routes targeting rectal prolapse and those treating other pelvic floor prolapses (ie rectocele, elytrocele and cystocele).

Regarding the complete rectal prolapse, the typical technique is represented by the rectopexy to the promontory. Initially described by A. D'Hoore (BJS2004), this exclusive approach to the recto-vaginal wall (ventral mesh rectopexy) involves the positioning of a soft prosthetic on the anterior surface of the rectum and fixation to the sacral promontory. The material is then fully covered by peritoneal closure to be located in the sub peritoneum space.

As regards the anterior (vesico-vaginal) **and middle** (colpocele, hydrocele, rectocele and elytrocele) prolapses, the typical technique is the anterior and posterior sacral spinofixation. It consists of the insertion at the level of the vesico-vaginal and recto-vaginal junction of a soft prosthetic positioned against the vagina and/or the pelvic floor and up to the promontory. This material is also covered at the end with peritoneum.

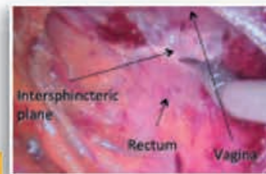
Example of CLINICAL CASE

Laparoscopic ventral rectopexy – Dr Meurette (CHU Nantes)

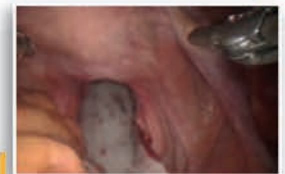
Minimal dissection of the rectum preserving the lateral borders and innervations without increasing recurrence.

A biologic implant CELLIS CR618EP is inserted at the recto-vaginal junction and fixed to the distal part of the rectum and on the promontory.

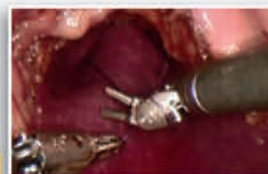
Opening of the pouch



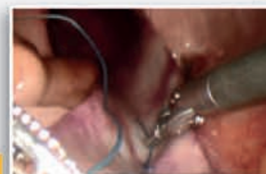
Anterior rectum wall dissection



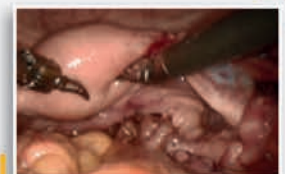
Positioning of Cellis®



Fixation to the anterior wall of the rectum



Fixation to the promontory



Peritoneum closure (uninterrupted suture)

CELLIS® reference :

size	thickness	product code	shape
6 X 18 X 3 cm	1,4 mm	CR618EP	

[(1)]Brochure is intended for healthcare professionals only.
The « Instructions for Use » attached to the packaging of each Cellis® Rectopexy product should be read carefully.

TOMORROW'S OPERATIONS TODAY

Meccellis® Biotech focuses all its know-how in support of surgery.

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