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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Author | Country | year | Study design | F/U | Period | Sample size | POP | rectopexy  | Concomitant  | Age | Rectopexy procedure | POP repair procedure |
| Kalev | Germany | 2023 | Retrospective cohort | 7 months | 2006-2021 | 288 |  | 149 | 139 | 65.64 ± 12.9 | TransabdominalRectopexy with or without resection/Sigmoid resection rectopexy alone | Sacrocolpopexyand transvaginal apical native tissue repair  |
| Wallace  | USA | 2022 | Retrospective cohort | 1.5 years | 2003-2020 | 408 | 204 |  | 204 | 59.3 ± 1.2 | Delorme or Altemeierprocedures, suture ormesh rectopexy with orwithout resection | Vaginal or abdominal colpopexy and colpocleisis |
| Grinstein | Israel | 2022 | Retrospective cohort | 12 months | 2009-2019 | 348 | 263 |  | 85 | 63.5 ± 11 | Laparoscopic low ventral mesh rectopexy | Laparoscopic sacrohystropexy |
| Wallace  | USA | 2021 | Prospective cohort | 24 months | 2017-2020 | 115 |  | 70 | 45 | 66.7 ± 14.9 | Ventral rectopexy with mesh or biologic graft  | Sacrocolpopexy, abdominal suture-baseduterosacral ligament suspension, vaginal native tissue repair and colpocleisis |
| Baracy Jr. | USA | 2021 | Retrospective cohort | 12 weeks | 2015-2018 | 150 | 109 |  | 41 | 63.16 ± 9.63 | Ventral mesh rectopexy | Robotic sacroclpopexy |
| Geltzeiler | USA | 2018 | Retrospective cohort | 30 days postop | 2005-2014 | 3600 |  | 3394 | 206 | 59.9 ± 16.6 | Ventral mesh rectopexy and proctopexy with and without sigmoid resection rectopexy | Robotic and laparoscopic sacrocolpopexy |
| Weinberg | USA | 2018 | Retrospective cohort | 30 days postop | 2013-2016 | 11562 | 7232 | 1560 | 123 | 58.8 ± 12.1 | Laparoscopic and abdominal rectopexy, with or without sigmoid resection | Abdominal and laparoscopic sacrocolpopexy |

Table 1. studies characteristics.

 Results presented as n or mean ± SD

Note: POP, pelvic organ prolapse