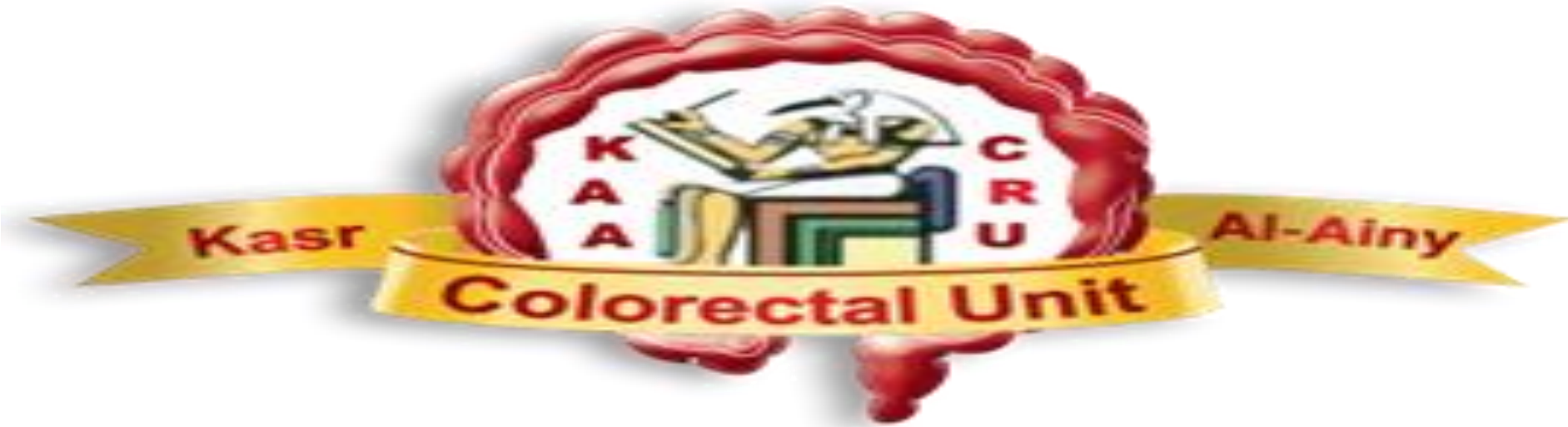


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Management strategies of Rectovaginal fistula the Gracilis muscle flap and more

by

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introduction

-Any communication between the rectum/ anus and the vagina is classically referred to as rectovaginal fistula

-RVF is an accepted term for fistula originates in the distal rectum and anus and is connected to the vagina, perineal body or labial area



Etiology of RVF

- **The condition most commonly occurs following trauma especially obstetric injury**
- **Not usually as a manifestation of anal fistula as it is rarely a consequence of cryptoglandular infection**



Other Etiology of RVF

Inflammatory bowel disease

Malignancy

Radiation

Diverticulitis

Foreign body

Penetrating trauma

Pelvic, perineal and rectal surgery



Symptoms of RVF

Obtaining proper history is crucial in RVF

Passage of gas, pus or feces from the vagina

Dyspareunia

Perineal pain

Vaginal irritation

Recurrent UTI



Diagnosis of RVF

- Anoscopy or proctoscopy (flexible or rigid)
- Examination under anaesthesia

To detect the internal opening

The condition of rectal or anal mucosa

Inflammation or ulceration

- Vaginal examination regarding the opening or debris



Diagnosis of RVF

- Indications of colonoscopy:

1. women above age of 50 years
2. History of loose stool
3. possibility of crohn's disease
4. Change of the bowel habits



Diagnosis of RVF

- Biopsies if indicated
- The role of anal physiology
- TRUS and/or MRI



Treatment of RVF

1. Treatment of RVF depends on the location and the cause.
2. High RVF approached transabdominally, involve bowel resection
3. Needs interposition with omentum , rectus abdominis muscle flap



Treatment of RVF

- For mid and low RVF numerous operations :
 1. Trans anal
 2. Trans perineal
 3. Trans vaginal



Treatment of RVF

Surgery may not be the best option for women with a small internal opening as surgery may worsen the situation



Treatment options for RVF

- Medical treatment
- Non surgical treatment
- Surgical treatment
 1. Anal approach
 2. Transvaginal approach
 3. Perineal approach
 4. Abdominal approach for high RVF



Medical treatment of RVF

- Control of diarrhea
- Medical treatment of crohn's disease



Non surgical treatment of RVF

- Fistula plug
- Fibrin glue

High failure rate



surgical treatment of RVF

- *Anal approach*

1. Repair in layers
2. Rectal advancement flap
3. Advancement sleeve flap
4. Turnbull cutait staged coloanal anastomosis



surgical treatment of RVF

- *Transvaginal approach*

Vaginal advancement flap which is preferred by the gynecologists



surgical treatment of RVF

- *Perineal approach*

1. Ligation of the intersphincteric tract
2. Fistulotomy alone with high risk of incontinence
3. Fistulotomy with sphincter repair



surgical treatment of RVF

- *Perineal approach*

4. Tissue trasposition(reserved for recurrent cases)

- Gracilis muscle flap
 - Fascia lata flap
- Gluteus maximus flap
- Martius flap (bulbocavernous labial flap)
 - Biologic mesh



special considerations in RVF

- *Use of stoma:*

1. in some cases to control symptoms
2. To protect the repaired area
3. Always considered if repeated repairs
4. In technically difficult procedures



special considerations in RVF

- *Postoperative care*
 1. Avoid passage of hard stool
 2. Proper communication with the patient
- *Sexual function and vaginal dryness*
- *Recurrence*



Conclusion

- RVF is a challenge so proper history and physical examination is required to determine the correct treatment option.
- Also consider that not all patients needs surgical treatment.
- The surgeon should be familiar with all the surgical procedures for repair of RVF.



Thank you

