RECTOVAGINAL FISTULA REPAIR WITH MARTIUS FLAP

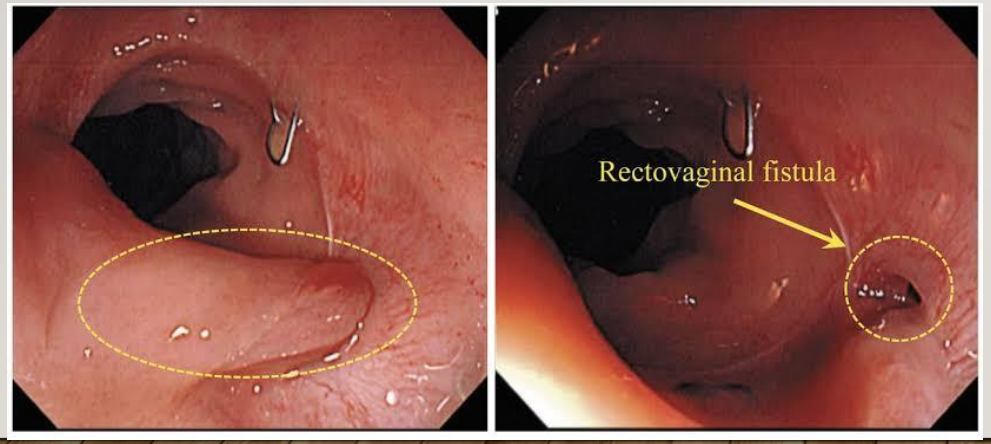
DR.AHMED MOHII

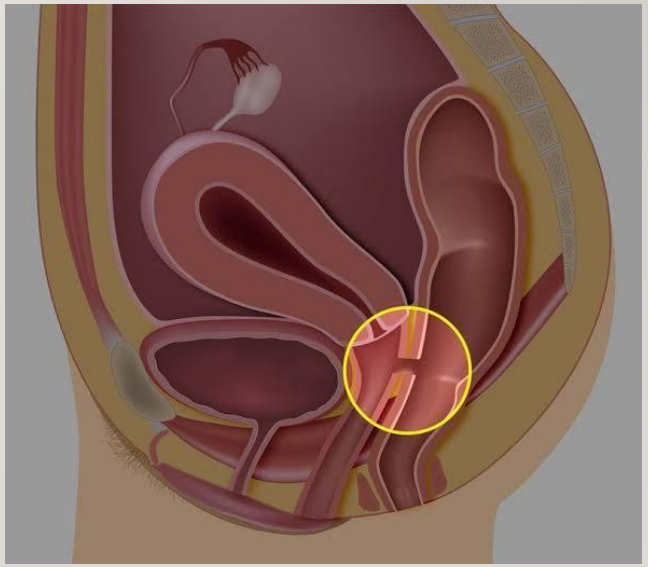
ASSISTANT LECTURER IN COLON AND RECTAL SURGERY UNIT

UNIVERSITY OF ALEXANDRIA

WHAT IS A RECTOVAGINAL FISTULA (RVF)

- Rectovaginal fistulas (RVFs) are abnormal communications between the anus or rectum and the vagina.





AETIOLOGY OF RVF

1. Obstetric injury (the most common).
2. Previous Surgical procedure
3. Infection: Anal gland, Bartholin gland abscess
4. Malignancy
5. Radiation
6. Non-surgical injuries and foreign bodies
7. Diverticular disease
8. Crohn's disease

MANAGEMENT OF RVF

- Repair of rectovaginal fistulas should be tailored to based on the anatomy of the fistula and associated conditions.
- Perianal sepsis must be controlled prior to attempting a definitive repair.
- Patients with RVFs from obstetric trauma should be evaluated for concomitant sphincter defects.
- Patients who have a Crohn's-related RVF should have their disease medically optimized prior to repair of the fistula.

MANAGEMENT OF RVF

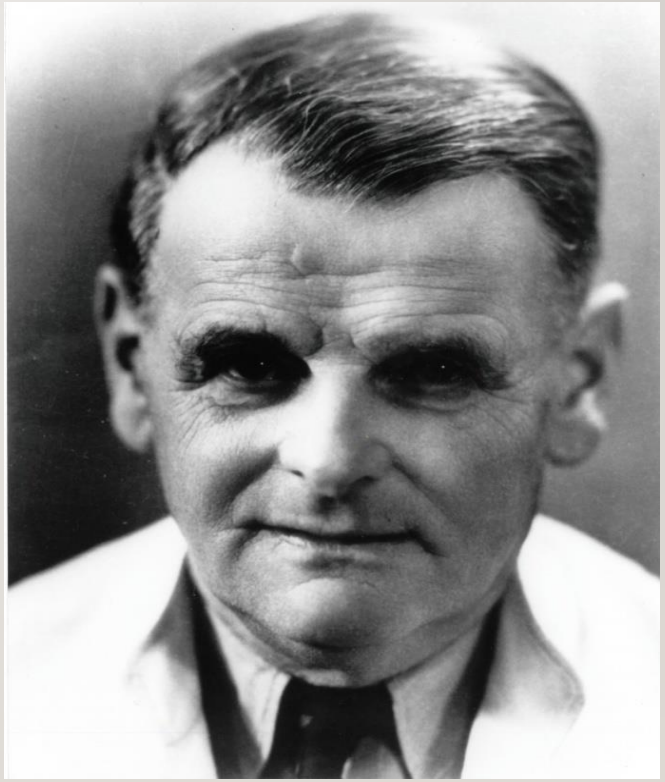
- Successful treatment of rectovaginal fistula improve a patient's quality of life.
- Unfortunately, success rates are not on par with other commonly performed operations.
- Many patients present after having multiple previous unsuccessful repairs which can be frustrating for the patient and the surgeon

MANAGEMENT OF RVF

- Introduction of healthy, well-vascularized tissue interposition such as a Martius flap or gracilis flap should be considered in patients who have attenuated tissues or have undergone multiple previous unsuccessful repairs.
- Fecal diversion should be considered in patients undergoing major repairs.

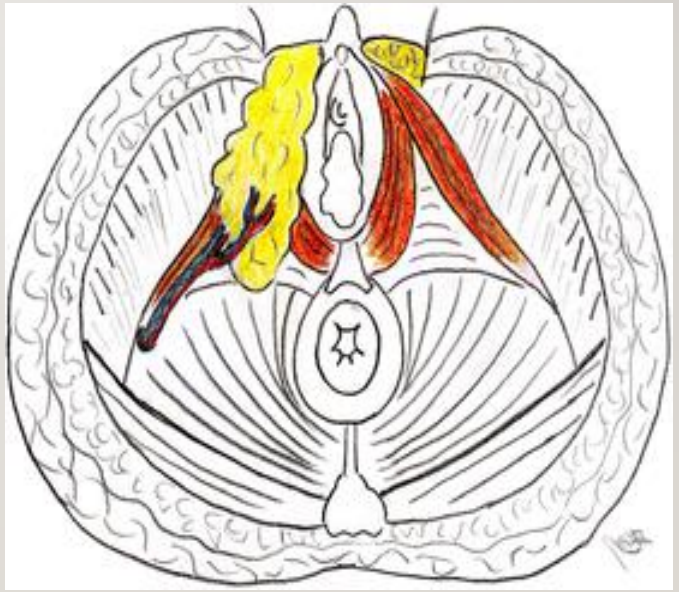
MARTIUS FLAP

- The Martius procedure for the surgical repair of urethrovaginal fistula was first described by Heinrich Martius in 1928.



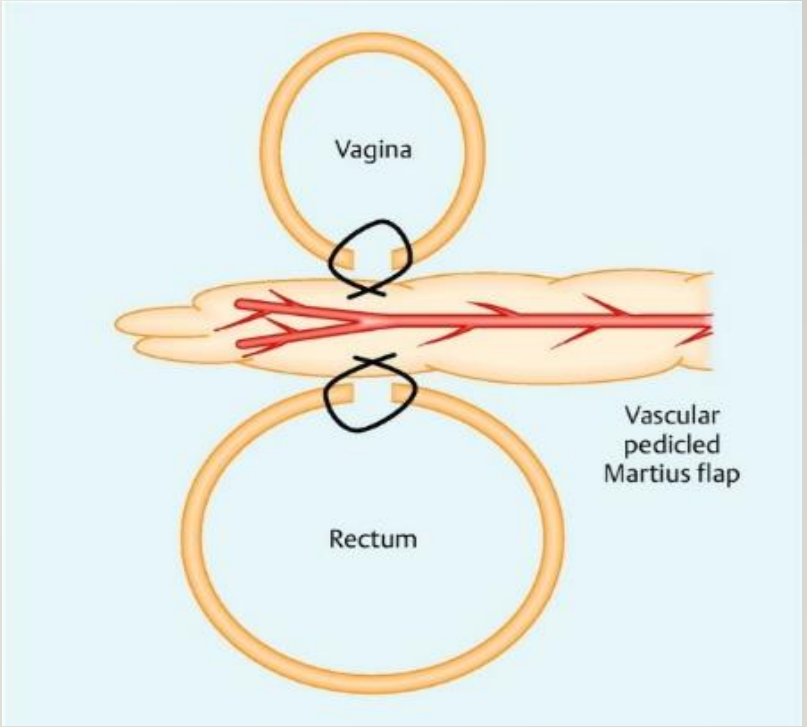
MARTIUS FLAP

- Over time, the Martius flap was modified and became a more extensive procedure, which used a vascularized adipose tissue flap from the labium majus between the bulbospongiosus and ischiocavernosus muscle with or without the muscle.



MARTIUS FLAP

- Martius procedures for colorectal indications (including RVF repair) use a posterior vascular pedicle what allows rotation backwards laterally towards the perineum .



CASE PRESENTATION

- 38 years old female patient presented in our clinic by persistant recovaginal fistula developed after a surgery for repair of rectocele through tranvaginal approach , followed by two unsuccessful repair trials (vaginal advancement flap and rectal mucosal advancement flap)
- By examination the fistula was detected just above the anorectal muscle ring and the muscle complex was intact
- MRI confirmed the diagnosis and excluded perianal sepsis

MARTIUS FLAP TECHNIQUE

- The decision was to do martius flap repair without diversion
- Preoperative mechanical bowel preparation, oral metronidazole and intravenous 3rd generation cephalosporin were taken
- The patient received regional anaesthesia , positioned in the modified lithotomy position
- Urinary Foley catheter was inserted to keep the field clean.


The patient is placed in a modified lithotomy position

FOLLOW UP

- The patient was discharged in the second postoperative day, the drain was removed after 5 days
- Superficial wound dehiscence was detected after 10 days and managed by topical preparations and oral antibiotics .
- After 5 weeks complete wound healing was achieved and the patient's symptoms disappeared