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Title: TRANS-VAGINAL APPROACH FOR OVERLAPPING ANAL SPHINCTER REPAIR AND CORRECTION OF RECTOCELE

Aims of study:

This teaching video outlines a trans-vaginal surgical approach for the concomitant repair of rectocele and external anal sphincter disruption in women with faecal incontinence and obstructed defecation following childbirth.

Methods:

An elliptical incision is made at the vaginal fourchette and the rectovaginal septum is dissected to expose the rectocele. The fascial defect is then corrected by imbrication of the rectovaginal fascia in two layers and the vaginal epithelium is close as far as the ischial spines. A double gloved finger is then placed in the anorectal canal and using trans-vaginal sharp dissection scar tissue is divided in the midline and dissected laterally until the disrupted external sphincter ends are identified. The finger is then removed from the rectum and the outer glove disposed. The superior borders of both sphincter ends are dissected free laterally until a generous overlap can be achieved and the scar tissue is then resected from each end. The rectum is imbricated to reduce the risk of low rectocele and the two ends of the external anal sphincter are then overlapped using delayed absorbable sutures. The external anal sphincter complex is then reattached to the perineal body and the perineal body is reconstructed using an antero-posterior approach. Vaginal epithelial closure is then completed and the perineal skin is closed using a subcuticular stitch.

Results:

This technique reduces the risk of post-operative wound infection and dehiscence compared to the modified Park's approach and can be combined with repair of symptomatic rectocele which is a common finding in these women. We have evaluated the first 42 cases and short-term subjective success rate is >90%. Co-existent pudendal neuropathy appears to be associated with a poor prognosis.

Conclusion:

Combined trans-vaginal repair of symptomatic rectocele and external anal sphincter disruption is an effective technique for the correction of obstructed defecation and altered faecal continence. The short-term subjective success rate is comparable to that for the modified Park's technique. We are currently evaluating as part of a prospective case-controlled study peri-operative morbidity and prognostic factors for failure following trans-vaginal versus trans-perineal overlapping anal sphincter repair.