

158

Authors: Joanna K. Chon, Traci P. Beck, Gary E. Leach
Institution: Tower Urology Institute for Continence, Cedars-Sinai Hospital
Title: RECTOCELE AND ENTEROCELE REPAIR WITH CADAVERIC FASCIA LATA: A NEW SURGICAL TECHNIQUE

Aims of Study:

Effective treatment of pelvic prolapse requires clear definition of the vaginal defect which are present. We demonstrate the new surgical technique of vaginal repair of both an enterocele and rectocele utilizing cadaveric fascia lata.

Methods:

Optimal repair of the prolapse employs strong tissue to restore normal anatomy while avoiding the creation of any vaginal deformity. A midline incision is made over the enterocele and rectocele. The vaginal epithelium is dissected to expose the shiny white layer. The enterocele sac is identified and incised to expose the peritoneum and the neck of the enterocele sac is identified. Sutures are placed circumferentially around the neck of the enterocele sac and a portion of a 4x7 cm non-frozen cadaveric fascia is used to patch the defect. A pursestring is placed to reinforce the enterocele sac closure. The rectocele is then reduced and sutures are placed circumferentially around the rectocele sac with the lateral sutures placed in the levator muscles. The remaining portion of the 4x7 cm cadaveric fascia is used to patch the herniation defect created by the rectocele. The vaginal wall flap is then reapproximated with absorbable suture and an antibiotic-soaked vaginal packing is placed and removed 1 day post-operatively.

Results:

No evidence of recurrent rectocele or enterocele has been seen at a minimum of 11 months followup of patients who underwent cadaveric fascia lata repair.

Conclusions:

The early results of pelvic prolapse repair utilizing cadaveric fascia lata for rectoceles and enteroceles are encouraging, with no early reported complications. Use of cadaveric fascia provides strong tissue for the repair, avoids narrowing or shortening of the vagina, and facilitates rapid recovery. Vaginal reconstruction with cadaveric fascia is a significant advance in the treatment of pelvic prolapse.

Source of Funding:

Mentor