

## **THE RECTO-VAGINAL SEPTUM RECONSTRUCTION A NEW FASCIAL DEFECT REPAIR FOR SYMPTOMATIC RECTOCELE: TECHNICAL ASPECTS**

### **Synopsis of Video**

In recent years the fascial oriented philosophy for the treatment of vaginal wall descent has become increasingly popular. The rationale for this surgical approach is based on the identification and repair of each single fascial defect, wherever it appears evident preoperatively and during surgery. However specific fascial areas, both anteriorly and posteriorly, are critical to the pelvic support and are more frequently involved in case of vaginal wall descent. These areas are represented by the lateral attachment, the high and low transverse insertion and the median portion of the endopelvic fascia. In order to restore anatomy these fascial areas must be specifically addressed during surgery.

We applied these concepts to the repair of symptomatic posterior vaginal wall descent and we present here the surgical technique of this newly designed approach named "Recto-Vaginal septum reconstruction".

Surgery is performed under general anaesthesia, in lithotomical position, after antibiotic and thromboembolic prophylaxis.

The surgical technique involves a T inverted incision of the posterior vaginal wall with its dissection bilaterally. Specific fascial defects were examined and the ileococcygeal muscle identified entering the pararectal space. Three to four reabsorbable sutures are placed by each side of this muscle, starting 1cm below the ischial spine down to the perineal body. The same stitches were passed through the lateral edge of the detached septum bilaterally, restoring its lateral attachments and anchored to the vaginal wall. In presence of a longitudinal fascial defect, a median septum plication was also performed. Finally the recto-vaginal septum is also secured superiorly and, when needed, inferiorly to the perineal body.

The recto-vaginal septum reconstruction has been applied in 19 cases at our institution by the same experienced surgeon and morbidity, anatomical, bowel and sexual functional are under evaluation.