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## **RECTOVAGINAL FISTULA REPAIR USING PORCINE DERMIS GRAFT**

### **Synopsis of Video**

This is a new surgical technique to repair rectovaginal fistulas utilizing porcine dermis graft tissue along with a multilayer repair and obliteration of the fistula tract. This procedure offers excellent results without the surgical morbidity of the traditional transvaginal repair, and fewer failures compared to the transrectal advancement flap procedures.

The patient is placed in the dorsal lithotomy position in the adjustable stirrups. The posterior vaginal mucosa is infiltrated with a solution of .25% marcaine with epinephrine. The rectovaginal space is approached through an incision made in the posterior hymenal area at the introitus. The posterior vaginal mucosa is undermined and transected to the vaginal apex. The fistula is isolated and left intact. Once the entire posterior vaginal mucosa is dissected, then the fistula is excised with a 5mm lateral margin. The rectal mucosal defect is then repaired in a two layer closure with delayed absorbable sutures. The rectovaginal septum is repaired in a site specific manner also using delayed absorbable sutures. The porcine graft is then placed over the rectovaginal septum and is sutured to the vaginal apex and uterosacral ligaments with permanent sutures. The graft is attached bilaterally to the levator ani in multiple sites using permanent sutures. A perinealplasty is performed if necessary, and then the graft is secured to the perineal body with delayed absorbable suture material. The vaginal mucosa is repaired in the usual fashion with delayed absorbable sutures.

We have successfully performed this procedure in 12 patients without any complications. The patients are hospitalized for one to two days and return to normal activity in two weeks. We have performed this procedure in cases of primary closure as well as cases to repair recurrent fistulas. The patients have experienced excellent results, and we know of no failures with the longest follow up being three years.

We believe that this surgical repair can cure all rectovaginal fistulas with significantly less morbidity. The patients tolerate the procedure well; have reduced hospitalization, less convalescence, and decreased postoperative discomfort. We are currently collecting follow up data to submit for publication in gynecologic and colorectal surgery journals.