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TRANSRECTAL TRANS-SPHINCTERIC APPROACH FOR TREATMENT OF URETHRO-RECTAL FISTULA.

Synopsis of video:

This approach is characterized by being a direct and easy one to perform. Unfortunately, it is not used quite often by urologist for repair of urethra-rectal fistulae.

In this video we are demonstrating this approach clarifying some important tips.

After placing the patient in jake-knife position, an incision is made from the tip of the coccyx down to the anal verge and through the rectal wall and anal sphincter. For better exposure or higher fistulae, the incision can be extended beside toe coccyx. At this stage, the most important point is to tag mucocutaneous junction and each segment of the sphincter should be tagged clearly. After identification of the fistula, the fistulas tract is excised. The urethra is then closed by interrupted absorbable suture material. The muscularis of the anterior rectal wall is then closed separately followed by the rectal mucosa. The posterior rectal wall is closed in layers making sure that all the tagged sphincteric segments and mucocutaneous junctions approximated accurately.

We believe that this approach is relatively simple and associated with low incidence of complications.