Approach to the Repair of Chronic Perineal Lacerations and Rectovaginal Fistula (RVF)

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Disclosures

• I have no financial disclosures or conflicts of interest
Objective

• Review anatomic considerations for characterizing rectovaginal and perineal defects

• Describe surgical repair of chronic perineal lacerations

• Describe surgical repair of rectovaginal fistula
Classification of Defects

- Distal Defects
  - Direct perineal laceration in non-obstructed labor resulting in inadequately repaired or unrecognized lacerations
- Distal RVFs
- Anovaginal fistula (below the dentate line)
- Chronic Third and Fourth-degree Lacerations

- Proximal RVFs
  - Direct tissue compression from obstructed labor
Define the Anatomic Defect

1. Bowel wall
2. Internal Anal Sphincter
3. External Anal Sphincter
4. Perineal Body
5. Bulbospongiosus
6. Vaginal wall & Perineal Skin

Define the Anatomic Defect

- Evaluate function of the external anal sphincter
  - Physical exam
  - Ultrasound
Preoperative Considerations

Route, Positioning & Exposure

• Route (vaginal versus abdominal)

• Lithotomy versus prone

• Self-retaining vaginal retractor
Surgical Approach to Chronic Perineal Lacerations

• Dissection
  – Inverted “U” incision dividing the vaginal wall from the rectum
  – Dissect into the rectovaginal space
  – Dissect laterally until separated ends of perineal structures identified
  – Identify and grasp ends of disrupted anal sphincter
  – Excise scar

• Reconstruction
  – Repair rectal wall (3-0 vicryl)
  – Repair internal anal sphincter (3-0 PDS)
  – Repair external anal sphincter (2-0 PDS)
  – Reconstruct perineal body
  – Close vaginal and perineal skin
Surgical Approach to Chronic Perineal Lacerations

- **Dissection**
  - Inverted “U” incision dividing the vaginal wall from the rectum
  - Dissect into the rectovaginal space
  - Dissect laterally until separated ends of perineal structures identified
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Surgical Approach to Chronic Perineal Lacerations

- **Reconstruction**
  - Repair rectal wall (3-0 vicryl)
  - Repair internal anal sphincter (3-0 PDS)
Surgical Approach to Chronic Perineal Lacerations

- **Reconstruction**
  - Repair external anal sphincter (2-0 PDS)
Surgical Approach to Chronic Perineal Lacerations

- **Reconstruction**
  - Reconstruct perineal body
  - Close vaginal and perineal skin
Surgical Approach to RVF Repair

• Dissection
  – Widely mobilize around the fistula tract
  – Excise the fistula tract

• Reconstruction
  – Repair rectal wall (3-0 vicryl)
  – Multilayer closure
  – Close vaginal skin and reconstruct the perineum
Intraoperative Exam
Surgical Approach to RVF Repair

Wide mobilization (1-1.5cm)


Surgical Approach to RVF Repair

Closure of Rectal Mucosa (3-0 Vicryl)

First line of suture begun above apex of fistula

Tip of gloved finger seen through rectal lumen
Surgical Approach to RVF Repair

Imbrication of the Rectovaginal Connective Tissue

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Surgical Approach to RVF Repair

Closure of the Vaginal Skin

Posterior vaginal mucosa closed with running suture
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