A combined transrectal and transvaginal approach for rectovaginal fistulas

Rachel Scott, DO[1,2], Jonathan Chang, MD [1,2] Ayo Gazal, MD[1]

[1] Saint Francis Hospital, Hartford, CT; [2] Colon and Rectal Surgeons of Greater Hartford, Bloomfield, CT

Introduction

Rectovaginal fistulas (RVF) are defined as a low rectal or anal fistula that epithelializes to the vagina. Rectovaginal fistulas can be distressing as it can be marked by passage of stool per vagina.

The most common causes of rectovaginal fistulas include obstetric causes, followed by infection, Crohn's disease, and malignancy.

The primary treatment for rectovaginal fistulas is surgery. However, the surgical approach is diverse, including transvaginal, transrectal, or transabdominal approaches.

Current clinical practice guidelines through the American Society of Colorectal Surgeons recommend a transrectal repair, but this is based on low quality evidence (1). Current recommendations suggest tailoring the surgical approach to the specific patient, but no approach has been shown to be superior to another (2). Healing rates overall for rectovaginal fistula repairs range from 50-85% (3).

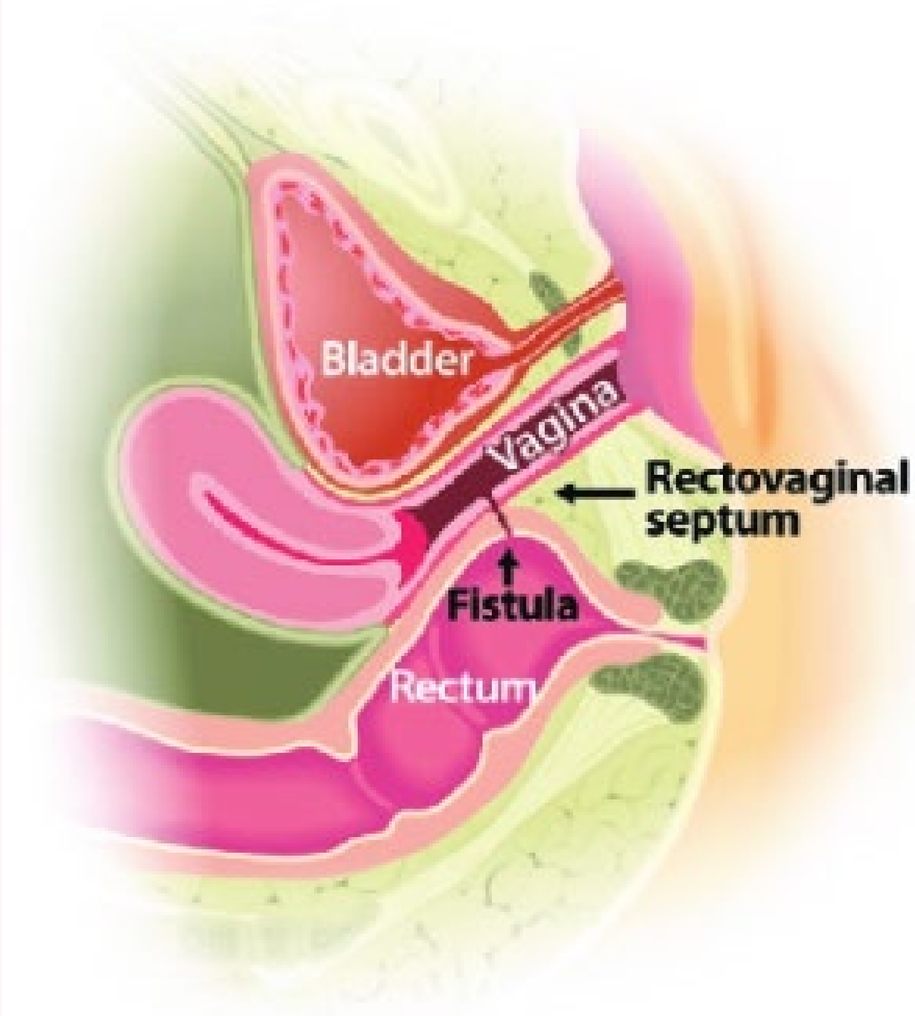
Rationale and Specific Aims

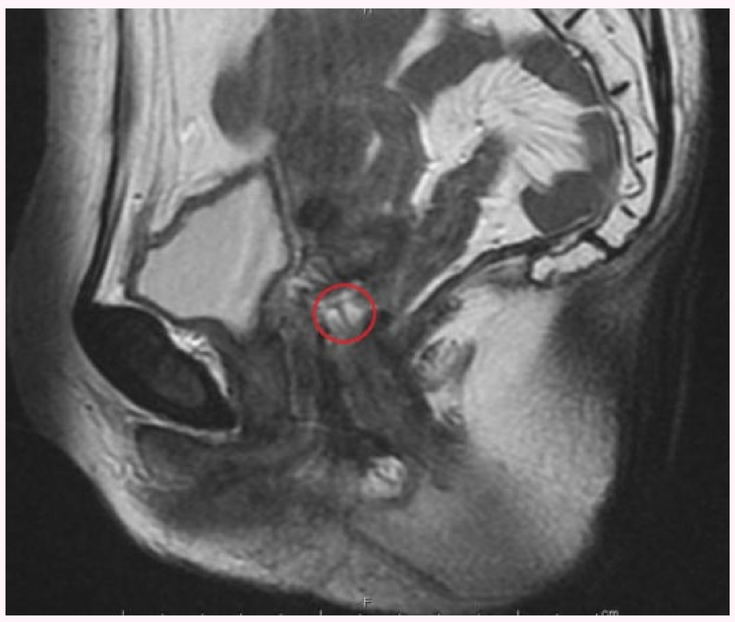
To date, despite multiple studies analyzing surgical approaches to rectovaginal fistula repair, there has not been any analysis on a combined transvaginal and transrectal approach.

It is the goal of our retrospective study to analyze this unique approach and accumulate the patient characteristics, fistula characteristics, and recurrence rates surrounding this combined approach at our institution.

Study Conduct

This is a single center, retrospective analysis of data acquired from hospital electronic medical records.

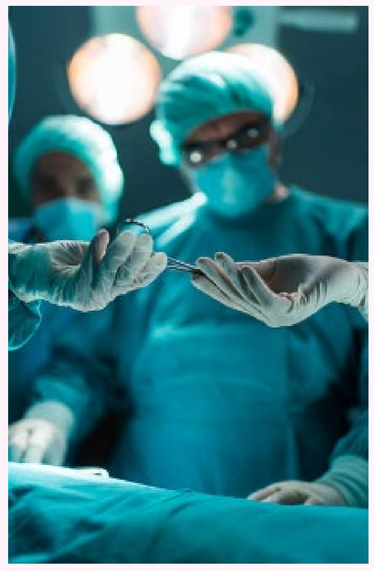




MRI of RVF

Data Elements

Data to be collected include patient demographics and presenting characteristics, RVF etiology, RVF location, time to diagnosis, time to repair, characteristics of previous repairs, recurrence, time to recurrence.



References

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Google: RVF images