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REPAIR OF A RECTOVAGINAL H-TYPE FISTULA

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Aims and Background: We present the operative video of a female infant who underwent transanal, full thickness rectal mobilization with placement of an ischiorectal fat pad to repair an H-Type rectovaginal fistula.

Methods/Case presentation: A 6-month old female presented with stool passing from the vagina. Previous evaluation, at an outside institution, did not demonstrate a fistula and the conclusion was that stool was refluxing into the vaginal vault. Our evaluation revealed the typical location of a fistula; located in the midline (from the vestibule) and opening into an anal crypt consistent with a congenital H-type recto-vaginal fistula. It can be difficult to diagnose, as seen in this case. Contrast studies typically do not demonstrate the fistula. The video demonstrates our previously published technique: full thickness rectal mobilization, closure of the fistula with interposition of a vascularized ischiorectal fat pad between rectum and vagina. The goal of full mobilization and interposition of a fat pad is to ensure healthy tissue over the previous fistulous tract.

Results: Post operatively the child did well and at one month had a satisfactory functional and cosmetic result. She is now 6-months post-surgery and there has been no recurrence of the fistula, and she is stooling appropriately.

Conclusion: The ischiorectal fat pad is easily visualized and mobilized via a transanal approach. It provides a good, well-vascularized protective layer to prevent fistula recurrence in this area. This procedure is a safe and effective operation in the hands of experienced pediatric surgeons.