

## Extended Abstract

Fat fascia flaps for the treatment  
of rectovaginal fistula

Seyed R Mousavi

*Professor of surgery and vascular and microvascular flaps, Shahid Beheshti  
University Medical Sciences, Tehran, Iran**E-mail: seyed@gmail.com***Abstract**

Due to incontinence in gas and feces, Essen may cause various social, psychological and sexual problems. Choosing the appropriate surgical technique can reduce the patient's problems.

Our study is to find the best and most effective method of treatment. Materials and Methods: In this study, patients with secondary rectovaginal fistula due to obstetric injury who referred to our clinic between September 2015 and October 2018 underwent surgical repair after preparation with the new fat fascia flap (FFF) technique and for one year.

Were followed up. Results: In this study, 26 patients with secondary rectovaginal fistula to vaginal delivery injuries underwent surgical repair with fat flap and fascia technique and there was no recurrence during follow-up and all patients fully recovered.

Only one patient developed an infection at the surgical site, which was achieved with proper treatment and care. Discussion: Based on the findings of this study, it seems that the use of fat fascia flaps (FFF) to repair secondary rectovaginal fistula to childbirth injury is a suitable method and due to the high recovery rate, less damage to surrounding tissues and in terms of beauty can be considered as one It is considered as a selective and common treatment.

Rectovaginal fistulas (RVF) are rare but represent a challenge for both patients and surgeons. The most common cause of RVF is obstetric trauma, and treatment is based on fistula classification and localization of the fistula in relation to the vagina and rectum. Conventional therapy frequently fails, making surgery the most viable approach for fistula repair. One surgical procedure which offers adequate repair of lower and middle rectovaginal fistulas consists of interposition of a bulbocavernosus fat flap also called modified Martius flap. First described by Heinrich Martius in 1928, this approach has been continuously modified and adjusted over time and is used

Rectovaginal fistulas (RVF) are epithelialized connections between the intestine and vagina; they account for nearly 5% of all anorectal fistula 1. Around 88% of RVF are caused by obstetric trauma with disruption of the rectovaginal septum. 0.1% of patients who required an episiotomy during vaginal delivery go on to develop RVF 2. Older publications describe a higher incidence of obstetric trauma, as reflected in a current study by Brown and colleagues who discuss the decrease in RVF repair in the United States 3,4. The incidence of postpartum trauma and RVF, especially complex RVF, is notably higher in third world countries, due to the poor quality of the available medical care and the extent of sexual violence 3.

In addition to obstetric trauma, other causes of RVF are colorectal and pelvic surgery (in up to 10% of cases in rectal surgery, especially with the use of staplers, neoadjuvant and adjuvant radiochemotherapy increasing the rate), irradiation causing obliterating endarteritis with devascularization of the perineal region, malignant disease (e.g., rectal, vaginal and bladder carcinoma involving direct invasion), local inflammatory processes, diverticulitis, chronic inflammatory bowel disease (about 0.2–2.1% of all RVF 3,5), and congenital RVF 6,7. Perineal trauma can also result in RVF 8. As the cause of RVF in many cases is obstetric trauma, postpartum RVF are frequently associated with sphincter lesions, and sphincter reconstruction is routinely performed during the same operation 9.

While the diagnosis can often be easily confirmed by distal examination of the rectum, treatment, especially of recurrent fistula, makes this disorder very complex. Small fistula can be asymptomatic.

If the diagnosis remains unclear, no fistula is found, or malignant disease as the cause of fistula cannot be excluded, the next diagnostic step is imaging using magnetic resonance tomography (MR), computed tomography (CT), colon contrast study or end sonography (ES).