Minimally invasive trans-anal repair (MITAR) for rectovaginal fistula: A novel technique

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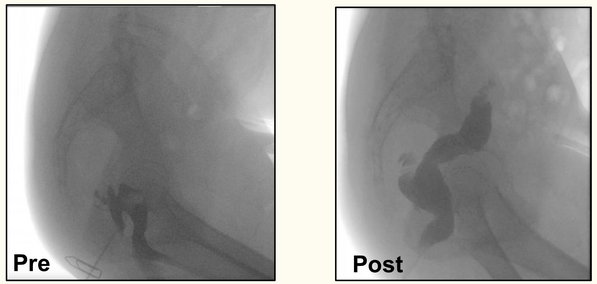
Introduction

- **Debilitating:** physical, emotional, sexual and psychosocial
- **Surgical challenge:** location, multiple surgeries, radiation, congenital anomalies.
- **Traditional approaches:** transabdominal/ trans-perineal provide inadequate access
- **Novel technique:** especially for mid and lower recto-vaginal fistulas

Follow up

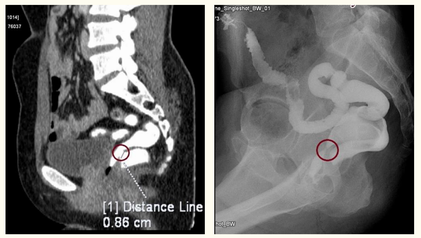
S.no	Primary disease	Previous Surgery	Distance from AV (cm)	Operative duration	Stoma Reversal after MITAR (months)	Follow-up from MITAR (months)
1	Rectocele	Rectocele repair	6	1.5	9	18
2	Carcinoma rectum	Hartmann's procedure	6-8	2	12	33
3	MRKH Syndrome	Vaginoplasty	6-7	2.5	9	36



Dye study: 3 months post op: No leak

Methods

- RVF developed following vaginoplasty for a rudimentary vagina, low colorectal anastomosis for carcinoma rectum, and rectocele repair
- The diagnosis of rectovaginal fistula was confirmed by history and radiological delineation of fistula
- Distance from anal verge to fistula was measured by rigid sigmoidoscope



- All three patients already had diversion stoma

Results and Conclusion

- At a mean follow up of 29 months, there has been no recurrence of fistula
- MITAR: a novel minimally invasive technique
  - Direct access
  - HD visualization
  - Precise dissection
  - Minimizes surgical trauma
  - Preserves continence
  - Early recovery
- Future studies with larger cohorts and longer follow-up are essential to better define its long-term efficacy

References

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Operative Details

1. Preparation: Prone position

2. Access: Trans-anal Gel POINT Path platform (12-14mm of Hg)

3. Visualise: The fistula site confirmed under vision.

4. Dissection: Rectal and vaginal walls separated and mobilised circumferentially along the RV septum for atleast 1 cm.

5. Closure: The walls closed transversely one after the other trans-anally.

6. Completion: Leak test done. Stoma closure after 6 months.