

UTILITY OF THE MARTIUS FLAP AS AN ADJUNCT FOR REPAIR OF COMPLEX RECTOVAGINAL FISTULA

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Introduction: Complex rectovaginal fistula (RVF) are uncommon but difficult therapeutic problems. Local repair and flap advancement techniques have a high incidence of recurrence with poor functional outcomes. Transperineal repair with anal sphincter reconstruction, when indicated, and placement of a Martius Flap (bulbocavernosus pedicled transplant) results in improved rates of repair and better functional outcomes.

Methods: A consecutive series of patients were retrospectively reviewed from a prospective database between 2002-2006. Data were gathered from two colon and rectal surgery specialty practices. Patient demographics, operative and functional outcomes are reported.

Results: Sixteen patients with a mean age of 39.5 years (17-62) were treated. Etiology of the fistula was obstetric (9), cryptoglandular (5) and Crohn's disease (2). They had undergone a mean of 1.5 prior repairs (0-4) and six had a diverting stoma prior to repair. Preoperatively, fecal incontinence (FI) was present in 5, anal sphincter (AS) disruption was present in 11 and dyspareunia was present in 1/13 sexually active patients. Mean followup was 75 weeks (24-190). One recurrent fistula was identified (6.2%) Recurrence was in a rectoperineal position and was managed with seton drainage and is asymptomatic. All stomas had been reversed. Postoperatively, FI was present in 2 patients (13%). Both had severe obstetric injuries, had undergone AS repair and had FI preoperatively that was improved by surgery. Five patients had dyspareunia (5/13, 39%) only one of which limited sexual activity and was unchanged from preoperative function.

Conclusion: Complex RVF can be reliably repaired with good functional outcomes using the Martius Flap with anal sphincter reconstruction. Persistent FI and dyspareunia are common sequela of the underlying perineal injury and repair. No acute or delayed morbidity related to the MF was noted.