Rectovaginal endometriosis resection without stoma: selection criteria

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Disclosure

• Proctoring:
  – Olympus
  – Peters surgical
  – Plasma surgical
Rectovaginal endometriosis resection

Majors complications rate

- Rectovaginal fistulas RVF (0%-14.3%)
- Anastomotic leaks (0%-10%)
- Pelvic abscess (0.5%- 4.2%)
- Interrelationship

Anastomotic leakage: risks factors

- Model: Bowel cancer
- Endometriosis:
  - Location: low and very low rectum
  - Ischemic vascular complications (rectal and mesenteric artery)
  - Undernutrition
  - multiple digestive resection
  - difficulty anastomotic stapling
  - Secondary necrosis depending on energy dissection
RVF: physiopathology

• A fistula: abnormal communication between 2 epithelialized surfaces
• Creating a local self-sustaining system
• One event: Anastomotic leakage
• One location: vaginal suture facing the colorectal anastomosis
RVF types: pronostic factors

- **Low rectovaginal fistula**: between the lower third of the rectum and the lower half of the vagina
- **High fistula**: between the middle third of the rectum and the posterior vaginal fornix.
- **Small**: less than 0.5 cm
- **Medium**: 0.5-2.5 cm
- **Large**: exceed 2.5 cm

RVF: treatment

- Iterative surgery
- Protective defunctionning stoma
- Long time of recovery (3 months to 1 year)
- Rare cases of spontaneous healing (<5mm)
- Discouraging treatment plan for the patient
- Pregnancy project delayed
The question

Role of Protective Defunctioning Stoma
PDS
Theory

- Reduces the risk of fistula
- Reduces their severity when it occurs
- Ileostomy easier to achieve but worse derivation and problems hydration equilibration
- Colostomy harder but more effective and less restrictive equipment

Complications of PDS

- Obstruction, stenosis
- Dehydration
- Hernia
- Skin lesions
- Closure stomy morbidity
• 198 patients
• Low colorectal anastomosis 7 cm from the anal margin
• 9 RVF occurred (4.5%)-8 with colpectomy, 1 with partial vaginal necrosis
• Two factors were associated RVF:
  – partial colpectomy (p< .001)
  – low colorectal anastomosis (p < .001).
No statistical difference but...
• 41 patients, retrospectives data, laparoscopy
• sigmoid 6 (15%)
• high rectum Low (51%)
• low rectum 10 (24%)
• Ultra-low rectum 4 (10%) === ILEOSTOMY 4 (9.7%)
• With Colpectomy 17 (41%)
Results

• **Low rectum:**
  – one anastomotic leak 6 cm anal verge no RVF, secondary ileostomy.

• **High rectum:**
  – One RVF after hematoma and abcess, conservative treatment
  – One rectovesicovaginal fistula after hematoma and abcess, conservative treatment

• No statistically significant difference between intestinal complications in the 37 patients without protective ileostomy and the 4 patients with protective ileostomy (p 5 .18).

• But all digestive complications with no previous PDS
No stoma: selection criteria

• No consensus:

• Admitted:
  – No colpotomy
  – High rectum and rectosigmoid
  – Only one digestive resection
  – Michelin test negatif

• Extension: with colpotomy
  – First procedure
  – Single lesion
  – Not facing anastomosis