

PERICERVICAL RING RECONSTRUCTION WITH RECTOVAGINAL FASCIA

EUROPEAN MENOPAUSE - ANDROPAUSE SOCIETY

LONDON

2009

HÉLIO RETTO, M.D.



SPCPR

BENIGN POSTREPRODUCTIVE GYNECOLOGY

- - **Urinary Incontinence**
- - **Cystocele**
- - **Uterine Prolapse**
- - **Entero-rectocele perineal defects**
- - **Vaginal wall prolapse**

RECTOVAGINAL SEPTUM

HIGH YIELD

A

FIBROELASTIC **C**ONNECTIVE **T**ISSUE THAT **S**EPARATES THE **V**AGINA
FROM THE **R**ECTUM ;

B

CONNECTIVE **T**ISSUE AND **S**MOOTH **M**MUSCLE
ADHERENT TO THE **V**AGINAL **E**PITHELIUM;

RECTOVAGINAL SEPTUM

HIGH YIELD (CONT.)

C

MAINTAINS **V**AGINAL **D**EPHTNESS AND **G**UIDES THE **L**EADING **E**EDGE OF A **B**OWEL **M**OVEMENT AS IT **D**ESCENDS **T**OWARD THE **A**ANUS;

D

THE **M**OST **I**MPORTANT **S**TRUCTURE IN THE **S**UPPORT AND **S**USPENSION OF THE **P**OSTERIOR **V**AGINAL **A**ANATOMY.

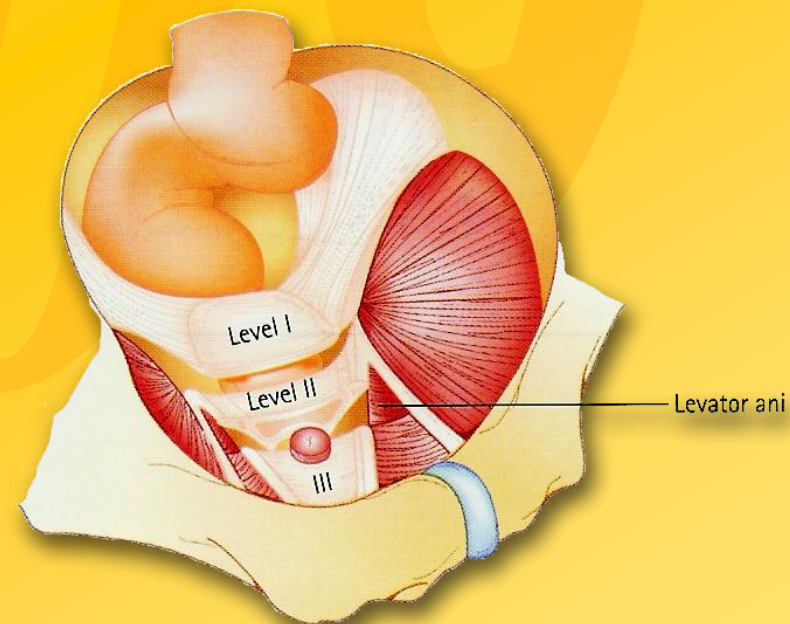
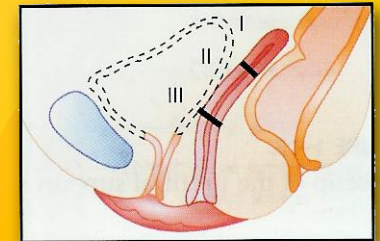
RECTOVAGINAL SEPTUM BIOMECHANICS

DeLancey Levels

SUSPENSION

PROXIMALLY CONNECTS:

- **LATERALLY TO THE UTEROSACRAL LIGAMENTS**
- **CENTRALLY TO THE PERICERVICAL RING**

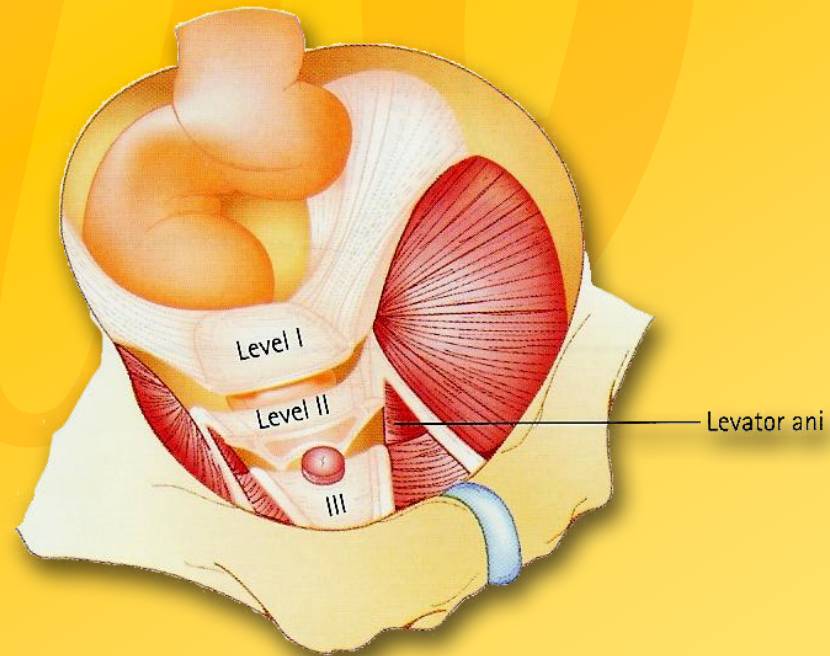
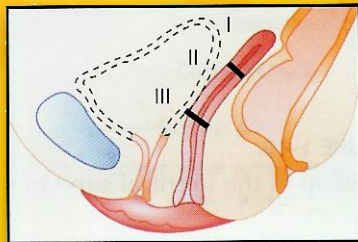


RETROVAGINAL SEPTUM BIOMECHANICS

DeLancey Levels

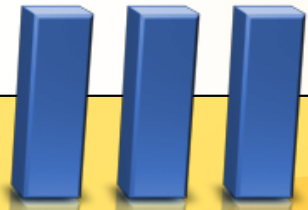
LATERAL ATTACHMENT CONNECTS:

- **DISTALLY ½**
- ▶ **ARCUS TENDINEUS FASCIAE RECTOVAGINALIS**
- **PROXIMALLY ½**
- ▶ **ARCUS TENDINEUS FASCIA PELVIS**

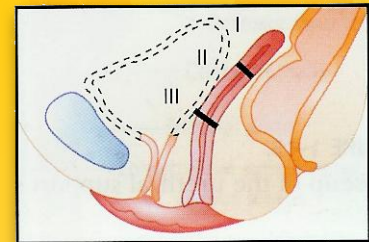
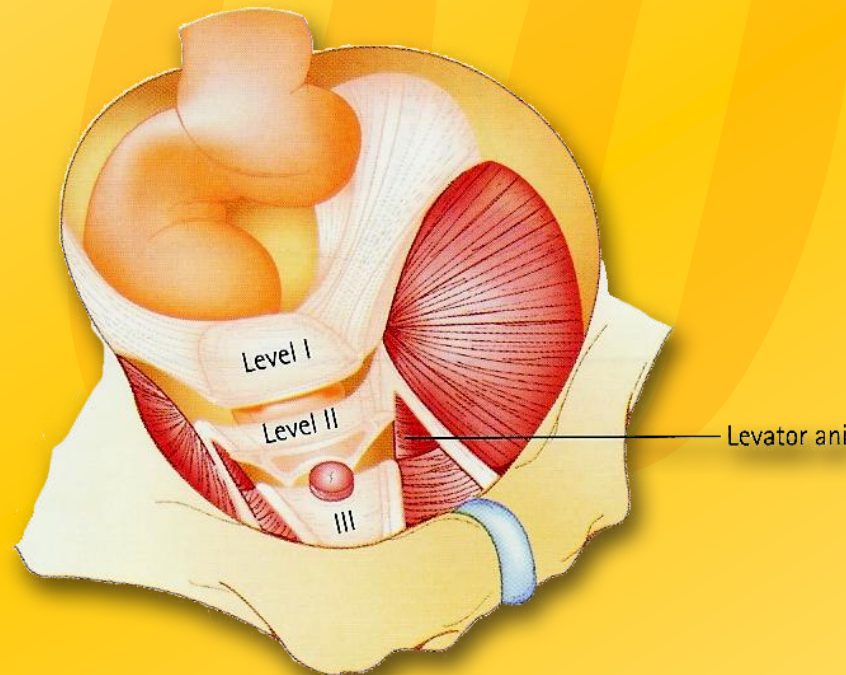


RECTOVAGINAL SEPTUM BIOMECHANICS

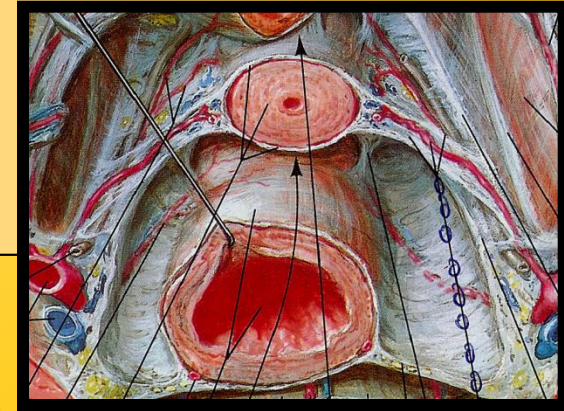
DeLancey Levels



DISTALLY IT MERGES WITH THE PROXIMAL PERINEAL BODY AT THE PERINEAL CENTRAL TENDON.



PERICERVICAL RING



● ONE OF THE MOST IMPORTANT CONCEPTS FOR

▶ RECONSTRUCTIVE VAGINAL SURGEONS;

● AT THE LEVEL OF THE ISCHIAL SPINES;

● COMPLEX REPRESENTED BY THE CONTINUITY OF THE CARDINAL-UTEROSACRAL LIGAMENTS WITH:

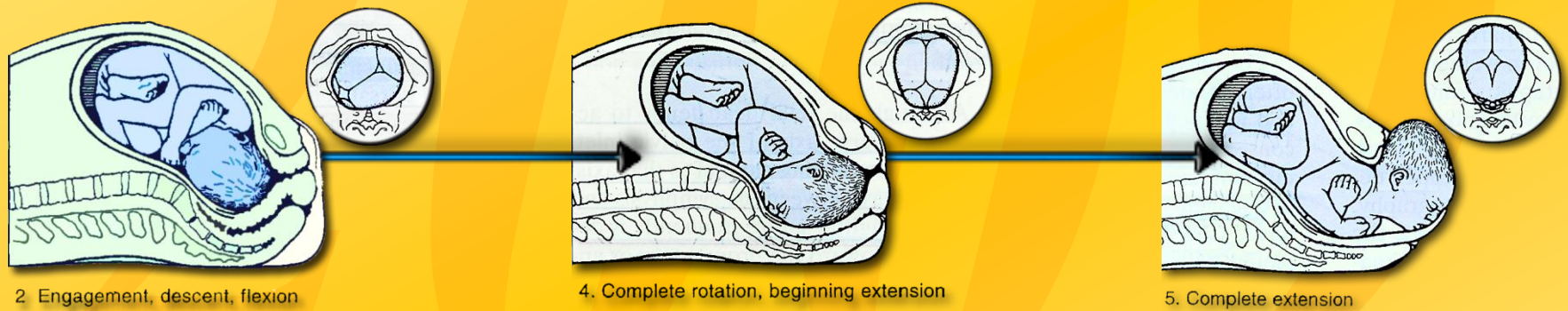
▶ PUBOCERVICAL AND RECTOVAGINAL FASCIA.

PELVIC ORGAN PROLAPSE CAUSES

- **C**ONSTITUTIONAL CONNECTIVE TISSUE DEFICIENCIES
- **F**ORCES OF CHILDBIRTH SEQUELAE
- **A**GE
- **L**IFESTYLE
- **G.I.** DYSFUNCTION
- **M**EDICAL CONDITIONS (CHRONIC COUGH, STEROID THERAPY, D.M. , ETC...)
- **E**STROGEN STATUS

CHILD BIRTH AND POSTERIOR PELVIC ORGAN PROLAPSE

➔ ON THE DESCEND AND EXTENSION OF THE FETAL HEAD, INTENSE PRESSURE IS EXERTED ON THE SUSPENSORY FUNCTION OF THE UTEROSACRAL LIGAMENTS;



➔ CONTINUATION OF THIS PROCESS RESULTS IN A PROXIMAL TRANSVERSE SEPARATION OF THE RECTOVAGINAL SEPTUM FROM THE UTEROSACRAL LIGAMENT AND THE PERICERVICAL RING;

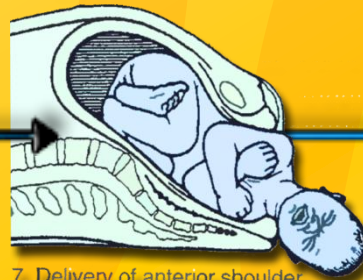
Adapted from Williams, Obstetrics

CHILD BIRTH AND POSTERIOR PELVIC ORGAN PROLAPSE

➔ DURING COMPLETION OF EXTENSION AND EXPULSION, DOWNWARD DISPLACEMENT OF THE SEPTUM OCCURS OFTEN TO THE LEVEL PERINEUM;



6. Restitution (external rotation)



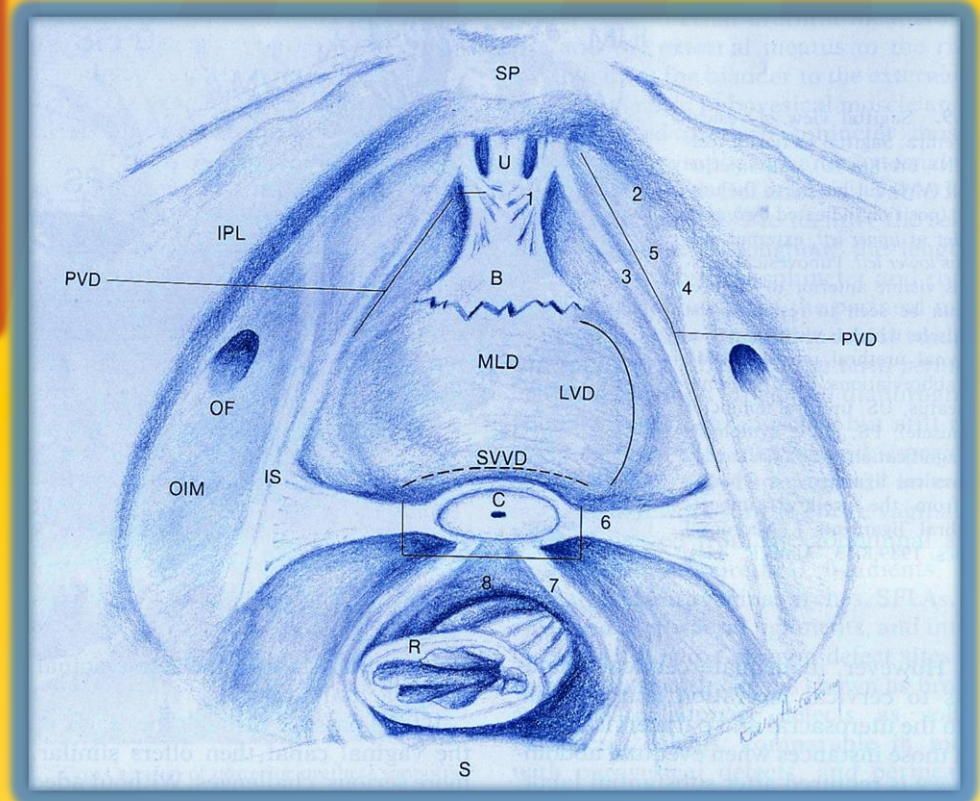
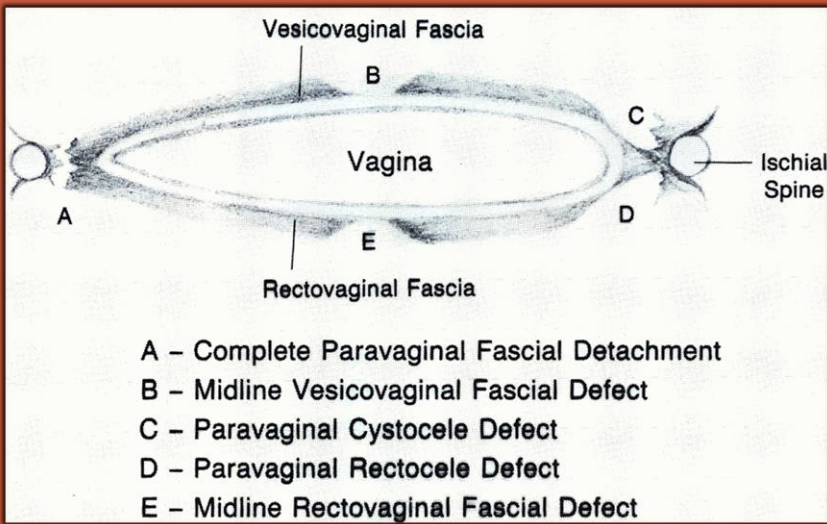
7. Delivery of anterior shoulder



8. Delivery of posterior shoulder

➔ THE CONVERSION OF THIS DOWNWARD DISPLACEMENT INTO A SYMPTOMATIC PROLAPSE REQUIRES TIME AND IS AIDED BY THE KNOWN SECONDARY CAUSES OF PELVIC ORGAN PROLAPSE.

CENTRAL, PROXIMAL, LATERAL DEFECTS



Adapted from Wayne F. Baden, Vaginal defects

POSTERIOR VAGINAL RELAXATION ANATOMIC COMPONENTS

ENTEROCELE

PERITONEAL AND SMALL BOWEL HERNIATION INTO THE PROXIMAL VAGINA.

RECTOCELE

RECTAL HERNIATION INTO THE VAGINA, USUALLY CONTIGUOUS WITH THE ENTEROCELE.

POSTERIOR VAGINAL RELAXATION ANATOMIC COMPONENTS

PERINEAL DESCENT

**DIRECT RESULT OF DETACHMENT OF THE
PROXIMAL RECTOVAGINAL SEPTUM.**

PERINEAL ATTENUATION

**COMMONLY OBSTETRIC, IATROGENIC, OR SECONDARY
TO INCOMPLETE OR FAULTY REPAIR.**

POSTERIOR VAGINAL RELAXATION

SIGNS & SYMPTOMS

- **P**ELVIC PRESSURE
- **P**ROLAPSE
- **P**ERINEAL DESCENT
- **A**BNORMAL RECTAL FUNCTION
 - **CONSTIPATION, OBSTRUCTED DEFECATION SYNDROME**
 - **INCOMPLETE EMPTYING DURING DEFECATION**
 - **ANAL INCONTINENCE**

TRADITIONAL POSTERIOR REPAIR

- **O**PEN ENTEROCELE REPAIR WITH **C**ULDOPLASTY
- **R**ECTOCELE REPAIR **U**SING **L**EVATOR **P**LICATION
- **A**NATOMIC **P**ERINEAL **R**ECONSTRUCTION

Vaginal Surgeons, 83 B.C.

THE NEW
POSTERIOR REPAIR

FULL-LENGTH AND FULL-WIDTH
RECTOVAGINAL SEPTUM RECONSTRUCTION



SITE-SPECIFIC REPAIR
OF
CENTRAL DEFECTS

THE NEW

POSTERIOR REPAIR

VAGINAL UTEROSACRAL COLPOPEXY

TO RE-ESTABLISH THE NORMAL ANATOMIC
CONNECTION BETWEEN THE RECTOVAGINAL

**ANATOMICAL DEFECTS: RECTOVAGINAL
LIGAMENTS AND PERICERVICAL RING**

CLOSURE OF

CENTRAL ENTEROCELE AND RECTOCELE

POSTERIOR VAGINAL RECONSTRUCTION OPERATIVE STEPS

- **M**IDLINE VAGINAL MUCOSAE INCISION;
- **C**OMplete DISSECTION OF THE RECTOVAGINAL SPACE FROM THE PERINEUM TO THE LEVEL OF ISCHIAL SPINES;
- **I**DENTIFICATION AND REPAIR OF CENTRAL FASCIAL DEFECTS WITH PERMANENT SUTURE;

POSTERIOR VAGINAL RECONSTRUCTION OPERATIVE STEPS

- D**ISSECTION INTO THE PARARECTAL SPACES WITH IDENTIFICATION OF THE UTEROSACRAL LIGAMENTS IMMEDIATELY MEDIAL TO THE ISCHIAL SPINES;
- P**ERMANENT SUTURE ATTACHMENT OF THE PROXIMAL RECTOVAGINAL SEPTUM TO THE UTEROSACRAL LIGAMENTS BILATERALLY;

POSTERIOR VAGINAL RECONSTRUCTION OPERATIVE STEPS

- C**ENTRAL REATTACHMENT OF THE PROXIMAL RECTOVAGINAL SEPTUM TO THE PERICERVICAL RING OR **H**YSTERECTOMY VAGINAL CUFF AT THE LEVEL OF THE ISCHIAL SPINES;
- R**EPAIR OF PARARECTAL DEFECTS WITH PERMANENT SUTURE;
- R**ESTORATION OF PERINEAL ANATOMY WITH ABSORBABLE SUTURE.

POSTERIOR REPAIR

IMPORTANT FACTORS

- **DISTAL DEFECTS IN THE RECTOVAGINAL SEPTUM ARE RARE.**
- **THE RECTOVAGINAL SEPTUM FREQUENTLY RETRACTS DISTALLY TO THE LEVEL OF THE PERINEUM:**



WITH CAREFUL DISSECTION IT MIGHT REACH THE LEVEL OF THE ISCHIAL SPINES.

POSTERIOR REPAIR

IMPORTANT FACTORS

- **DISTAL DISPLACEMENT OF THE RECTOVAGINAL SEPTUM ALLOWS:**



**RECTOCELES AND ENTEROCELES
TO DEVELOP CONTIGUOUSLY
THROUGH THE SAME FASCIAL DEFECT**

POSTERIOR REPAIR

IMPORTANT FACTORS

- **MESH, FASCIAL GRAFTS, AND OTHERS ARTIFACTS ARE RARELY USEFUL IN POSTERIOR REPAIR.**
- **ENTEROCELE DOESN'T NEED TO BE OPENED.**
- **DEEP ENDOPELVIC CONNECTIVE TISSUE DOES NOT ATROPHY.**

EXCEPTIONS TO THE RULE

- **NULLIPAROUS PATIENTS WITH PROLAPSE**
(VAGINAL SEPTA GENERALLY INTACT, LIGAMENTS FAILED).
- **NEUROLOGICALLY IMPAIRED PATIENTS.**
- **SIGNIFICANT ANATOMIC DISTORTION FROM PREVIOUS SURGERIES.**
- **PROLONGED USE OF STEROIDS.**

VIDEO DEMONSTRATION



PERICERVICAL RING RECONSTRUCTION WITH RECTOVAGINAL FASCIA

EUROPEAN MENOPAUSE - ANDROPAUSE SOCIETY

LONDON

2009

HÉLIO RETTO, M.D.



SPCPR