GENERAL INFORMATION

A rectovaginal fistula is an abnormal connection between the rectum and the vagina (Figs. 1 and 2). Correcting this condition can be a challenging problem for the following reasons: There are a number of causes; it can produce a variety of symptoms; there can be associated conditions that interfere with treatment; and finally, there are a number of ways to repair it.

COMMON SIGNS AND SYMPTOMS

- Most of the signs and symptoms are the result of feces coming into the vagina and the weakness of the damaged anal sphincter, which is no longer leakproof.
- The symptoms can include the following:
  - Flatus and stool in the vagina.
  - Foul discharge from the vagina.
  - Infection of the vagina.
  - Possible diarrhea, bleeding from the rectum, mucous discharge, anal spasm, and abdominal pain. These, however, may result from a disease of the bowel that caused the fistula in the first place.

DIAGNOSIS

- A detailed history is taken because such information helps determine the cause of the fistula. In addition, it can help with the decision on the best treatment. For example, patients may report a history of a difficult delivery and tear of the tissue in the area. Perhaps the seriousness of the tear was not recognized, or the tear was repaired but became infected. Rectovaginal fistulas are also common in patients with chronic colon conditions (example: Crohn's disease).
- Sometimes the symptoms are strongly suggestive of a rectovaginal fistula, but nothing is seen. A blue dye can be placed in the rectum and a tampon in the vagina. In 20 minutes, the tampon is removed. Blue staining of the tampon is evidence of a connection between the rectum and the vagina. There are a number of other clues and findings.
- Proctoscopy: This procedure is done with a hollow instrument the size of a dust mop handle that has magnifying lenses and a light in it. While you lie on your side, the proctoscope is lubricated and inserted gently into the rectum for a thorough examination.
- Colonoscopy: This procedure is done if disease of the bowel is suspected. An optical instrument that is smooth, flexible, and as big around as your little finger, and that has a light at its tip is inserted gently into your anus and then advanced until your entire large bowel is examined. If suspicious tissue is seen, a small piece of it can be taken (a biopsy) for laboratory examination. During the procedure you will be given medicine that will make you feel drowsy.
- Ultrasonography: This test uses a probe (something like an enema tip) that is placed inside the anus. From the tip of the probe, painless and harmless sound waves are sent out to the surrounding tissue. The sound waves bouncing back (the echoes) can be seen as pictures on a screen. They can show tears or scars of the sphincter muscle, even though the skin over this area looks normal. This is an important test. Many women who have a rectovaginal fistula also have a seriously scarred and weakened sphincter muscle. In such instances, just repairing the hole between the rectum and the vagina will not necessarily give a good result; fecal fluid still may...
occasionally get past the weak sphincter and stain the underclothing.

**THERAPY**

There are a variety of treatments for rectovaginal fistula. Which one is best depends on the fistula's cause, location, and size; the number, types, and seriousness of symptoms; the condition of the tissue around the fistula; any associated problem that needs to be taken care of; and the age and general condition of the individual.

Generally, the techniques of repair involve an approach from the abdomen or from the vagina. Very occasionally, both techniques may need to be used at the same time.

After careful consideration of all factors, the recommendation is that you have the repair performed through the vagina. The reasons for this recommendation have been discussed with you.

**PREOPERATIVE PREPARATION**

- You will have an examination of your blood, urine, heart (EKG), and lungs (chest x-ray).
- You will be instructed on how to clean out your bowel.
- Do not eat or drink anything for 8 hours before the operation.
- Do not douche or use a tampon on the day of the operation.
- Shower or bathe as usual on the morning of the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

**OPERATION**

- You will be asleep for the operation.
- The incision will be in your vagina only. If the anal sphincter also needs to be repaired, the incision will also be around the anus. This will be discussed with you in detail before anything is planned or done.
- The operation usually takes about 3 hours.

**POSTOPERATIVE CARE**

- You will be taken to a recovery room and observed. When your blood pressure, pulse, and breathing are stable, you will be taken to a regular hospital room.
- You may have a thin plastic tube in your nose. It goes down into your stomach to suck up the air you swallow. It will be removed when your bowels start working.
- There will be a catheter in your bladder for a few days to empty the urine. This is more comfortable for you and helps with the healing.
- Pain can be controlled with medicine. The nurse will give it to you, or you can give yourself a preset amount of pain medicine when you feel you need it with a device connected to the tubing giving you intravenous fluids. This is called *patient controlled analgesia* (PCA).
- That evening after the operation you will be helped to sit up in bed and on the next day to get out of bed.
- When your bowels start working, the tube in your nose will be removed and you will be started on a liquid diet. This will be increased as you tolerate it.
- You should be able to go home in 3 to 6 days.
- Arrangements will be made for your medicine, follow-up office visit, and stitch removal.
- As with any operation, complications are always possible. With this type of operation, they can include infection, break-down of the repair, blood clots, pneumonia, and possibly others.

**HOME CARE**

- You may walk about as you wish, even climb stairs, but don't overdo things.
- Take medicine as prescribed for your pain.
- You will be given an appropriate diet to follow during your convalescence.
- Be careful that you do not become constipated.
  - Include enough roughage and plenty of liquids in your diet.
  - You will be instructed on the use of a stool softener and possibly a mild laxative (example: milk of magnesia).
- Do not use a douche or tampon until after we discuss this during your postoperative office visit. A sanitary napkin should be sufficient for the expected vaginal discharge.
- Don't lift anything heavier than 5 pounds. Ask someone to do it for you.
- Engaging in sexual intercourse too soon can be harmful to your recovery. If you wish, let's talk about this during your follow-up visit.
- You may return to work when you feel up to it, but let's talk about it first during a follow-up office visit.

**CALL OUR OFFICE IF**

- You develop any unusual signs or symptoms.
- The incision becomes red or swollen, or there is drainage from it.
- You develop a temperature higher than 100°F.
- You do not have a bowel movement in 24 hours.
- You have any questions.