

Level 3 Module 14 Urinary Diversion

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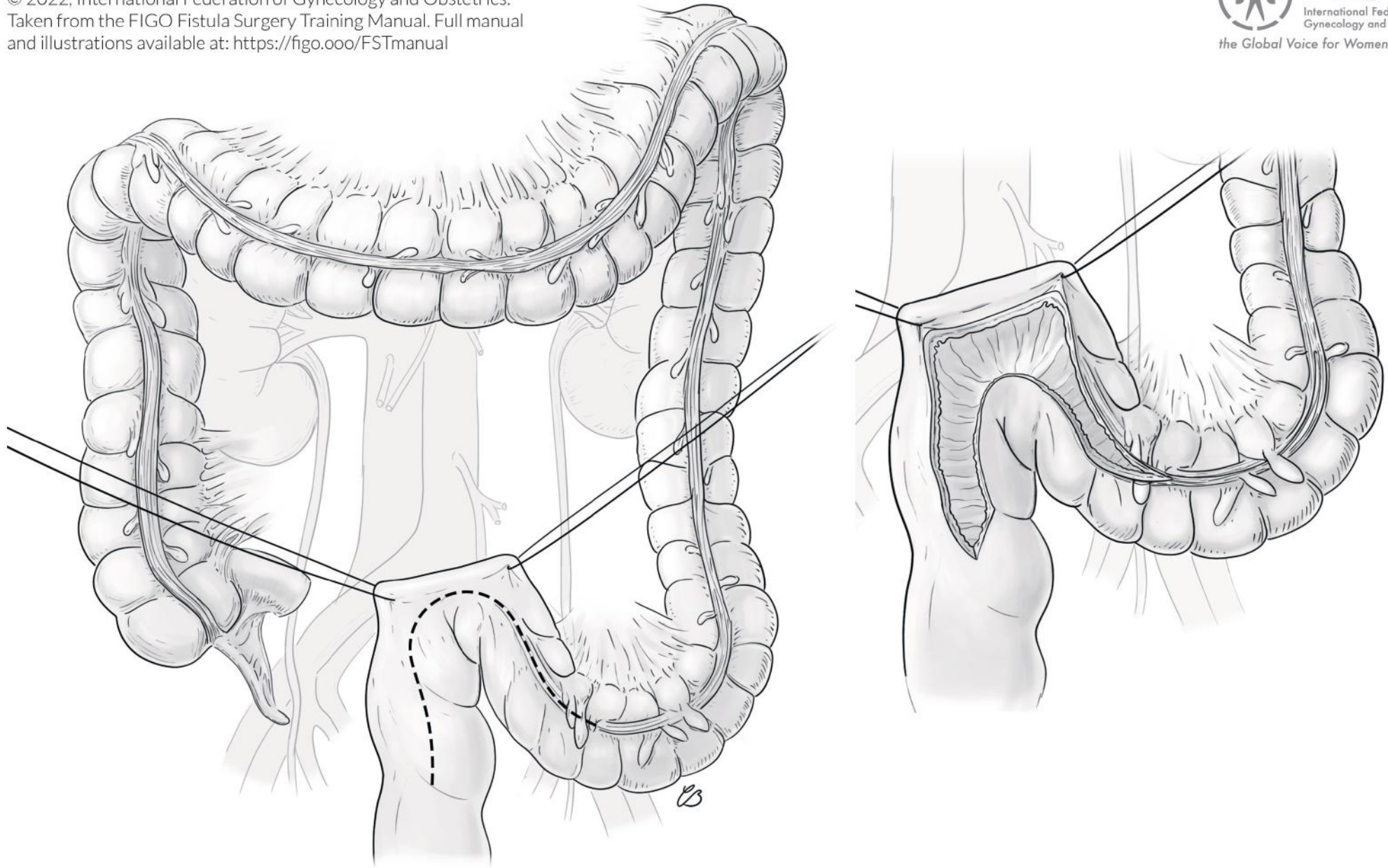


Figure 65. The single loop Mainz pouch II. The sigmoid is incised along the taenia coli.

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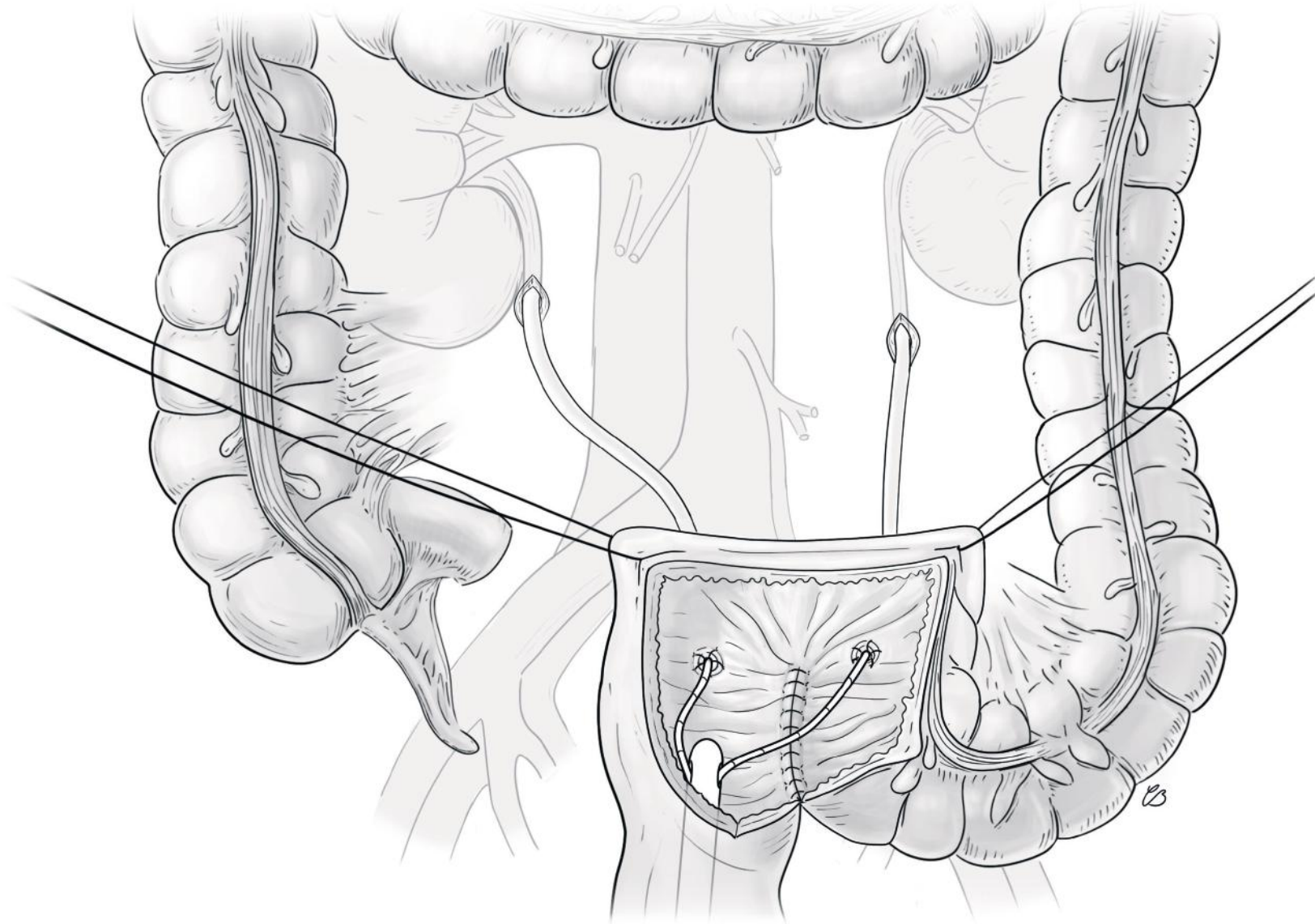


Figure 66. The posterior wall of the pouch is sutured in two layers and the ureters implanted directly left and right and catheterised. The ureteric catheters are then brought out through the rectal tube.

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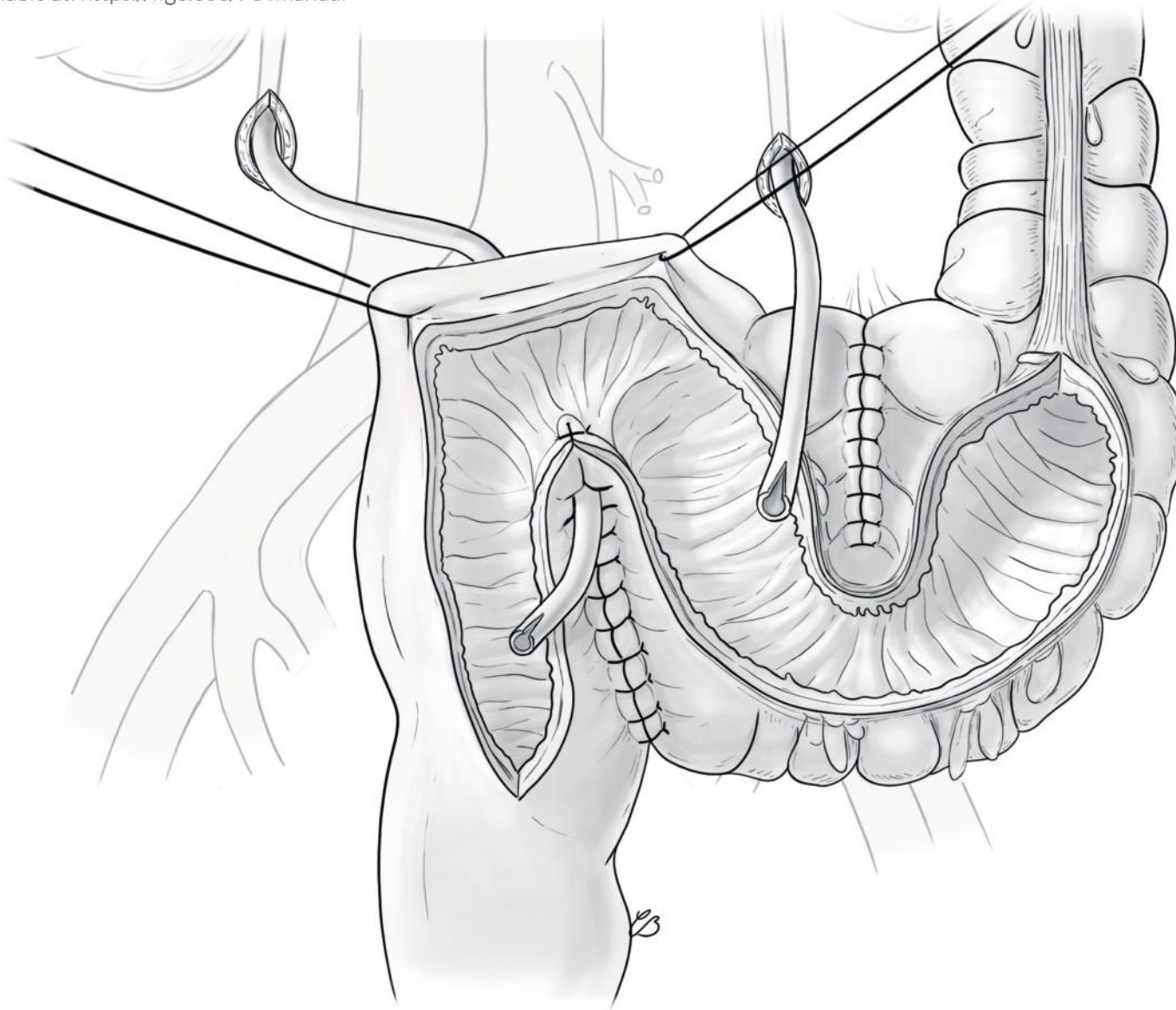


Figure 67. The double loop Mainz pouch II. A longer incision is made on the taenia coli and sutured in two separate places. The ureters are wrapped in a tunnel made along the suture line on the posterior of the pouch.

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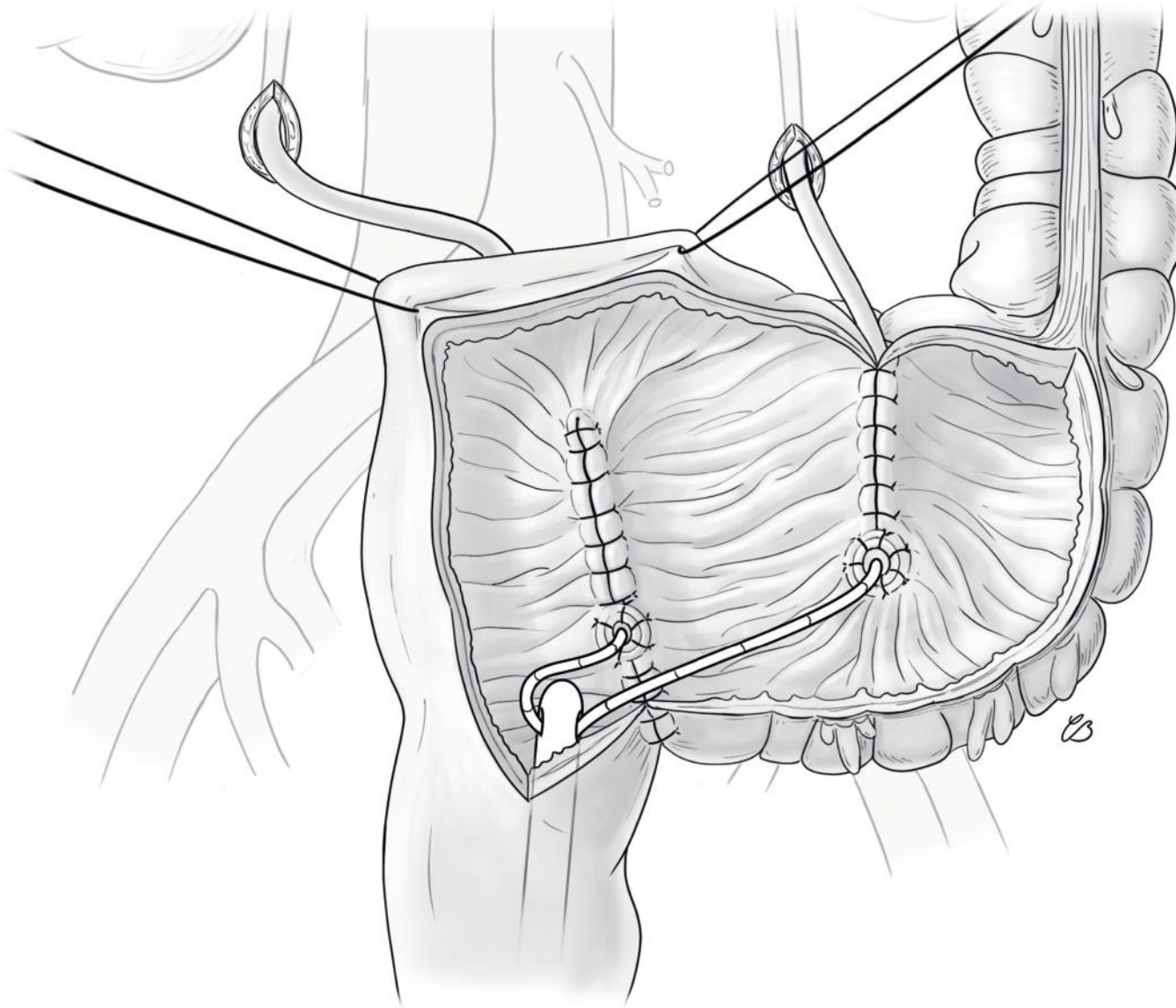


Figure 68. The ureters are now in place, wrapped in a tunnel created in the suture line. The ureteric catheters are drawn out of the anus via the rectal tube. The anterior pouch is now sutured in two layers.

Level 3 Module 15 Colonic Neovagina

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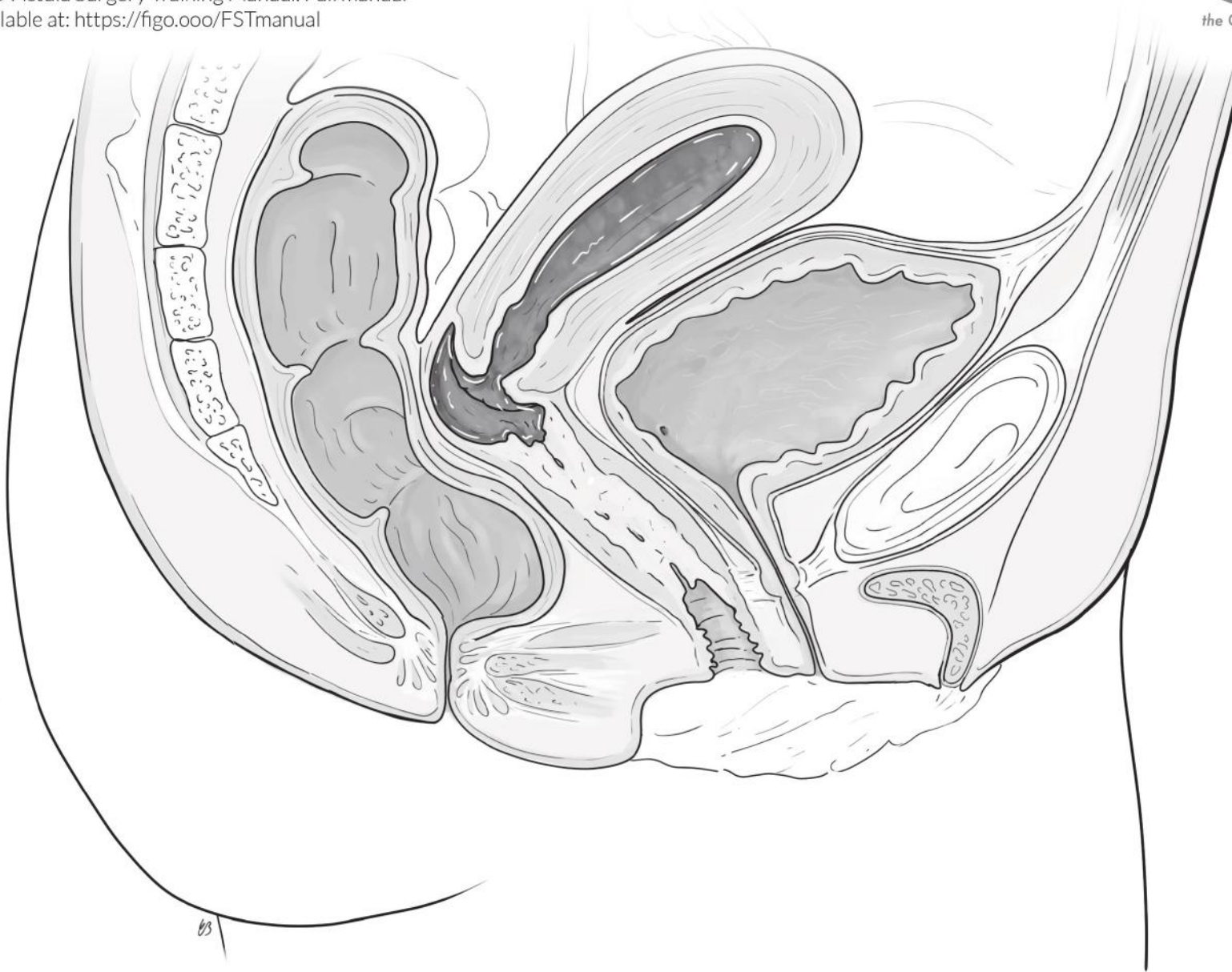


Figure 69. Cross-section showing severe vaginal stenosis, hematocolpos and hematometra. Some degree of cervical tissue loss is possible.

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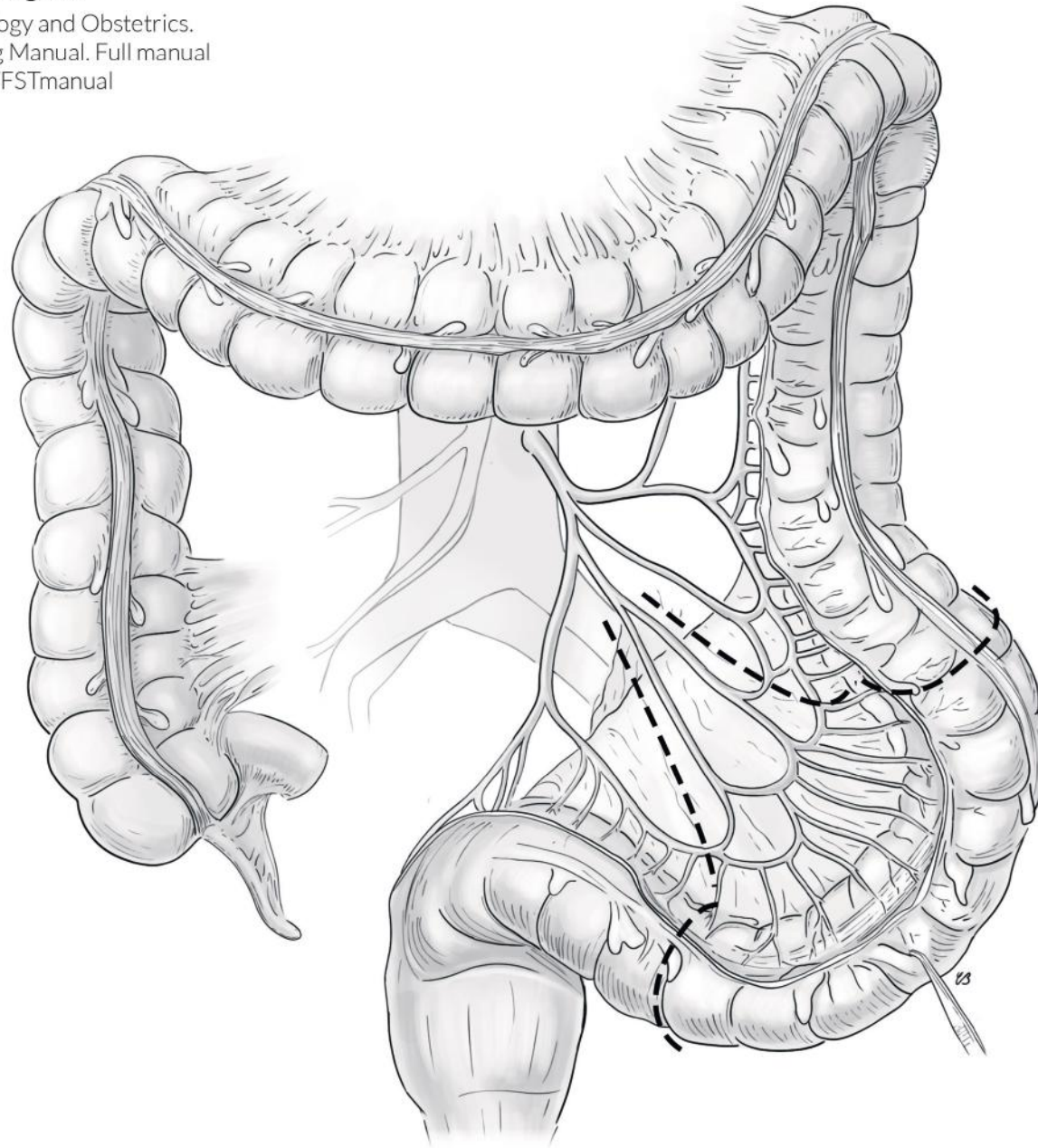


Figure 70. A segment of sigmoid is excised, keeping it on its mesenteric blood supply.

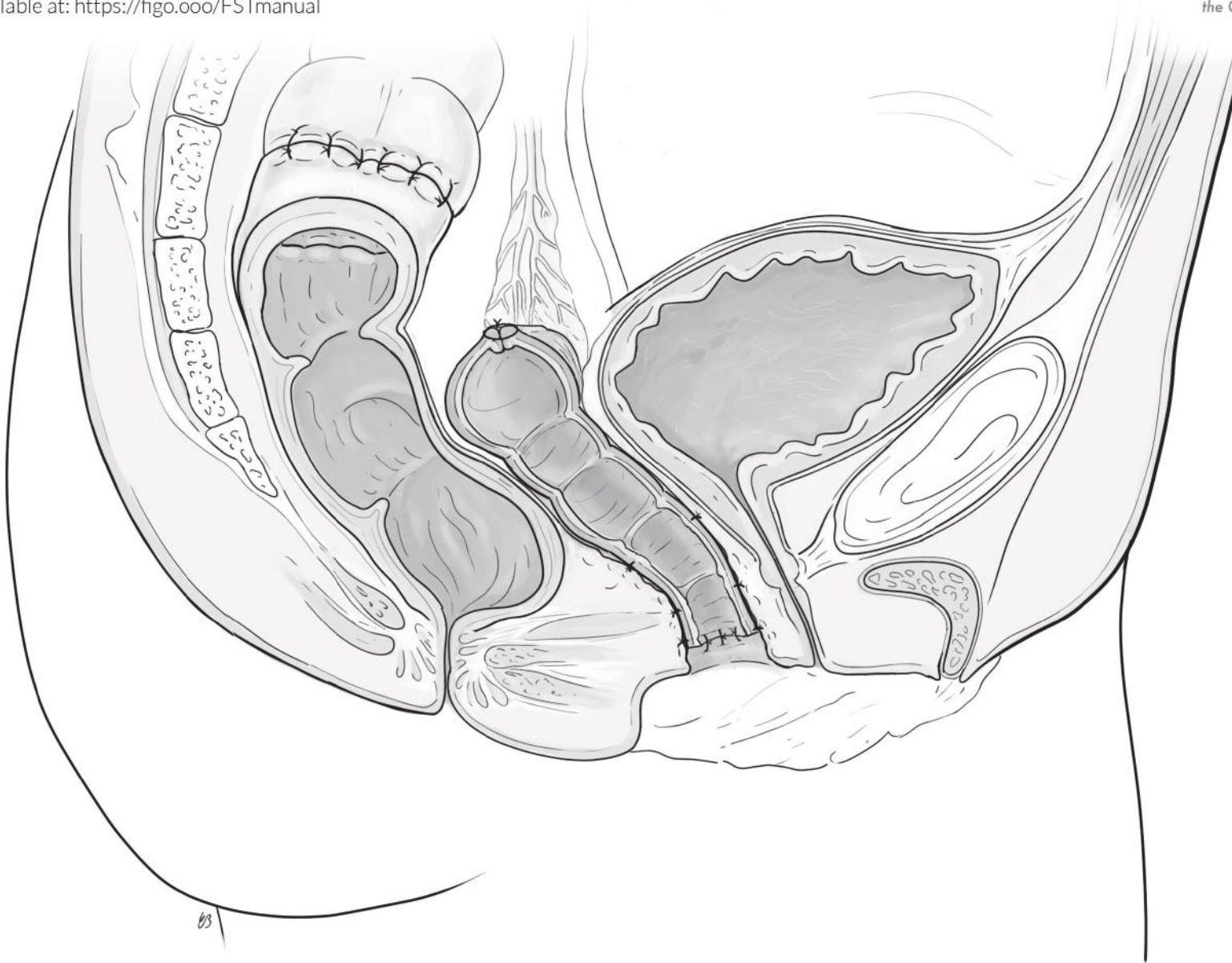


Figure 71. The sigmoid neovaginal pedicle is introduced into the space developed between the bladder and the rectum, and the sigmoid is closed with an end-to-end anastomosis. In the absence of the uterus and cervix, the proximal stump is closed, and the other side fixed to vaginal introitus.

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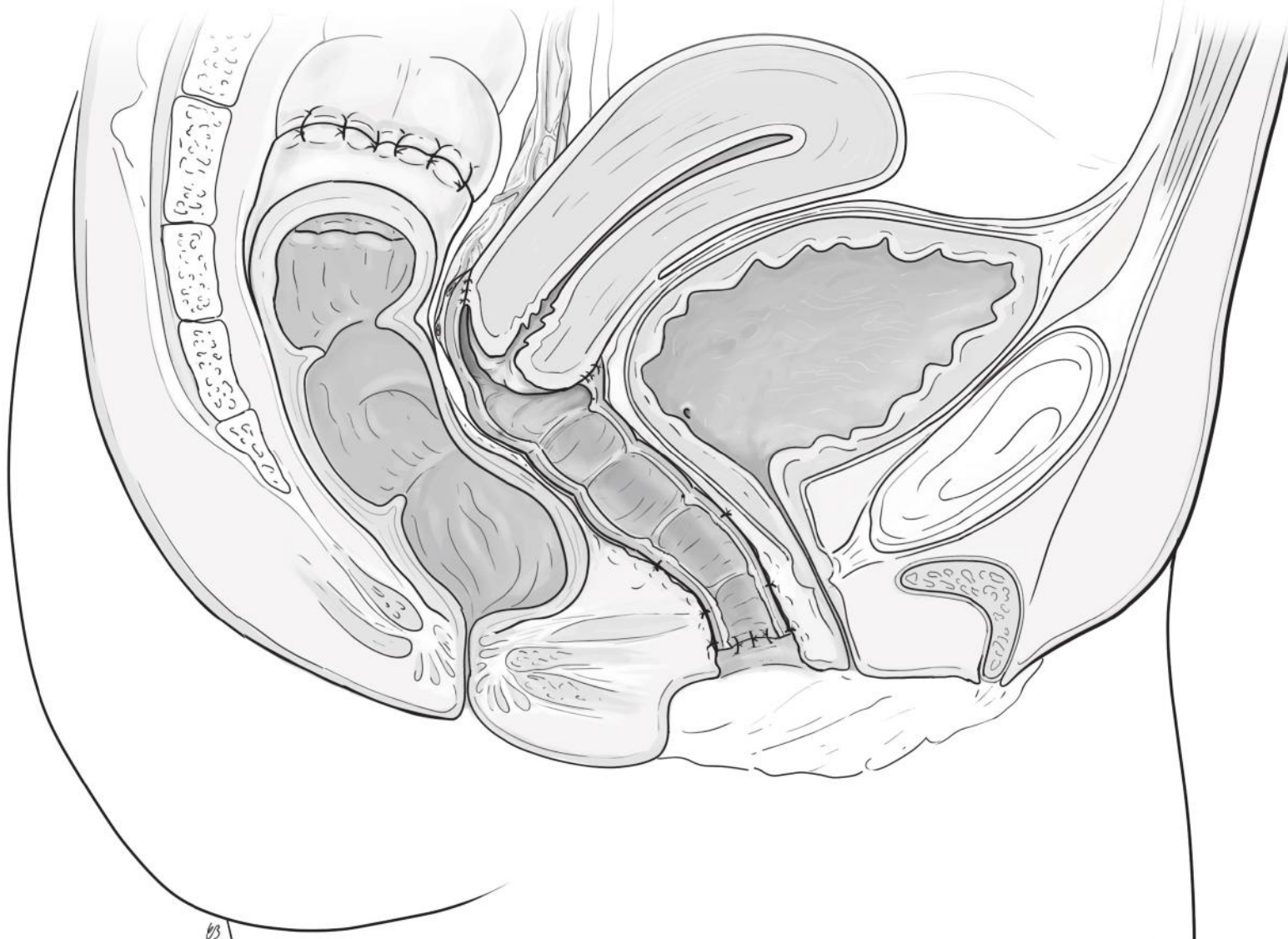


Figure 72. The sigmoid neovaginal pedicle is introduced into the space developed between the bladder and the rectum, and the sigmoid is closed with an end-to-end anastomosis. In the presence of the uterus and cervix, the sigmoid pedicle is attached to the cervical/uterine tissue, and the other side fixed to vaginal introitus.

Level 3 Module 16 Circumferential/Stenosed Rectovaginal Fistula

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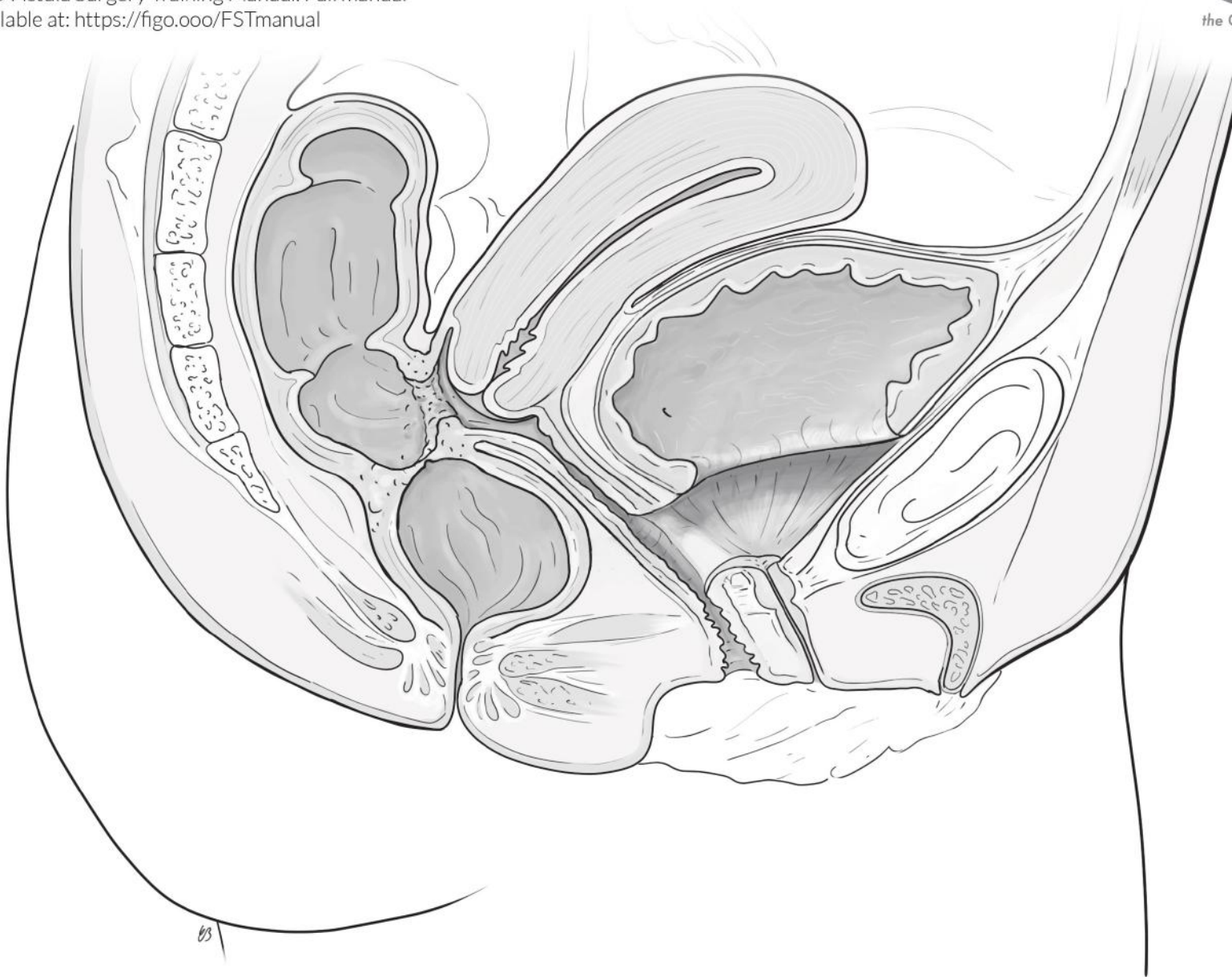


Figure 73. Cross-section of a circumferential/stenosed rectovaginal fistula. The distal rectum and anus are cut off from the proximal rectum and sigmoid by scar tissue. A circumferential vesicovaginal fistula is also present.

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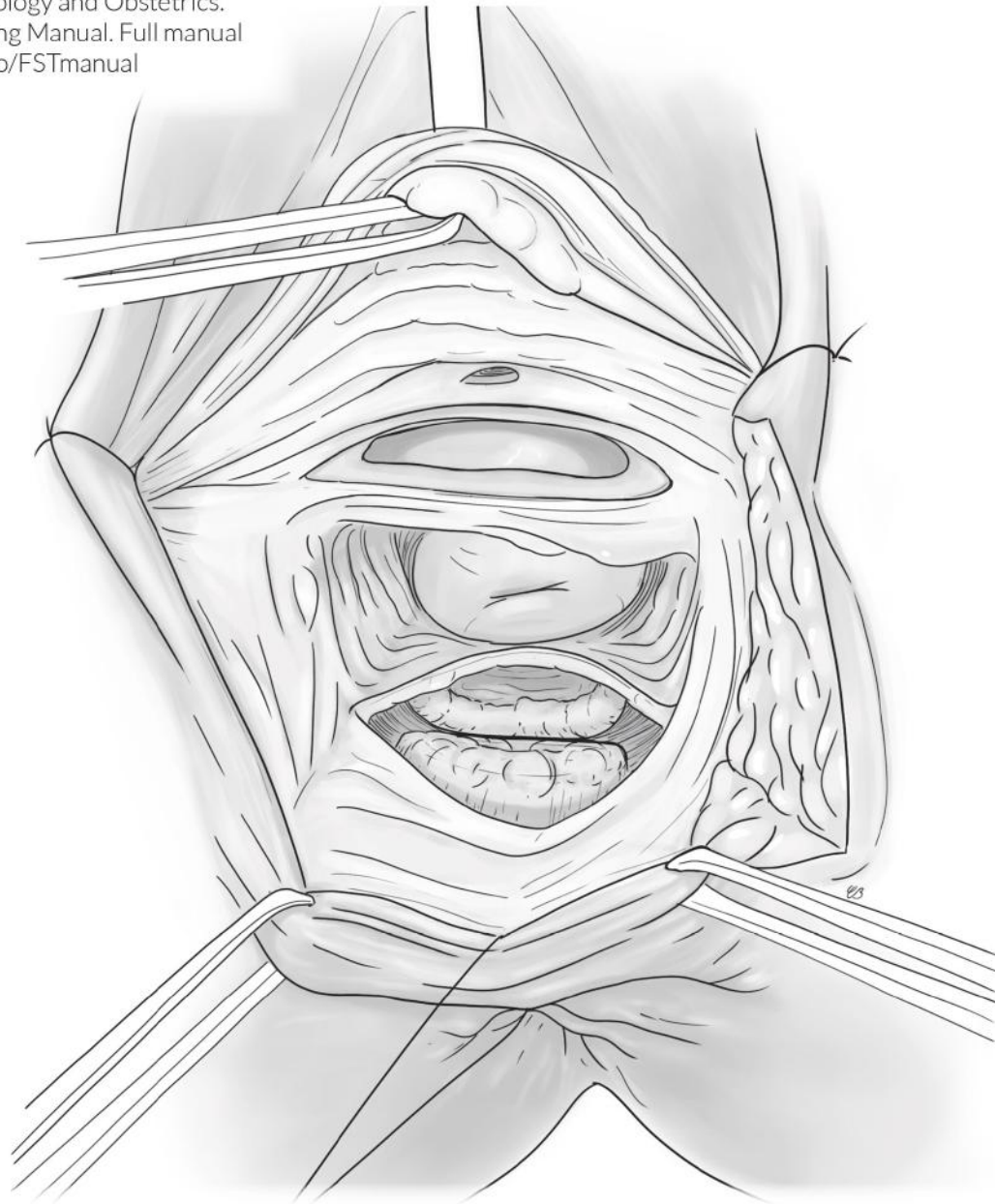


Figure 74. The two ends of the rectum have been mobilised and scar excised. Note the concurrent vesicovaginal fistula.

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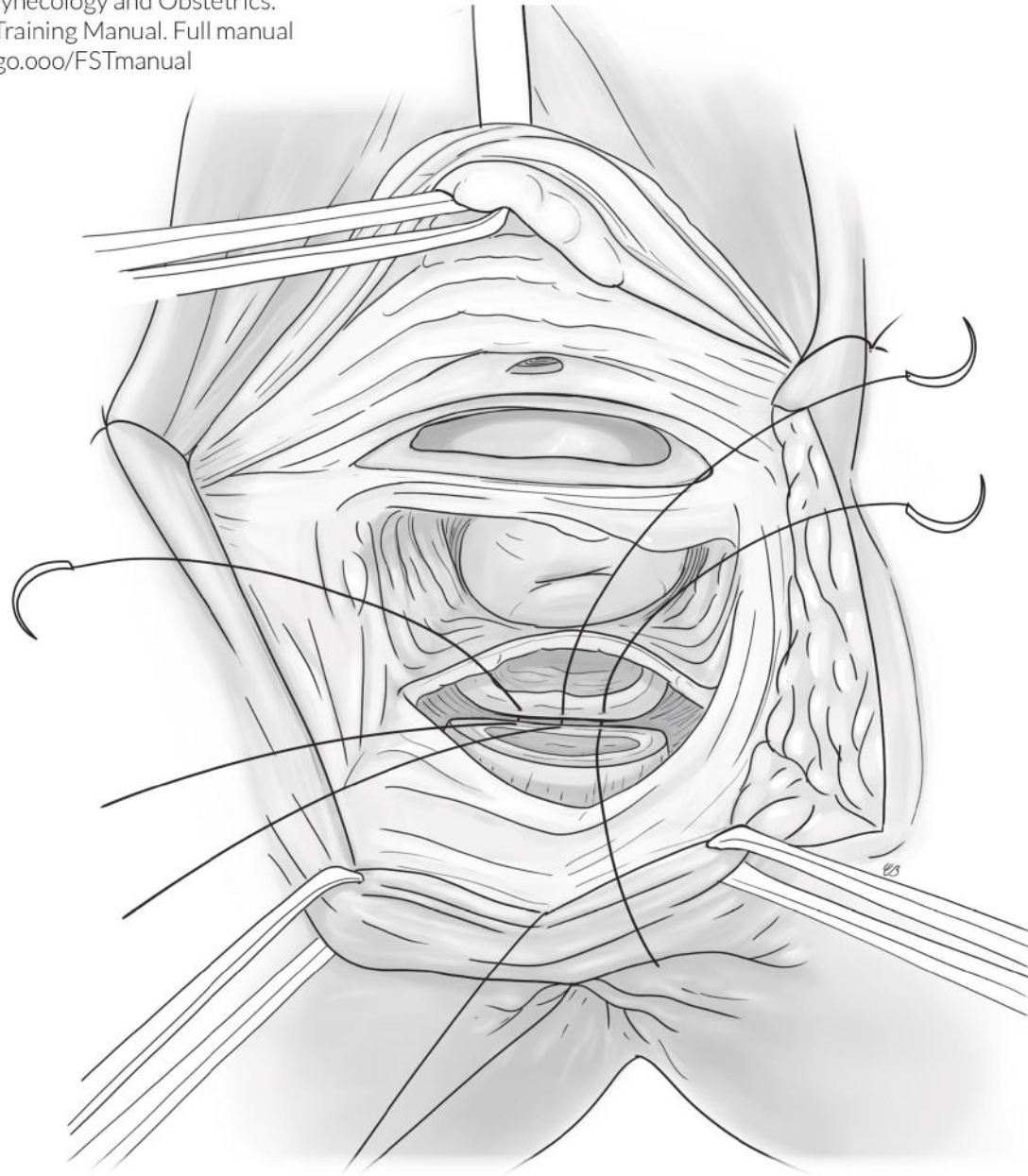


Figure 75. The posterior wall of the rectum is anastomosed first, suturing the muscularis excluding the mucosa.

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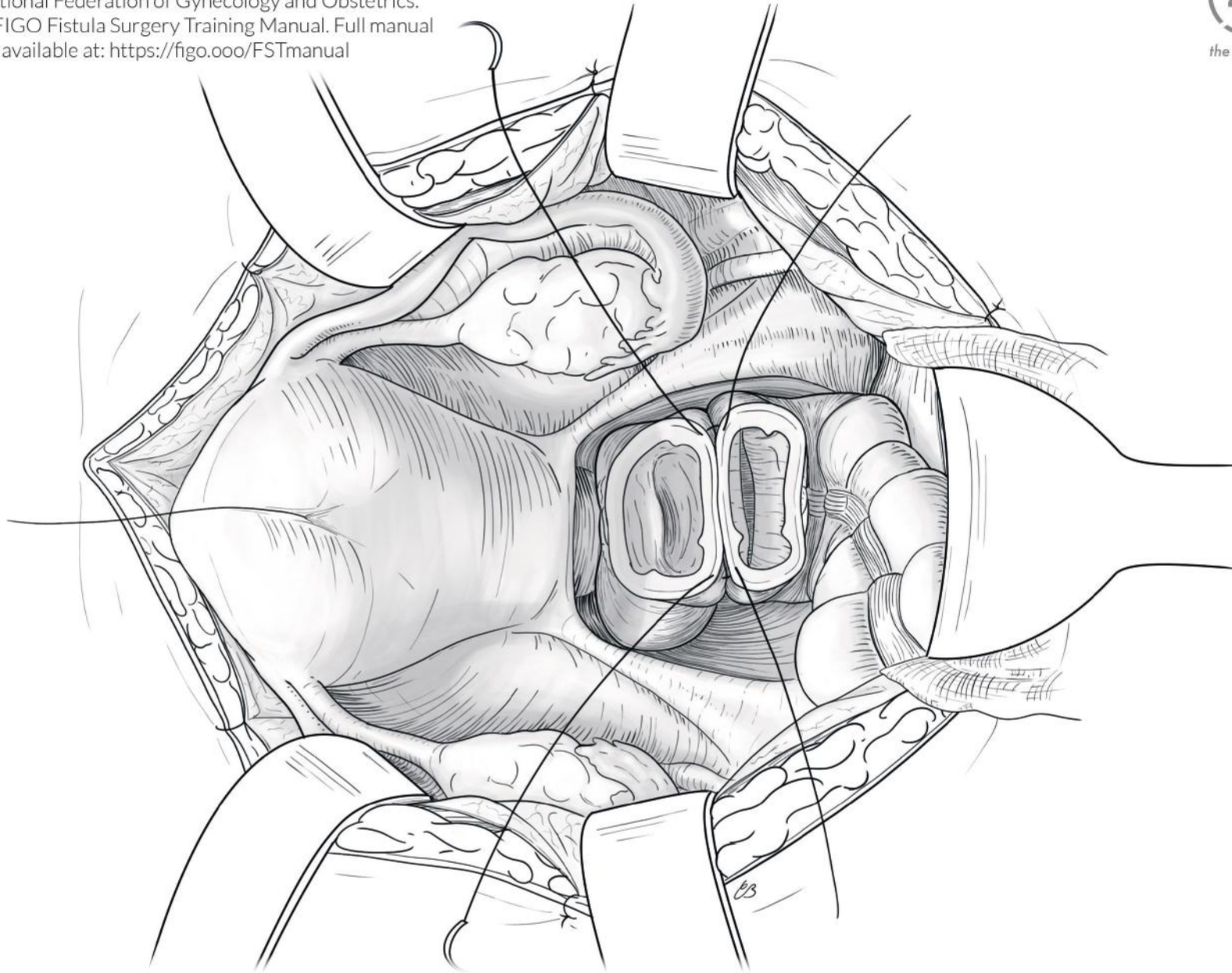


Figure 76. View at laparotomy. The proximal and distal ends of the rectum/sigmoid are mobilised. The posterior wall of the bowel anastomosis is repaired first.