Mind the Continence Gap........
Prevention and Treatment

- **Prevention:** A problem of bladder capacity/function or urethral function
  - Decrease scarring or tethering that causes posterior urethral opening
  - Support for a usually very short urethra
  - Usually impractical to augment the bladder

- **Treatment:** We employ a patient specific approach
  - **Sling:** Usually a full length or fascial patch sling
  - **Plication:** Limited efficacy
  - Alleviation of posterior tethering and sling-like placement of additional skin with Singapore flap
  - Other procedures that seem to make anatomic sense
RCT on Fascial vs PC sling

1 repair breakdown in the PC group and 3 in the rectus group.

No significant difference in pad weights or quality of life scores between groups.

Quality of life scores improved significantly for both groups after surgery.

Trial terminated because of high breakdown rate in sling group and poor follow-up at one of two sites.
Ethics of Randomization in Obstetric Fistula Surgical Care

- Obstetric fistula has one of the most heterogeneous presentations of all surgical conditions.
- No two cases exactly the same.
- There were likely patients that we might have excluded from the fascial sling group because of the appearance of a “thin” urethra or that we would have favored a fascial sling because of better tissue etc.
- We rarely now place a fascial sling at the time of high stage circumferential fistula repair.
- Should it be considered.
Rectus Muscle Interpositional Rotational Flap
Rectus Muscle Interpositional Rotational Flap

- Experience limited to cases and case series
- For complex, post-radiation etc, fistulas
- Abdominoperineal reconstruction
- For Complex Stress Urinary Incontinence (Wall, 1996)
- Extensive use of TRAM flap for breast reconstruction demonstrates that patients can do well without rectus
- Provides a moderate to large bulk (Sometimes a problem), highly vascularized, reliable flap
- Bulk limits practical use in repeat cases where retropubic space is difficult to access
- Moderate difficulty. Challenging or impossible if prior disruption of the inferior epigastric vessels or in repeat repairs
Rectus Muscle Interpositional Rotational Flap

- Can be performed with or without skin or posterior sheath/peritoneum
- Skin use complicates breast reconstruction
- Theoretically more shearing stress of skin with vaginal placement
- Use of posterior sheath/peritoneum to replace vagina is compelling
  - Technically more challenging than rectus muscle alone
  - Concerns over higher risk of hernia
  - Intraperitoneal entry necessary
Cases series from 4 months ago
- 4 mentored cases with sheath with plastic surgeon, 1 with neourethra
- 2 subsequent cases without sheath
- 3 month follow-up completed
- 4 patients dry or mostly dry, 3 performing intermittent self cath with slowly decreasing PVR's
- 1 patient of these cannot void much at all
- 1 patient leaks with urgency
- All sheath patients had no anterior vagina to repair
- The patient with the neourethra has very short, scarred vagina despite 5 cm depth at end of case, but is completely dry
- One patient required take back to OT at 7 days for anterior to posterior agglutination
- Most vaginas are still short 5-7 cm with apical scarring