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Repair of Recurrent Rectal Prolapse with Perineal Approach and Utilization of a Next Generation Decellularized Dermal Allograft to Augment the Repair of the Pelvic Floor Hernia

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Surgical Summary

Clinical Presentation:

- 90-year-old female with significant medical history of diabetes and hypertension underwent a perineal repair and levatorplasty for rectal prolapse 2 years ago, presented to the office with complaints of recurrent prolapse, outlet obstruction constipation with incontinence, and pelvic pain.
- On exam she had a classic rocker bottom defect with decreased tone, significant perineal laxity, and thin watery mucous discharge. The anterior rectal wall was partially prolapsed at rest.

Intraoperative Findings:

- A recurrent rectal prolapse with incompetent rectovaginal septum and levator muscle diastasis consistent with pelvic floor dysfunction and laxity. (Figure 1)

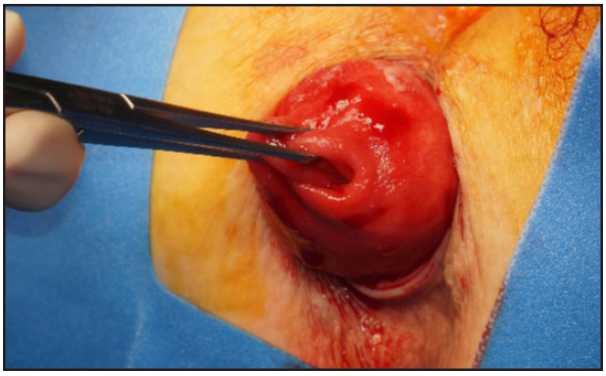

Figure 1. A recurrent rectal prolapse with incompetent rectovaginal septum and levator muscle diastasis consistent with pelvic floor dysfunction and laxity.

Surgeon Perspective:

"The use of this decellularized dermal allograft in this patient allowed for a more thorough repair of a pelvic floor hernia by providing supplemental support, without tension and without artificial materials."

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Surgical Procedure

- Resection of rectal prolapse via perineal approach. (Figure 2)
- Implanted DermaPure® decellularized dermal allograft in the rectovaginal septum (Figure 3) and along the levator muscle shelf. (Figure 4)
- Coloanal anastomosis performed. (Figure 5)

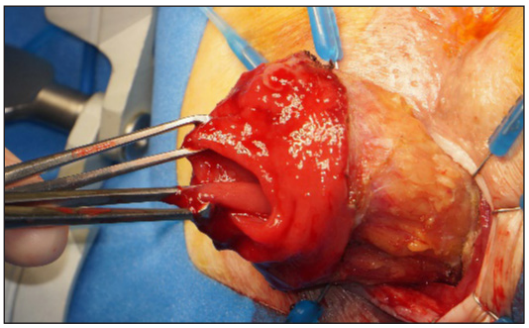

Figure 2. Resection of rectal prolapse via perineal approach.

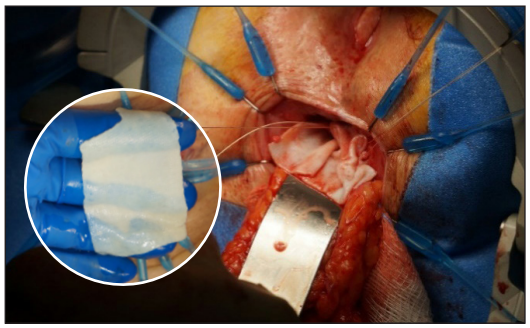

Figure 3. Implantation of DermaPure® in the rectovaginal septum.

DermaPure® Implantation:
7 cm x 10 cm

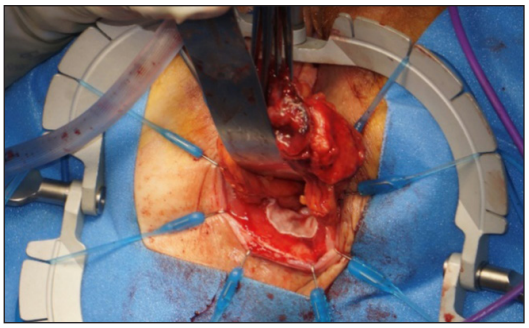

Figure 4. Implantation of DermaPure® along the levator muscle shelf.

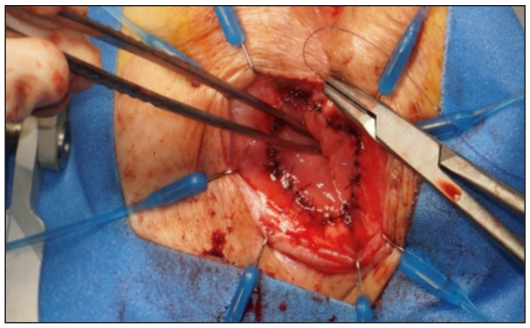

Figure 5. Intact coloanal anastomosis.

Post-Operative Notes:

- Patient had an immediate relief of discomfort related to the rectal prolapse.
- 12-week post-operative visit: almost no further outlet obstruction constipation, improved sphincter function.

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