

Robotic Resection Rectopexy With Placement of a Next Generation Decellularized Dermal Allograft to Augment the Internal Rectal Prolapse Repair

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Surgical Summary

Clinical Presentation:

- 61-year-old female with longstanding history of outlet obstruction, constipation, and abdominal pain. Surgical history of gastric bypass, hysterectomy, and bladder sling.
- On exam, patient had mild perineal descent with normal anal tone, a significant rectocele and incompetence of the rectovaginal septum.
- Colonoscopy revealed diverticular disease with redundancy.
- Defecography confirmed mild perineal descent without incontinence, normal widening of the anorectal gap but with incomplete emptying of the rectal bolus along with internal rectal prolapse and resultant effacement of the posterior vaginal wall.
 - Decision made to proceed with robotic resection rectopexy

Intraoperative Findings

- Redundancy of the sigmoid colon, multiple mild diverticula with mild chronic inflammation, abdominal adhesions, multiple small herniations of the rectum, and incompetent rectovaginal septum.



Figure 1. Dissection posteriorly in the rectovaginal septum and down to the anal canal.

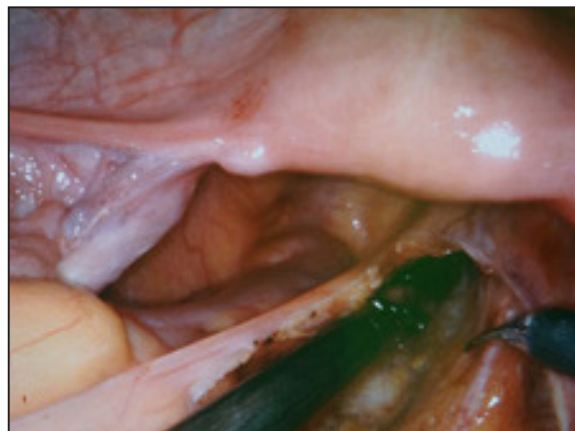


Figure 2. Anteriorly, the rectovaginal septum dissected down to almost the perineal body.

Surgeon Perspective:

"The pelvic floor is not well suited for artificial mesh because the constant motion of the perineum allows for the erosion of artificial substances into the soft tissue. The use of this decellularized allograft allows for a more thorough repair of a pelvic floor hernia without tension and without artificial materials."

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Surgical Procedure:

- Robotic ports placed as appropriate for robotic resection rectopexy.
- Dissection posteriorly in the rectovaginal septum and down to the anal canal. (Figure 1)
- Anteriorly, the rectovaginal septum dissected down to almost the perineal body. (Figure 2)
- A 7 cm x 10 cm DermaPure[®] decellularized dermal allograft cut to create a 7 cm x 7 cm square and a 3 cm x 7 cm rectangle. (Figure 3)
- The 3 cm x 7 cm allograft was placed in the rectovaginal septum and sutured in place in 4 locations and then oversewn to fully implant the DermaPure[®]. (Figures 4 & 5)
- Posteriorly, the larger 7 cm x 7 cm allograft was placed behind the anal canal. (Figure 6) This was sutured laterally on either side of the anal canal and then to the back of the rectum in the presacral fascia proximally as a rectopexy. (Figure 7)
- The allograft was then oversewn with 3-0 Vicryl[®]. (Figure 8)

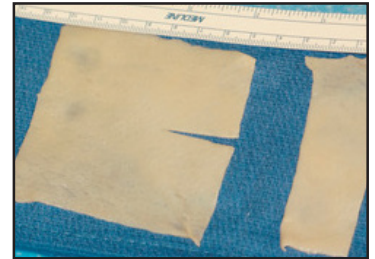


Figure 3. DermaPure[®] 7 cm x 10 cm cut to create two specific grafts.

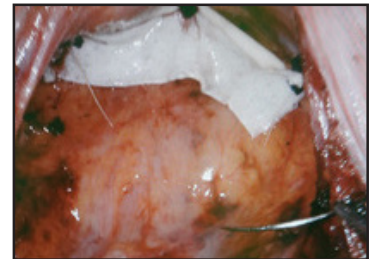


Figure 4. DermaPure[®] 3 cm x 7 cm sutured in place.

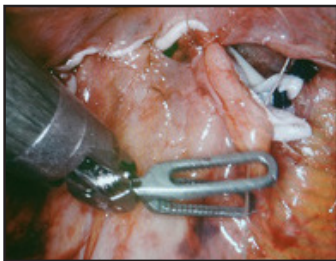


Figure 5. The allograft was then oversewn.

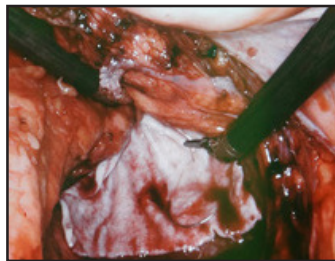


Figure 6. DermaPure[®] 7 cm x 7 cm placed behind the anal canal.

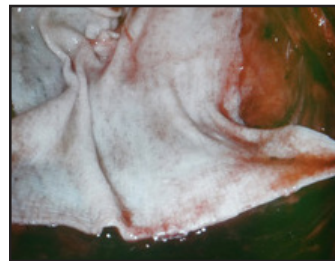


Figure 7. The allograft is sutured laterally on either side of the anal canal and then to the back of the rectum in the presacral fascia proximally as a rectopexy.

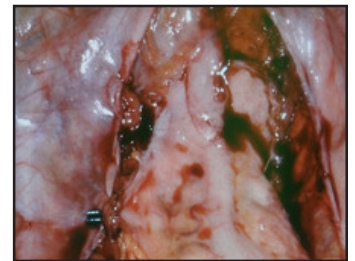


Figure 8. The allograft was then oversewn with 3-0 Vicryl[®].

Post-Operative Notes:

- Patient had an immediate relief of both her outlet obstruction constipation and abdominal pain related to the rectal prolapse, diverticulosis and intra-abdominal adhesions.

DermaPure[®] Implantation
7 cm x 10 cm
Basement Membrane
Outer-Most

TissueRegenixUS.com
833-567-0767

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