Robotic-assisted transanal repair of rectourethral fistula

Rectourethral fistulas represent an uncommon but severe complication of pelvic surgery, especially after radical prostatectomy, radiation therapy, and accidental intraoperative rectal injury. These fistulas usually present large (>2 cm), complex, fibrotic tissue, and they are difficult to treat with conservative treatment [1]. Here, we present a new operative technique to successfully treat a patient with rectourethral fistula (Video 1).

This case was a 52-year-old man who was diagnosed with prostate cancer in September 2015. For curative intent, he underwent laparoscopic radical prostatectomy with bilateral pelvic lymph node dissection in December 2015. In January 2017, he complained of anal urinary leakage during micturition. Further computed tomography cystogram was scheduled, and the image indicated a fistula between the rectum and urethra (Fig. 1).

For the first step, we arranged cystoscopy to orientate the urethral opening of the fistula. Then a guidewire (Glidewire; Terumo Medical, Tokyo, Japan) was positioned into the fistula opening (Fig. 2) and out through the rectal side of the fistula. A communication via the guidewire was created, and we could easily trace the fistula route. Subsequently, the da Vinci Surgical System (Intuitive Surgical Inc., Sunnyvale, California, USA) was docked over the anus with a disposable single-port platform. Tracing the rectal side of the fistula along the guidewire, the fistulectomy with “core-out” technique was performed (Fig. 3a), and the fistula tract was carefully dissected from the rectal opening to the urethral opening (Fig. 3b). We then vertically sutured the urethral wound, sealed the tunnel with fibrin sealant (Tisseel; Baxter Healthcare Corp., Deerfield, Illinois, USA) (Fig. 3c), and horizontally closed the rectal wound (Fig. 3d). Finally, a thin fibrin sealant was applied to the sutured wound on the rectal side. No evidence of recurrent rectourethral fistula was recorded at 3 and 12 months’ follow-up.

Robotic-assisted transanal repair of rectourethral fistula is a feasible surgical technique and an alternative to the traditional perineal approach or the York–Mason procedure. The biggest advantage of this surgical technique is that it does not require the flap repair or fecal diversion with a temporary colostomy.
Competing interests

None

The authors

Shih-I Tseng1,2, Ching-Wen Huang3,4, Tsung-Yi Huang1,2

1Department of Urology, School of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
2Department of Urology, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

3Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan
4Division of Colorectal Surgery, Department of Surgery, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

Corresponding author

Tsung-Yi Huang, MD
Department of Urology, School of Medicine, Kaohsiung Medical University, 100 Shih-Chuan 1st Road, Kaohsiung 80708, Taiwan
Fax: +886-7-3211033
sculptor39@yahoo.com.tw

Reference


Bibliography

DOI https://doi.org/10.1055/a-0826-4220
Published online: 12.2.2019
Endoscopy 2019; 51: E96–E97
© Georg Thieme Verlag KG
Stuttgart - New York
ISSN 0013-726X

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is a free access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos

Fig. 3 The views of the da Vinci Surgical System (Intuitive Surgical Inc., Sunnyvale, California, USA). a Fistulectomy with "core-out" technique alongside the guidewire. b Visualization of the silicone Foley catheter (arrow) confirmed the dissection to the urethral side. c Sealing the fistulous tunnel with fibrin sealant. d Closing the rectal wound after tunnel sealing.