

Transvaginal Repair of Peritoneal Cavity to Vaginal Fistula Utilizing a Next-Generation Decellularized Dermal Allograft (DermaPure®)

R. Keith Huffaker, MD, MBA, FACOG

Surgical Summary

Presentation:

36-year-old female, with a history of a transabdominal hysterectomy several months prior (per another provider), presented in the clinic complaining of persistent bleeding per the vagina.

Preoperative Diagnosis:

- Delayed vaginal cuff wound healing status post transabdominal hysterectomy

Postoperative Diagnosis:

- Delayed vaginal cuff wound healing status post transabdominal hysterectomy
- Enterocele with fistula from peritoneal cavity to vagina

Procedure:

- Transvaginal repair of fistula existing from peritoneal cavity to vagina with excision of fistula tract
- Enterocele repair & placement of DermaPure®, a decellularized dermal allograft
- Cystourethroscopy

Intra-Operative Implantation of DermaPure:

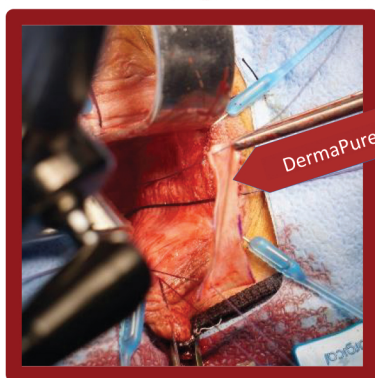


Figure 1



Figure 2

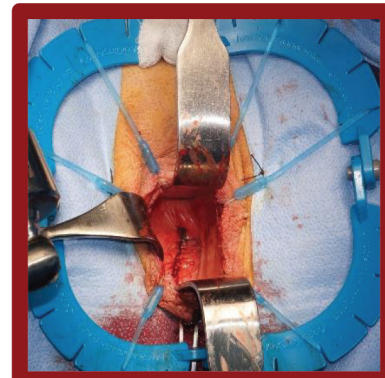


Figure 3

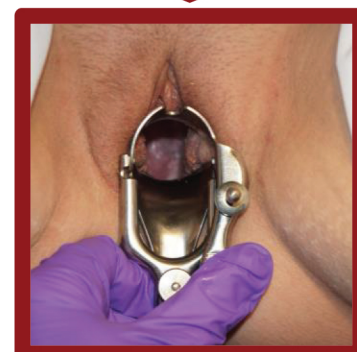
Outcome:

- Cystourethroscopy revealed no trauma to bladder or urethra following fluid drainage during dissection; determined to be peritoneal fluid
- Use of the graft allowed for additional tissue layer between peritoneal closure and vaginal closure to reduce chance of persistent drainage tract/fistula
- Patient reported marked improvement and doing well 6 weeks post procedure

Surgeon Perspective:

“Use of DermaPure along with Veronikis Vaginal Retraction System™ allowed a minimally invasive vaginal approach and avoidance of abdominal approach for a positive surgical and patient outcome”

– *R. Keith Huffaker, MD, MBA, FACOG*



6 Weeks Post Op