



# FORCEFUL VAGINAL DELIVERY RESULTING IN RECTOVAGINAL FISTULA

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## INTRODUCTION

A Rectovaginal Fistula defined as the abnormal communication with epithelial urinal tract between vagina and rectum with passage of flatus stools into the vagina. Rectovaginal fistula has a devastating effects on the patient's quality of due to embarrassing and irritating symptoms.

## OPERATIVE PROCEDURE

Under general anesthesia with Aseptic precaution vulval hematoma of approx. 10 cm size was scooped out of 300 – 350 ml vol. Two apex was found extending from base of cervix above & below anal opening. It repaired in layers by everted sutures. Hemostasis achieved; one unit of blood transfusion given intraoperatively.

## DISCUSSION

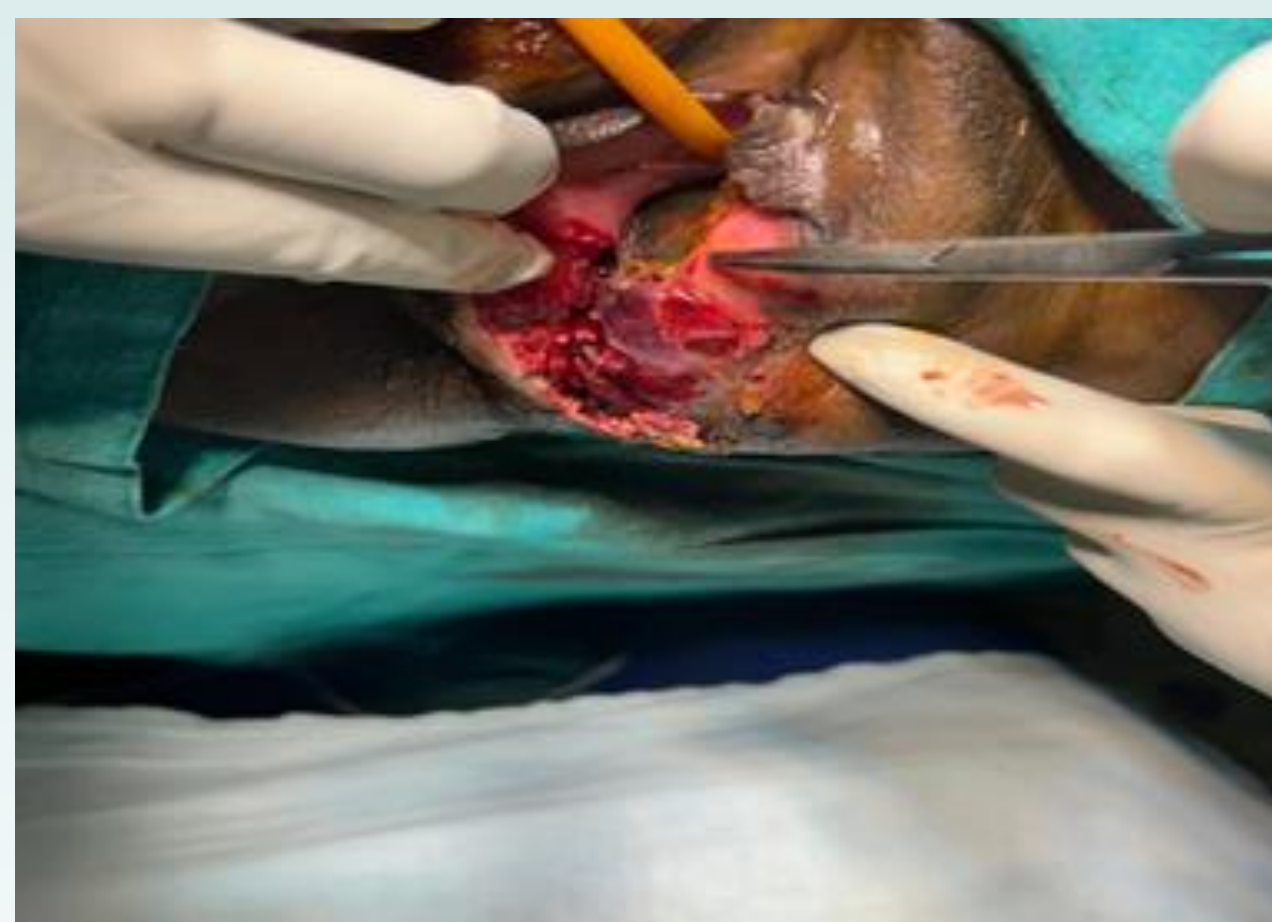
75 – 85 percent of first surgeries for postpartum fistula are successful (defined as no leakage of feces and resumption of normal sexual relations). Transvaginal approach is commonly done.

The success rate depends on factors such as:

- Exact localization & extension of fistula
- Involvement of Rectum
- And experiences of the surgeon

## AIM & OBJECTIVES

To aware the population that forceful vaginal delivery can leads to vulval hematoma and end up in Rectovaginal Fistula.



## CASE OPERATION PROCEDURE

A 23 years primipara female from Katihar came to Katihar Medical College, Katihar in Obs & Gynae casualty with chief complain of vulval hematoma and passage of **fecal vaginal discharge** on 5<sup>th</sup> day of normal vaginal delivery **forcefully delivered by untrained midwives**.

## EXAMINATION & INVESTIGATION

The patient showed severe pallor and tachycardia.  
P/A: The uterus was contracted.  
P/E: A midline episiotomy suture involving the rectum was observed, along with vulval swelling on the left side of the perinium that was around 10 cm in size. A bluish-brown discharge was observed on P/V.  
**Hb 5.1 gm%, TLC: 16200**

## POST OPERATIVE CARE

She was admitted, antibiotics started and kept NPO for 3 days. 2 units blood transfusion was given after proper blood grouping and cross matching. Sips were allowed on 4<sup>th</sup> day of drainage procedure. Then she had diagnosed with Rectovaginal fistula which was confirmed by surgeons by passing probe through the vagina to the rectum & by performing barium enema.

## CONCLUSION

The treatment of Rectovaginal Fistula can be challenging. Concise diagnosis and meticulous workup of patient enable and systemic and individualized approach for successful repair.

- Education about the hospital-based delivery
- Delivery by doctors or trained midwives
- Avoidance of home deliveries and deliveries by untrained midwives.

## REFERENCES

1. Thubert T, Cardaillac C, Fritel X, Winer N, Dochez V. Gynecol Obstet Fertil Senol. 2018 Dec;46(12):913-921.
2. Abu Gazala M, Wexner SD. Management of rectovaginal fistulas and patient outcome. Expert Rev Gastroenterol Hepatol. 2017 May;11(5):461-471.