

Cure of haemorrhoids following a TFS posterior sling and TFS perineal body repair - a case report

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Summary: Cure of 3rd degree prolapse, cystocele, rectocele and a bleeding haemorrhoids is reported following total pelvic floor reconstruction with TFS tensioned minisling surgery. This case illustrates the importance of a holistic approach to pelvic organ disorders, repairing the organ's structural components, rather than traumatic excision of organ parts

CASE REPORT

Mrs FA, aged 43 years, para3, BMI 22, presented with a feeling of heaviness, a uterus extruding from the vagina, and a history of haemorrhoids and bleeding for several years. She had regular periods with slight menstrual loss, normal ovaries, uterus and endometrium on ultrasound examination. There was no history or symptom of urinary dysfunction. Urodynamic testing indicated normal cystometry, normal urine flow, normal cough stress test at 400 ml, and a maximal urethral closure pressure of 156cm H2O.

On clinical examination, prolapse according to the Baden Walker Score was Cystocele II°,

Urethrocele II-III° with urethral hypermobility, Hysterocele III°, Rectocele I° with a thin bulging. POPQ Score (ICS) was : 3Aa, 3C, 1Bp

Assessment of ligamentous damage with 'simulated operations' in the OR

Allis forceps applied 2cm superolaterally to the cervix, in the position of the cardinal ligaments and when approximated, restored the cystocele entirely, indicating that a cardinal ligament TFS would be sufficient. Application and approximation of Allis forceps to the vagina 2cm posterolateral to the cervix totally restored the uterine prolapse. The perineum was extremely lax, and the bulge created by digital stretching anteriorly was equivalent to a 3rd degree prolapse. Approximation of the laterally displaced perineal bodies significantly reduced the rectocele.

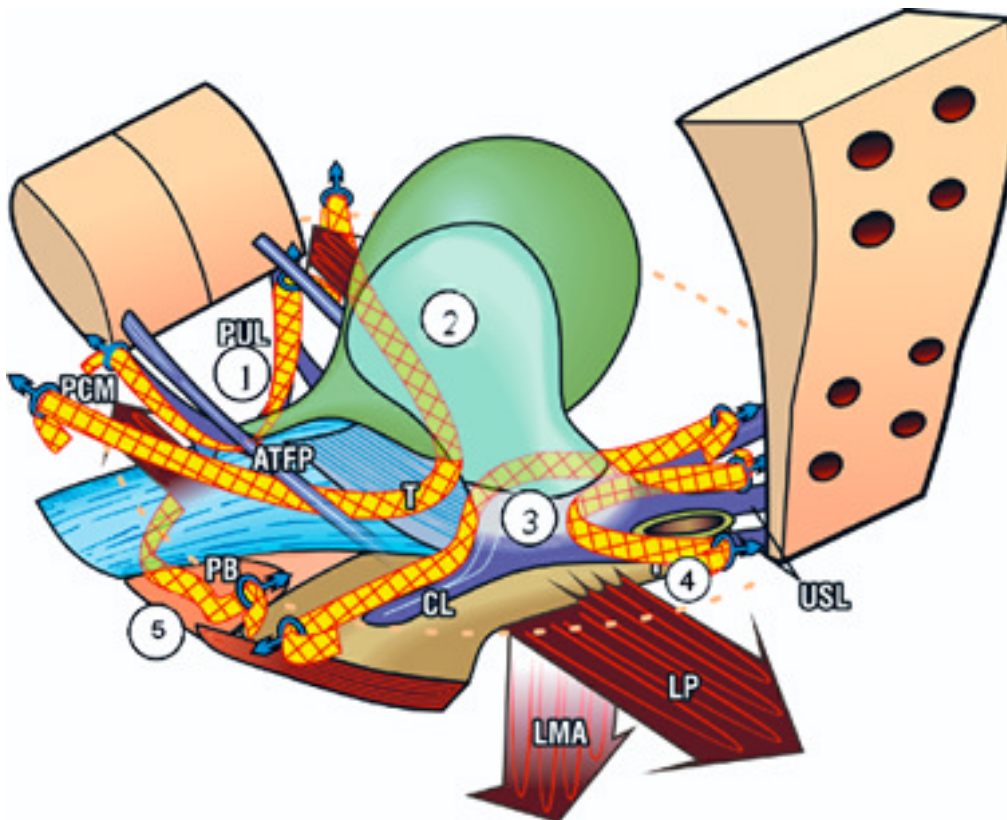


Fig. 1. – The sites of TFS minisling reconstruction. This is a 3D view of the pelvic organs and ligaments from above and behind. The numbers signify which structures are supported by the TFS tapes. 1 TFS midurethral sling (pubourethral ligament); 2 TFS U-Sling (ATFP and pubocervical fascia); 3 TFS high cystocele repair (cardinal ligament cervical ring); 4 TFS uterine prolapse/apical repair (uterosacral ligaments); 5 TFS perineal body repair (m.deep transversus perinei).

Surgery

The uterine prolapse, cystocele and rectocele were repaired entirely by precise application of the TFS tapes in the position of the damaged ligaments, Nos 4,3&5, in fig1, without tissue excision, as described previously^{1,2}. The surgical operations were all performed by the first author, some for the first time, with the assistance of the 2nd author. Total operating time including discussion, and ‘simulated operations’ to assess which ligaments were damaged was 150 minutes. Total blood loss was 200ml. At the end of the operation, a deep normal axial restoration of anatomy was noted for the anterior vaginal wall, uterus, and posterior vaginal wall, with complete disappearance of cystocele and rectocele. The postoperative changes to the perineal anatomy are self-evident, figs 2&3.

DISCUSSION

This case emphasizes the need for a holistic view of pelvic floor dysfunctions. We were able to cure the haemorrhoids as part of a total pelvic floor reconstruction. “*restoration of form (structure) leads to restoration of function*’.”- Integral Theory³. This case also sheds light on a wider issue, the futility of painful and sometimes hazardous excision of major segments of an organ, in this case rectum, when a minor, less damaging procedure not only is enough, but also restores other dysfunctions such as hemorrhoids.

We attribute hemorrhoid cure to upward and backward stretching of the anterior wall of rectum by the posterior sling, a restoration which also eliminates the varicosities and venous return of rectal wall veins which we believe are the ultimate cause of hemorrhoid formation. Using pre



Fig. 2 – Haemorrhoids pre-operative.



Fig. 3 – Haemorrhoids post-operative. There was minimal pain, and the patient was discharged on the second post-operative day.

and postoperative evacuating proctograms, Abenstein et al.⁴ demonstrated cure of anterior rectal wall intussusception with a posterior sling, but did not report cure of hemorrhoids..

The concept of ‘simulated operations’ in effect brings together laterally displaced structures in real time. This manoeuvre diminishes the herniation, and restores muscle tension on the structures, allowing the surgeon to more accurately decide which structures to repair.

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