

Rectovaginal Fistula

What Is A Rectovaginal Fistula?

A rectovaginal fistula is an abnormal connection between the rectum and the vagina. This allows stool, gas, or pus to pass from the bowel into the vagina, causing discomfort, infections, and hygiene concerns.

Rectovaginal fistulas do not usually heal on their own and require medical or surgical treatment to restore normal function and prevent further complications.

Causes Of A Rectovaginal Fistula

A rectovaginal fistula may develop due to:

- **Childbirth injuries** – Particularly after a difficult delivery, forceps-assisted birth, or a severe perineal tear
- **Surgical complications** – Following bowel, gynaecological, or pelvic surgery
- **Crohn's disease or other inflammatory bowel conditions** – Chronic inflammation can erode tissue and form fistulas
- **Cancer** – Bowel, cervical, uterine, or vaginal cancers can lead to fistula formation
- **Radiotherapy** – Pelvic radiation therapy can damage tissue over time, leading to a fistula

Symptoms Of A Rectovaginal Fistula

If you have a rectovaginal fistula, you may experience:

- **Leaking of stool or mucus from the vagina**
- **Passing wind through the vagina**
- **Recurrent vaginal infections or discharge**

- **Irritation or discomfort in the vaginal area**
- **Foul-smelling vaginal discharge**
- **Pain during intercourse (dyspareunia)**
- **Difficulty with bowel movements or incontinence**

These symptoms can significantly impact your quality of life, but effective treatment is available.

How Is A Rectovaginal Fistula Diagnosed?

Your doctor will take a detailed medical history and perform a physical examination. They may also recommend additional tests to confirm the diagnosis and assess the severity of the fistula. These include:

- **Rigid sigmoidoscopy or proctoscopy** – A small tube is inserted into the rectum to examine the bowel and locate the fistula opening
- **MRI scan** – Provides detailed imaging of the fistula and surrounding muscles
- **Endoanal ultrasound and anorectal physiology tests** – Helps determine if the anal sphincter muscles are affected, which is important for surgical planning
- **Examination under anaesthetic (EUA)** – If the area is too painful to examine while awake, this test allows for a detailed assessment while you are under anaesthesia
- **Flexible sigmoidoscopy or colonoscopy** – If you are over 40 and have bleeding or changes in bowel habit, your doctor may recommend this to check the health of your bowel

Treatment Options For Rectovaginal Fistula

Treatment aims to close the fistula and restore normal function while protecting the anal sphincter muscles to prevent incontinence. The best approach depends on the size, location, and cause of the fistula.

Non-surgical management

In some cases, medication and lifestyle changes may help manage symptoms while planning surgery:

- **Antibiotics** – If there is an infection or abscess, a course of antibiotics may be needed
- **Stool softeners** – Help prevent straining and reduce pressure on the fistula
- **Dietary changes** – A low-residue diet may be recommended to reduce bowel movements

However, most rectovaginal fistulas will require surgery for long-term resolution.

Surgical treatment options

Advancement flap repair

- One of the most common surgical techniques
- Uses healthy tissue from the rectum or vagina to cover the fistula opening
- Suitable for small to medium-sized fistulas

Sphincteroplasty (sphincter repair)

- If the fistula has damaged the anal sphincter, a sphincter repair may be needed at the same time
- Helps restore bowel control and prevent incontinence

Seton placement

- A thin surgical thread (seton) is placed in the fistula to keep it open and allow infection or abscesses to drain before final closure
- Often used for complex or infected fistulas.

Fibrin paste, glue or plug

- A minimally invasive procedure where biological glue or a special plug is used to seal the fistula tract

- May be suitable for smaller fistulas but has a lower success rate than other procedures.

Colostomy (temporary stoma)

- In severe or recurrent cases, a temporary colostomy may be needed to divert stool away from the fistula to help healing
- This allows the area to heal before performing definitive repair surgery.

Your surgeon will discuss the best treatment approach for you, taking into account your symptoms, lifestyle, and overall health.

What Happens After Surgery?

- You may need to stay in hospital for a short period
- You will be given pain relief and stool softeners to help with healing
- You should avoid heavy lifting and strenuous activity for a few weeks
- Some patients may need more than one procedure to fully repair the fistula

Your doctor will provide a detailed recovery plan and schedule follow-up appointments to monitor your healing.

Why Choose Midlands Bowel Clinic?

- **Specialist colorectal surgeons** with experience in complex fistula repair
- **Advanced diagnostic tools**, including MRI, ultrasound, and endoscopy
- **Personalised treatment plans** tailored to your condition and lifestyle
- **Comprehensive aftercare and follow-up support** to ensure the best possible outcome

Contact Us

If you are experiencing symptoms of a rectovaginal fistula or have been advised to seek treatment, contact the Midlands Bowel Clinic. We are here to help.