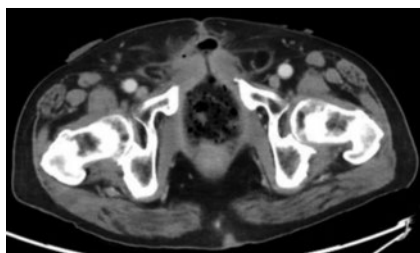
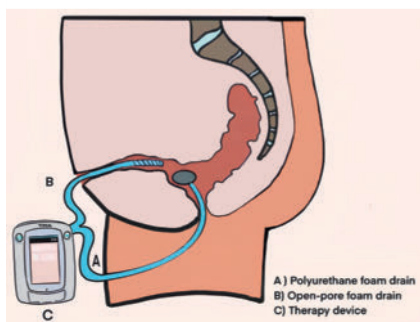


Combined endoscopic management of a postoperative recto-cutaneous fistula after cystectomy using modified percutaneous endofistular and transanal endoluminal vacuum therapy

OPEN
ACCESS



► **Fig. 1** A computed tomography image showing a pararectal cavity with a complex rectocutaneous fistula.

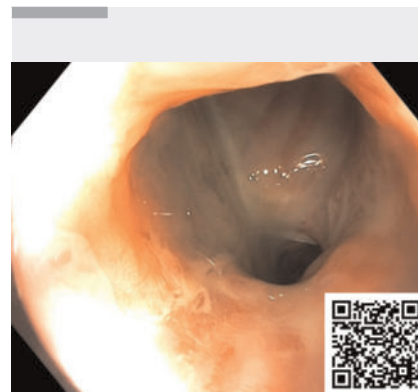


► **Fig. 2** Schematic of the combined modified percutaneous endofistular and transanal endoluminal vacuum therapy.

A 79-year-old man presented with a transanal purulent discharge following cystectomy with rectal injury 10 months

previously. At that time, surgical closure with suturing of the rectal defect had been performed, along with the creation of a colostomy. Endoscopic examination revealed a perforation 5 cm from the anal verge. An attempt was made to close the perforation with an over-the-scope clip; however, during the follow-up endoscopy, a significant defect was observed in rectum, with an accompanying large cavity. The patient then underwent 6 weeks of inpatient therapy with endoluminal transanal vacuum therapy, which resulted in a reduction of the cavity size. The patient returned to us 4 months later with persistent purulent discharge from the caudal pole of the laparotomy scar and anus (► **Fig. 1**). Endoscopic examination revealed a defect in the anterior wall of the rectum 5 cm from the anal verge, with a cavity full of pus and a rectocutaneous fistula. We opted for a combined approach involving endoluminal and endofistular vacuum therapy for 3 weeks in the hospital setting (► **Fig. 2**).

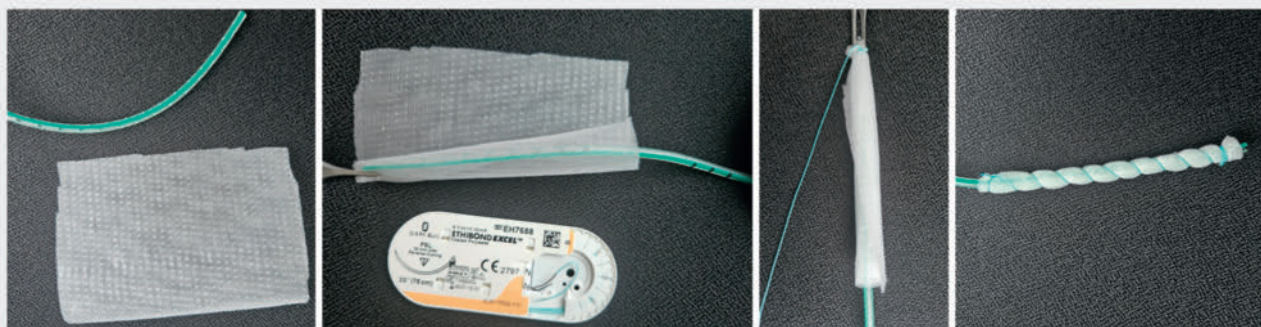
Endoscopic vacuum therapy was initiated using an open-pore polyurethane foam drain (EndoSponge; B. Braun, Melsungen, Germany) placed transanally into the cavity, along with a customized



► **Video 1** The combined endofistular and endoluminal endoscopic management of a postoperative complex rectocutaneous fistula after cystectomy.

open-pore film drain (Suprasorb CNP; Lohmann & Rauscher, Rengsdorf, Germany) inserted through the skin (► **Fig. 3**) [1]. Suction of -125 mmHg was applied (ACTIV.A.C; KCI, San Antonio, Texas, USA) (► **Video 1**).

Owing to the patient's preference for outpatient therapy, we continued therapy with outpatient percutaneous endofistular vacuum therapy, as previously described, changed twice weekly for an additional 3 weeks, progressively short-



► **Fig. 3** Photographs showing the creation of an open-pore film drain, which involves wrapping a strip of double-layered open-pore film around a small drainage tube and securing it in place with a suture.

ening the drain length with each adjustment. Upon follow-up examination 3 days later, the fistula had completely closed, and the pararectal cavity could no longer be visualized.

Endofistular vacuum therapy represents an effective method for the management of complex rectocutaneous fistulas, serving as a valuable adjunctive technique in the treatment of challenging cases.

Endoscopy_UCTN_Code_TTT_1AQ_2AG

Acknowledgement

We extend our gratitude to the endoscopy team and nursing staff of the interdisciplinary endoscopy unit at the University Medical Centre Rostock for their outstanding support. We would like to thank Magdalena Popova for her help in creating the figures.

Conflict of Interest

The authors declare that they have no conflict of interest.

The authors

Ahmed Alwali¹, **Clemens Schafmayer¹**, **Imad Kamaledine¹**

¹ Department of General, Visceral, Thoracic, Vascular and Transplant Surgery, Rostock University Medical Center, Rostock, Germany

Corresponding author

Ahmed Alwali, MD

Department of General, Visceral, Thoracic, Vascular and Transplant Surgery, Rostock University Medical Center, Schillingallee 35, 18057 Rostock, Germany
ahmed.alwali@med.uni-rostock.de

Reference

- [1] Loske G, Schorsch T, Rucktaeschel F et al. Open-pore film drainage (OFD) – a new multipurpose tool for endoscopic negative pressure therapy (ENPT). *Endosc Int Open* 2018; 6: E1–E2

Bibliography

Endoscopy 2024; 56: E576–E577

DOI 10.1055/a-2344-7445

ISSN 0013-726X

© 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.

(<https://creativecommons.org/licenses/by/4.0/>)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



E-Videos is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. *Endoscopy E-Videos* qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

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