

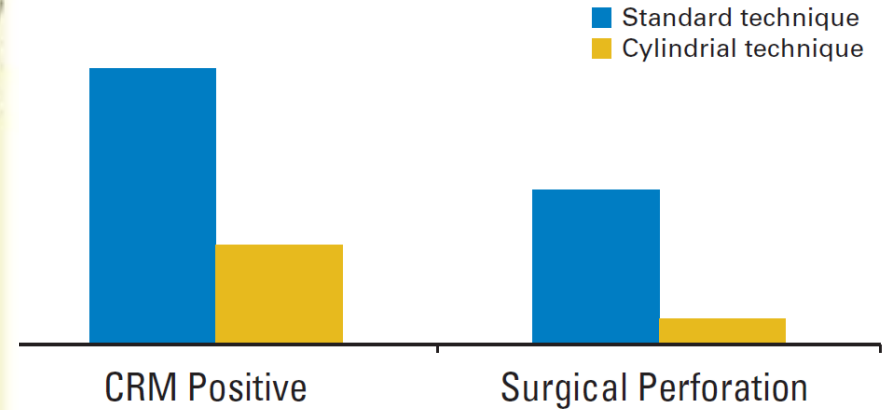
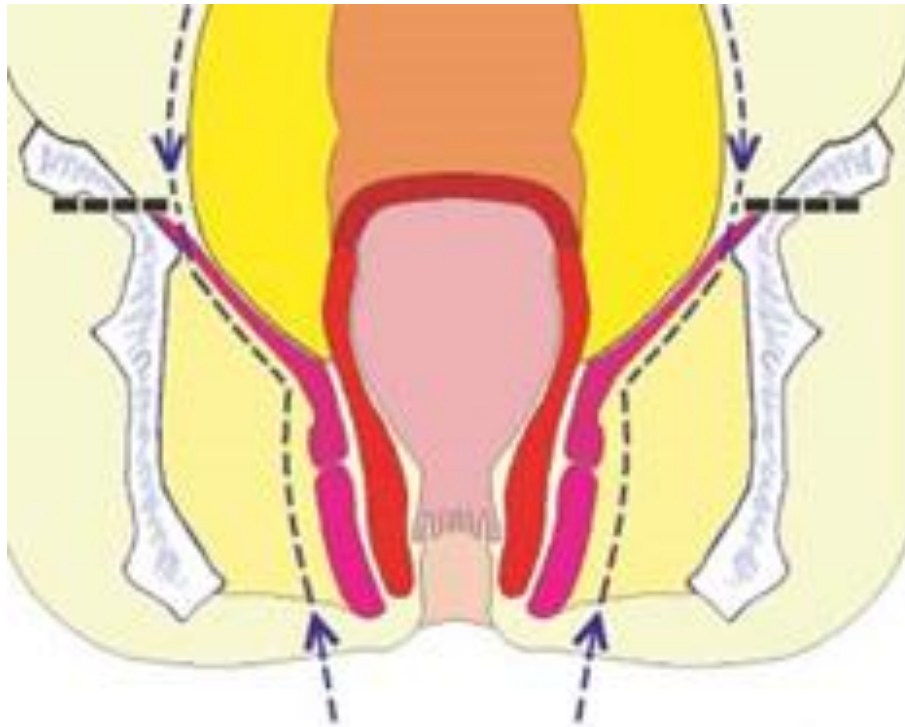
Gluteal Sling Perineal Reconstruction – a novel technique for perineal floor restoration after eLAPR.

Jennifer Smith

G. Laitung, N. Scott

Tripartite Birmingham 2014

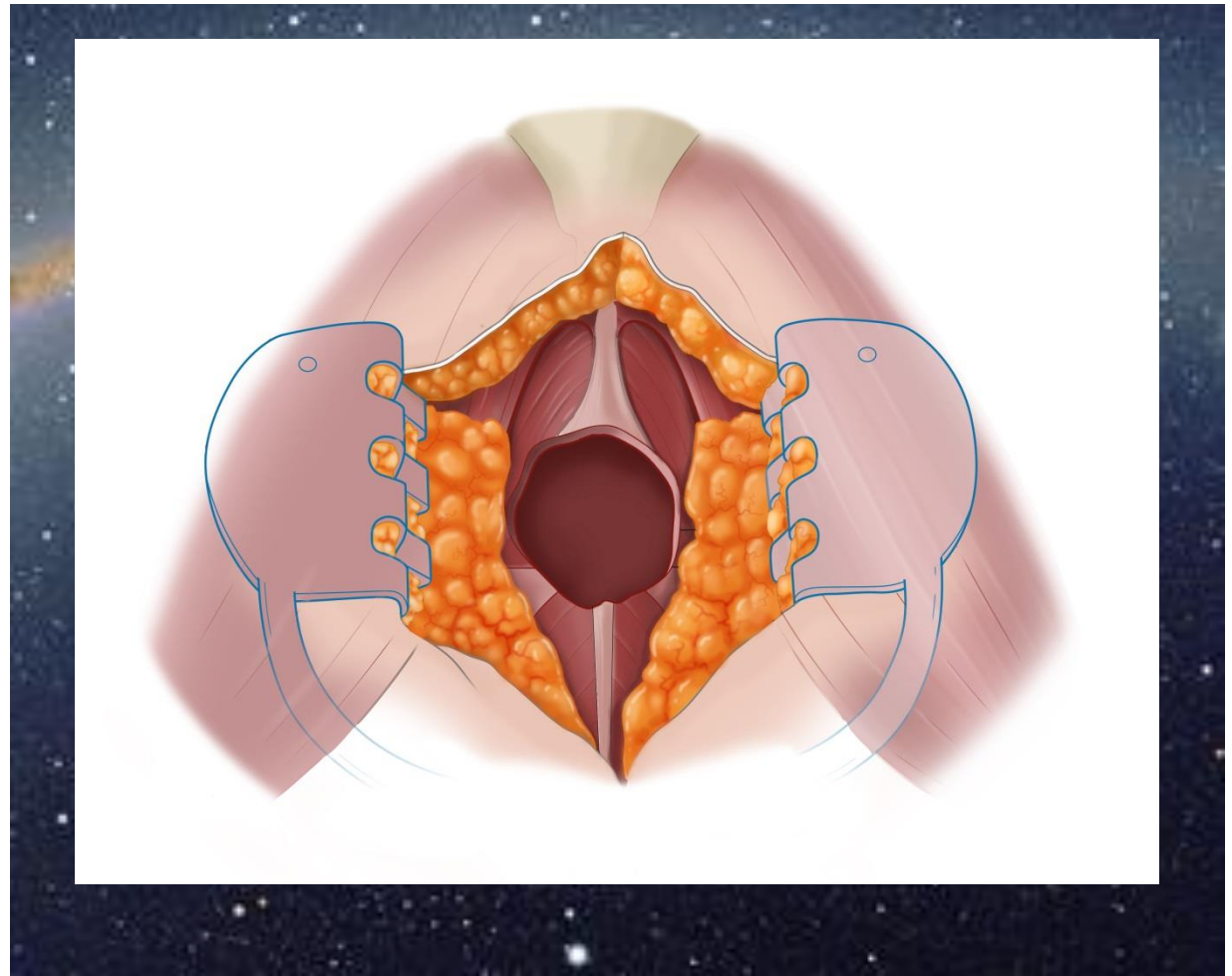
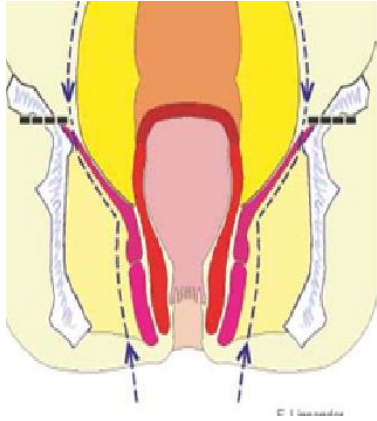
Background



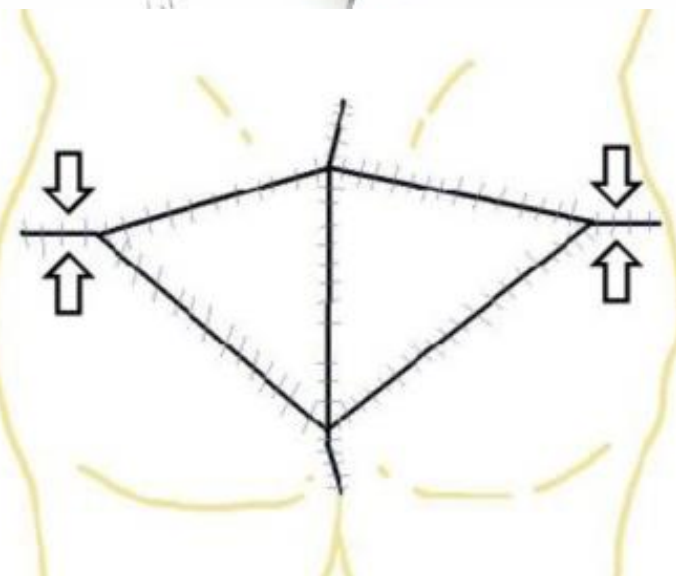
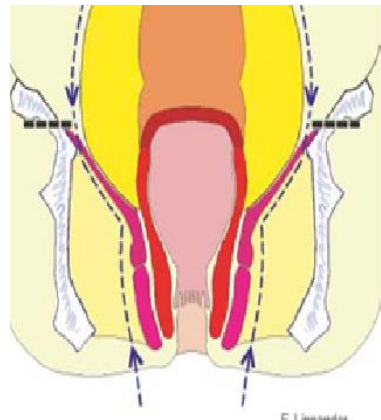
Evidence of the Oncologic Superiority of Cylindrical Abdominoperineal Excision for Low Rectal Cancer

Nicholas P. West, Paul J. Finan, Claes Anderin, Johan Lindholm, Torbjorn Holm, and Philip Quirke

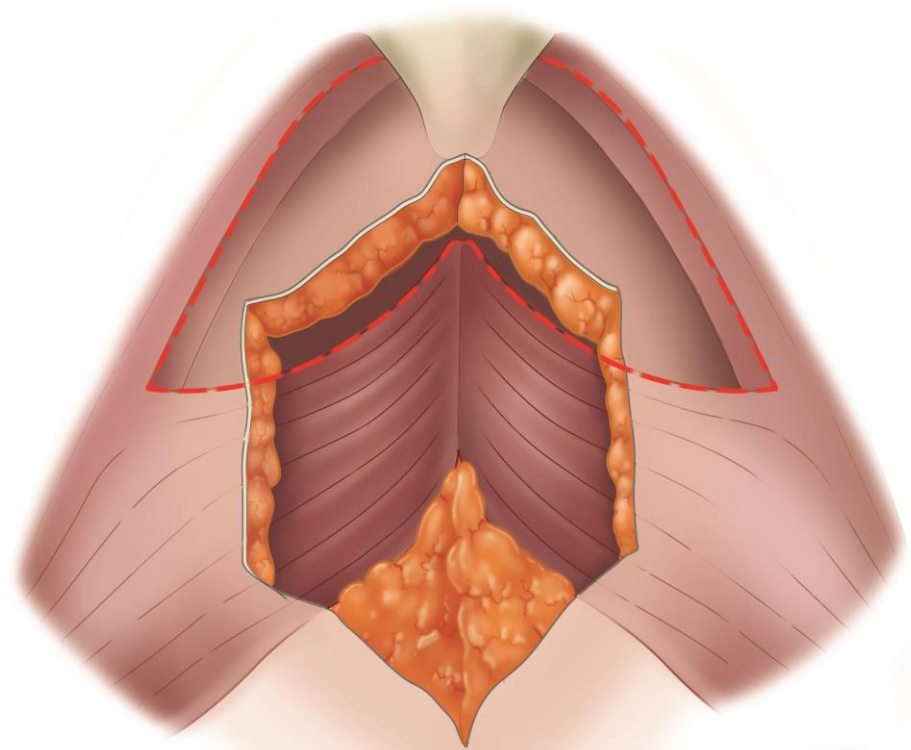
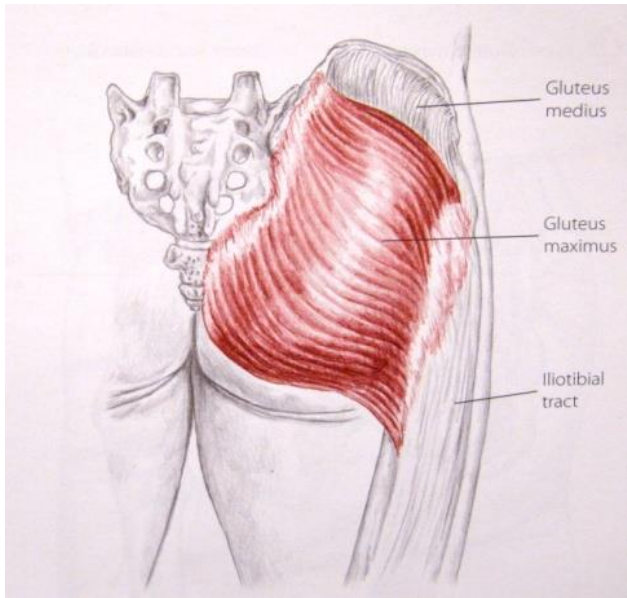
Problem = Hole



Problem = Hole

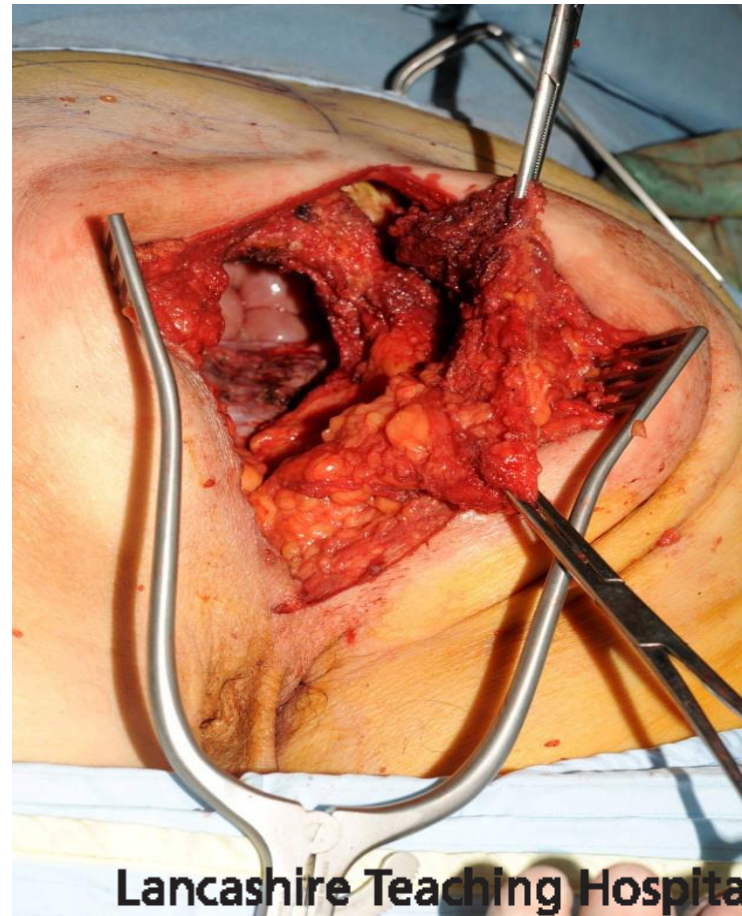


Gluteal Sling Technique



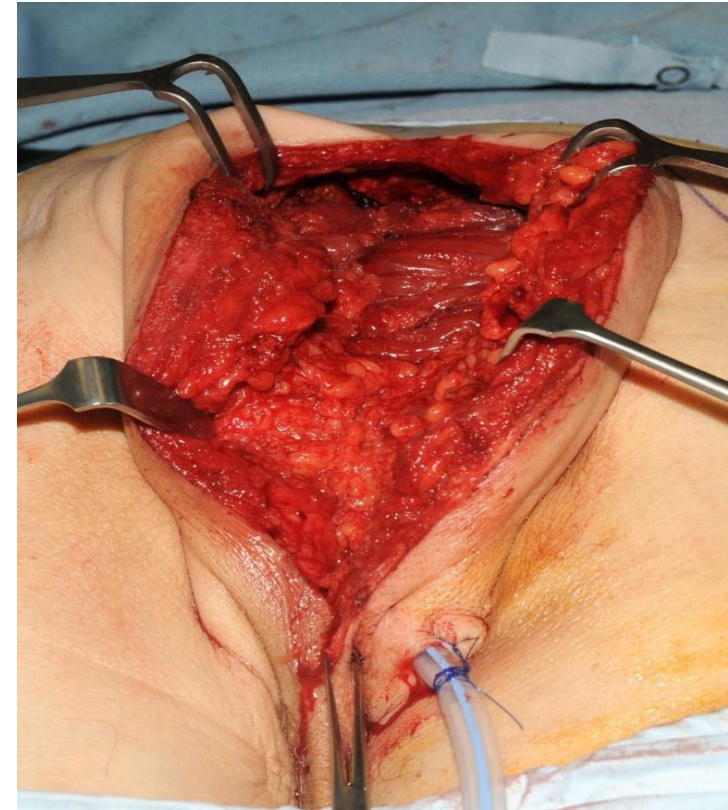
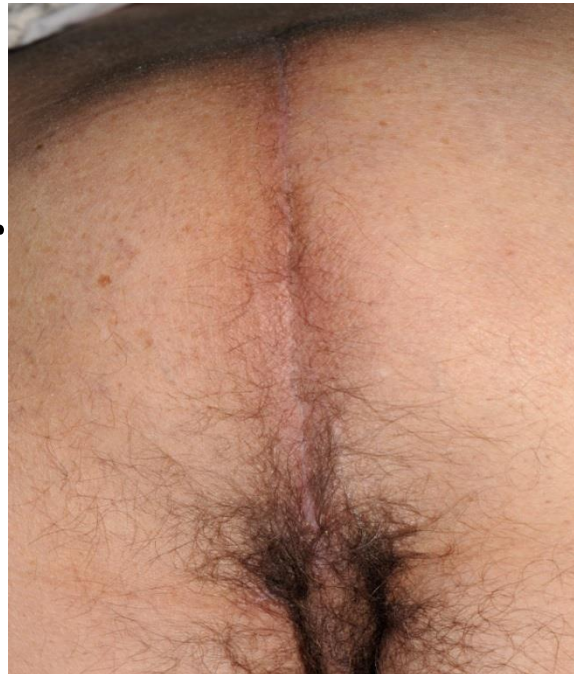
Gluteal Sling Technique

- Thick skin flaps raised
- Lower 1/3 of gluteus maximus transposed caudally

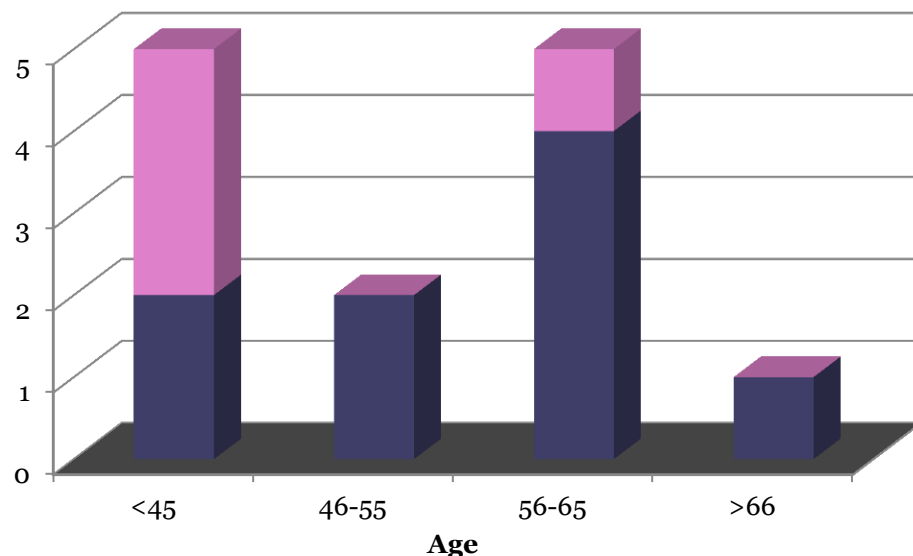


- Sutured in an invaginating way forming a sling

- Skin has midline scar only



Results: 2008 - 2013 : 13 patients



Patient Demographics

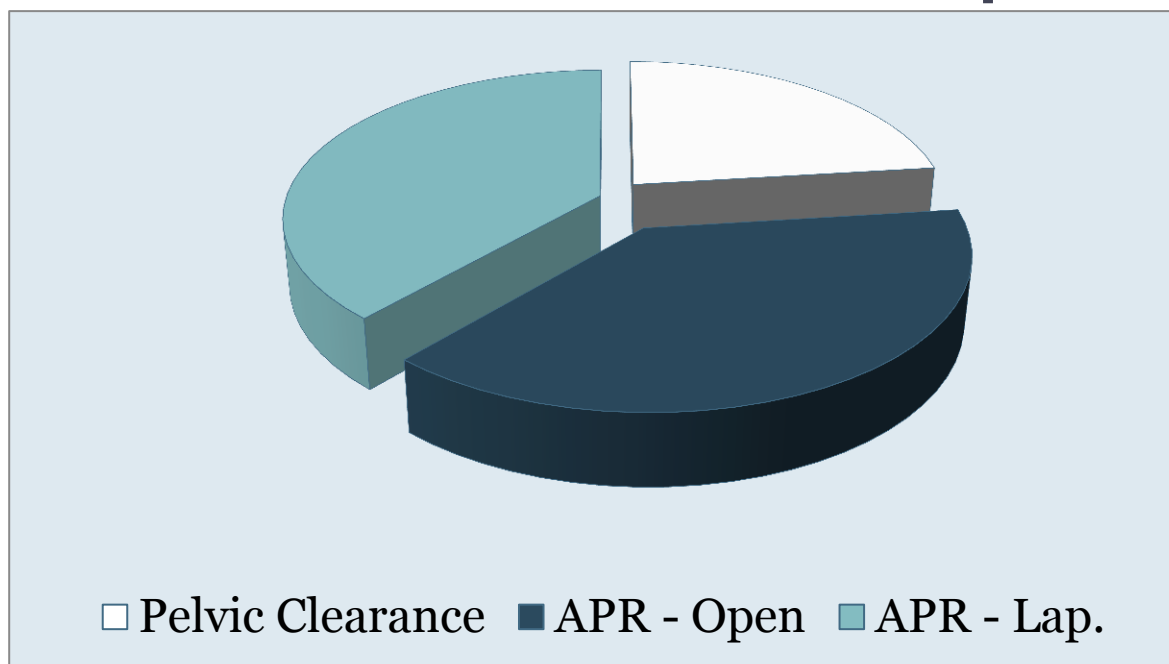
Female (4)

Male (9)

Median Age 56 (41-75)

- Indications: Anal Ca = 7 patients
Low Rectal = 6 patients
- 9/13 (69%): neo-adjuvant ChemoXRT

Results: 2008 - 2013 : 13 patients

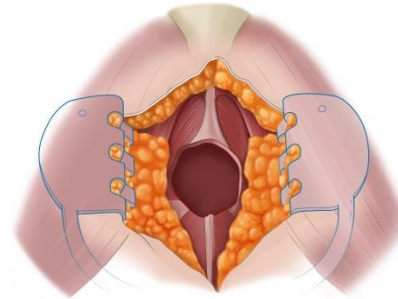


- Median length of stay = 14 days

Follow up

- Median = 12 months (3-31 months)
- No Donor site morbidity
- 6 = no perineal complication
- 5 = wound infection/ seroma
- 2 = needed revision
 - partial dehiscence
 - perineal hernia

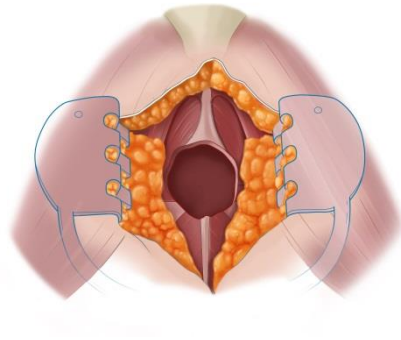
SUMMARY 1



- eLAPR –used for oncological benefit
- Problem is defect in perineal floor
- Solutions
 - Gluteal VY – extensive dissection and scarring
 - VRAM – hole in the abdomen another problem
 - Mesh sepsis/ fistulation



SUMMARY 2



- Gluteal Sling is a further alternative
 - Less perineal trauma
 - Single perineal midline scar
 - No abdominal wall defect/ no foreign body
 - 12 months - 11/13 intact

Conclusion

Gluteal Sling Perineal Reconstruction

- Satisfactory perineal closure after eLAPR
- No loss of gluteus muscle function
- Especially suited for Laparoscopic eLAPR
- Long term outcomes required

