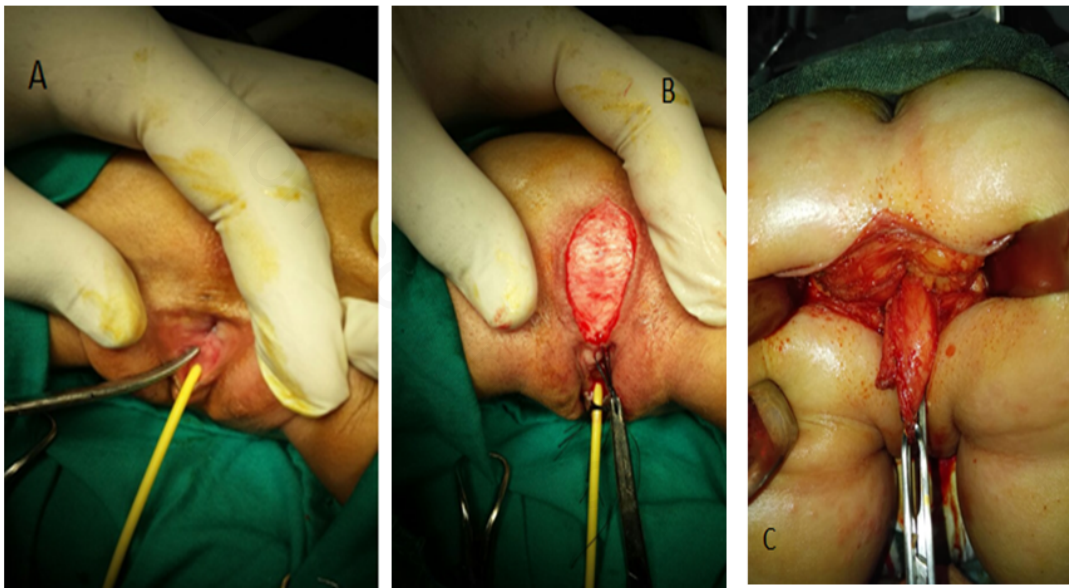
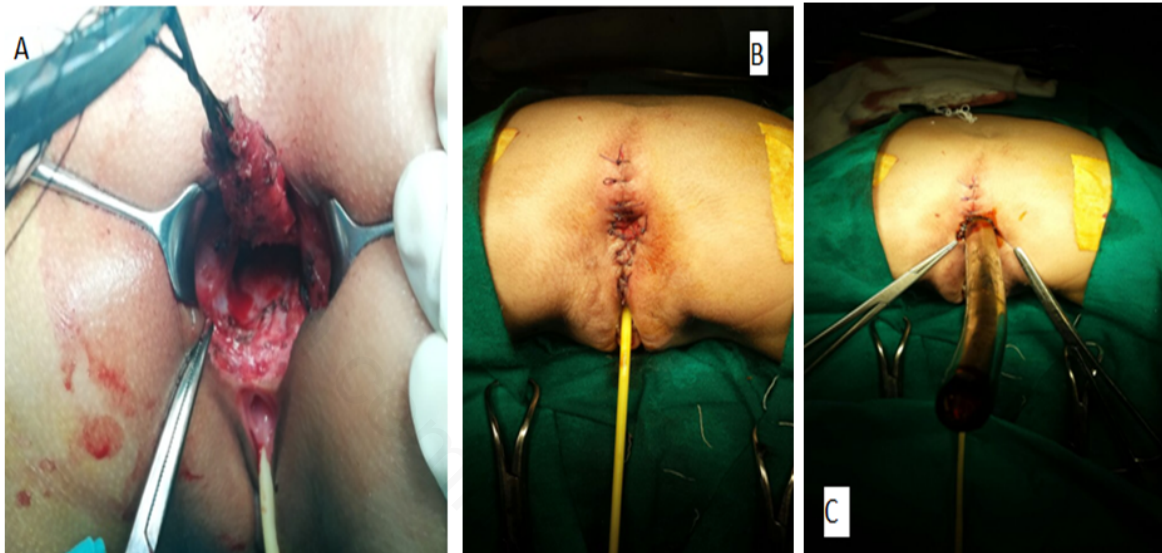


## Appendix

**Figure 1.** A) The patient was placed in the prone position. An artery forceps opposite the vagina opening, above it in a prone position is the vestibular fistula; B) Perifistula traction sutures. A midline incision was made beginning a few centimeters below the coccyx and it was extended to the fistula; C) Midline incision with equal quantity of muscles on both sides, the rectum can be identified.



**Figure 2.** A) Full separation of the rectum from the vagina and surrounding posterior muscles; B) Final reconstruction of the perineal body and anoplasty; C) The neoanus allowed 12 sized Hegar's dilator.



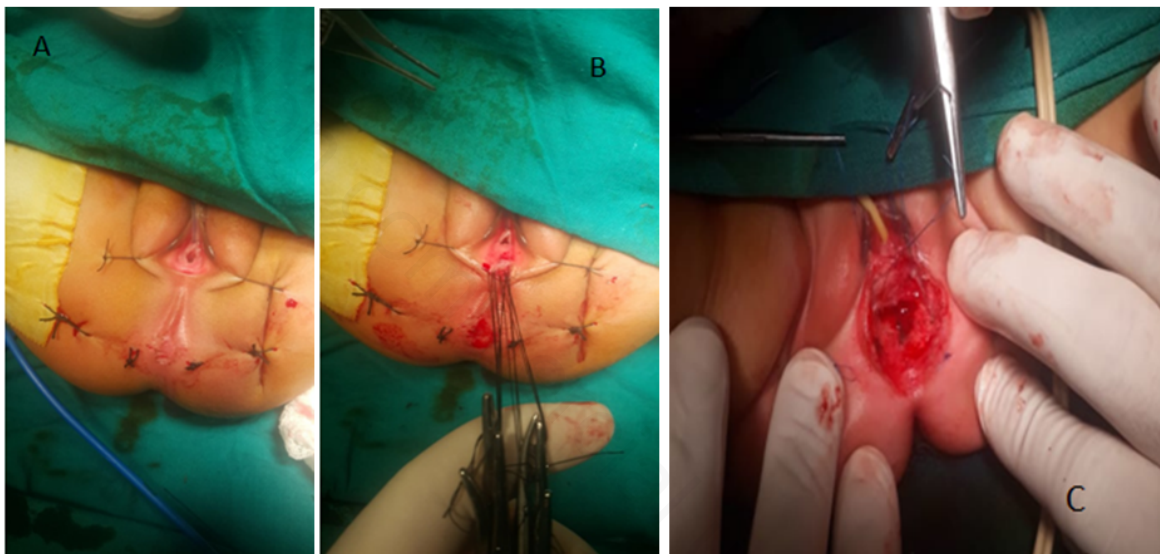
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**Figure 3.** Complete healing at two months of the surgery.

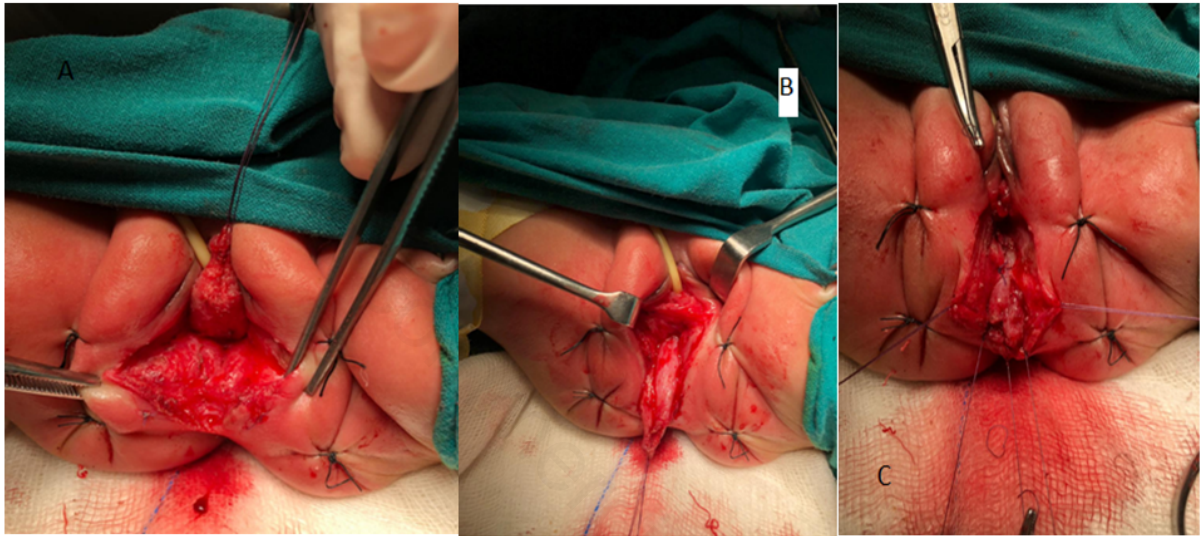


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**Figure 4.** A) The patient was operated on in the lithotomy position. The labia majora was fixed on both sides of the thigh using 3/0 silk sutures; B) Circumferential 5/0 silk sutures were applied to the mucocutaneous junction of the fistula opening for traction; C) A midline incision is made from the posterior margin of the fistula to the posterior margin of the putative anal site previously identified, dividing all the tissue in the line including the muscle complex.



**Figure 5.** A) Blunt dissection separates the rectum from the posterior encircling muscles up to the level of the sacral hollow; B) Separation of the rectum from posterior vaginal wall; C) The margins of the sphincter were suture together anterior to the rectum taken bites in the rectum serosa.



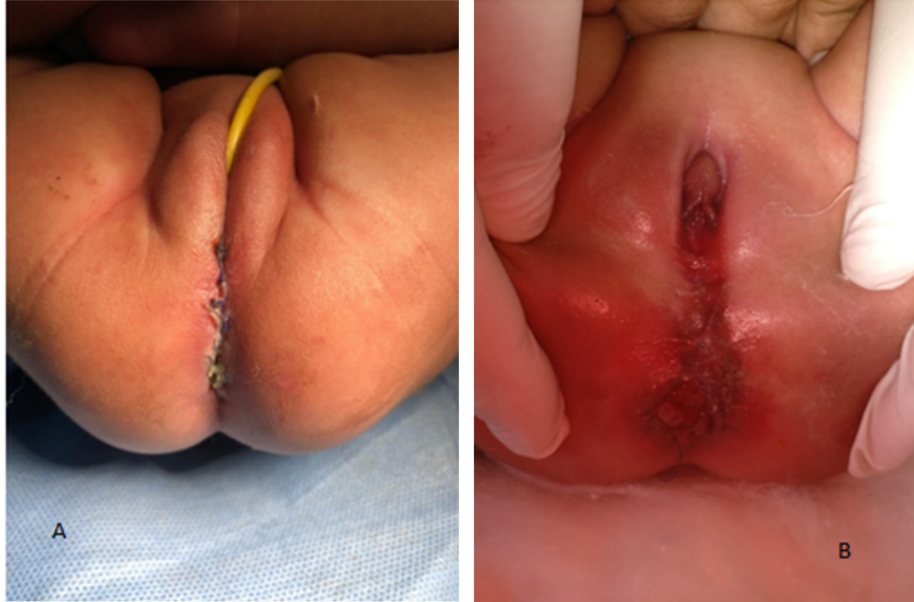
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**Figure 6.** A) Perineum muscles are approximated in the midline between the rectum and vagina, thus reconstituting the perineum body; B) Immediate postoperative view.



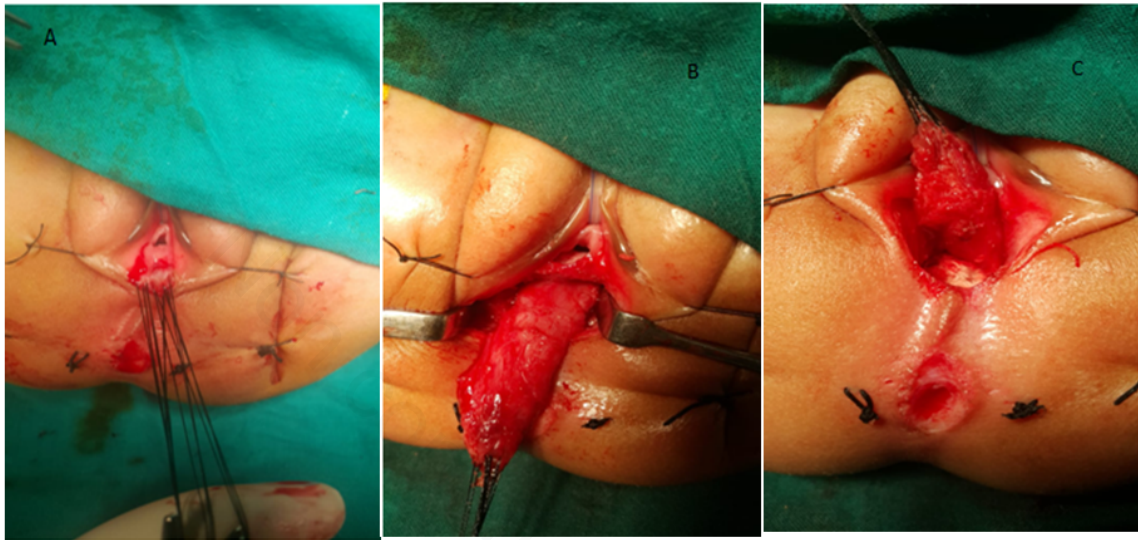
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**Figure 7.** A & B) Healing at one week and six weeks postoperative.



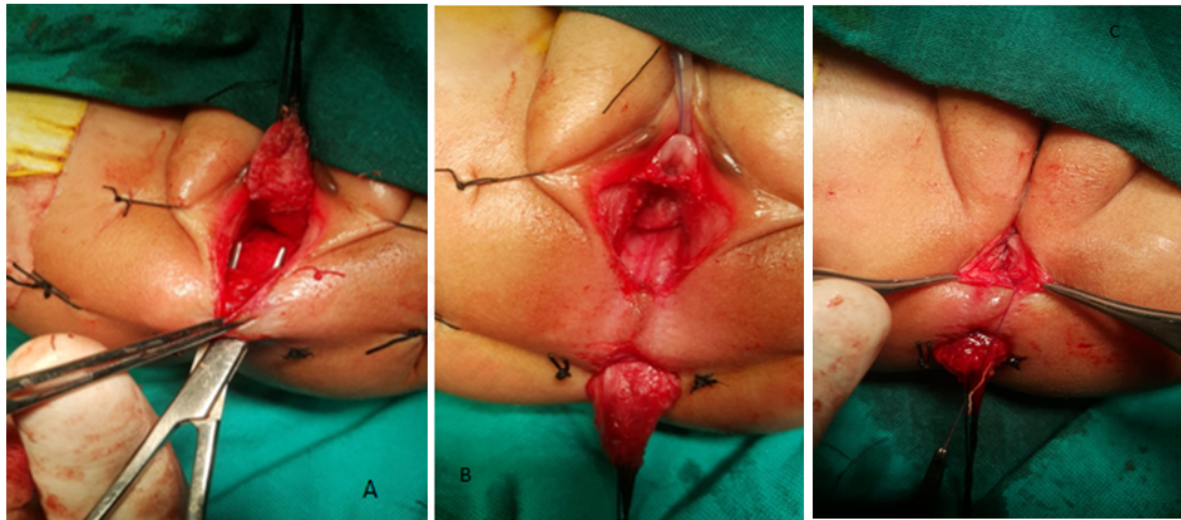
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**Figure 8.** A) Incision around the fistulous opening; B) Mobilization of the rectum; C) No incision was made over the perineum and the perineum was kept intact. A vertical incision of about 2cm was made at that proposed anal site previously confirmed.





**Figure 9.** A) An opening created in the muscle complex using artery forceps, through which the mobilized rectum was pulled by grasping its traction sutures (Tunnel developed for mobilization of the rectum); B) The rectum transposed after being pulled by grasping its traction sutures; C) The vestibular wound and its underlying perineal muscles were closed with 4'0 vicryl interrupted stitches in two layers.

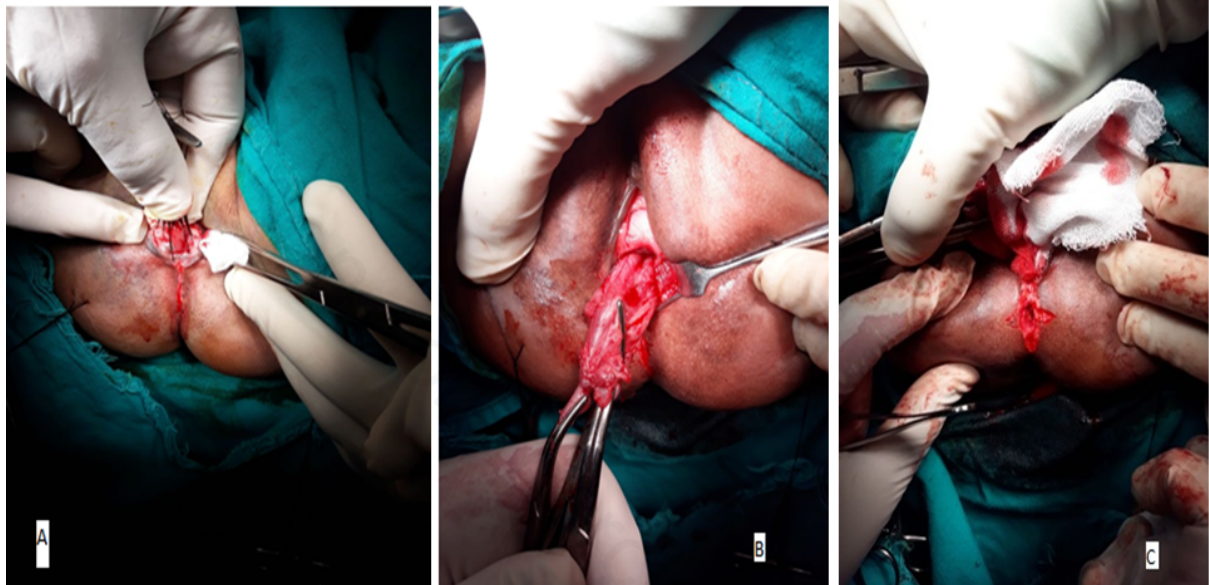


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**Figure 10.** A) Immediate postoperative view. Anoplasty was done with 12 stitches with 4'0 vicryl. The perineum is intact; B) Complete healing at six weeks of surgery.

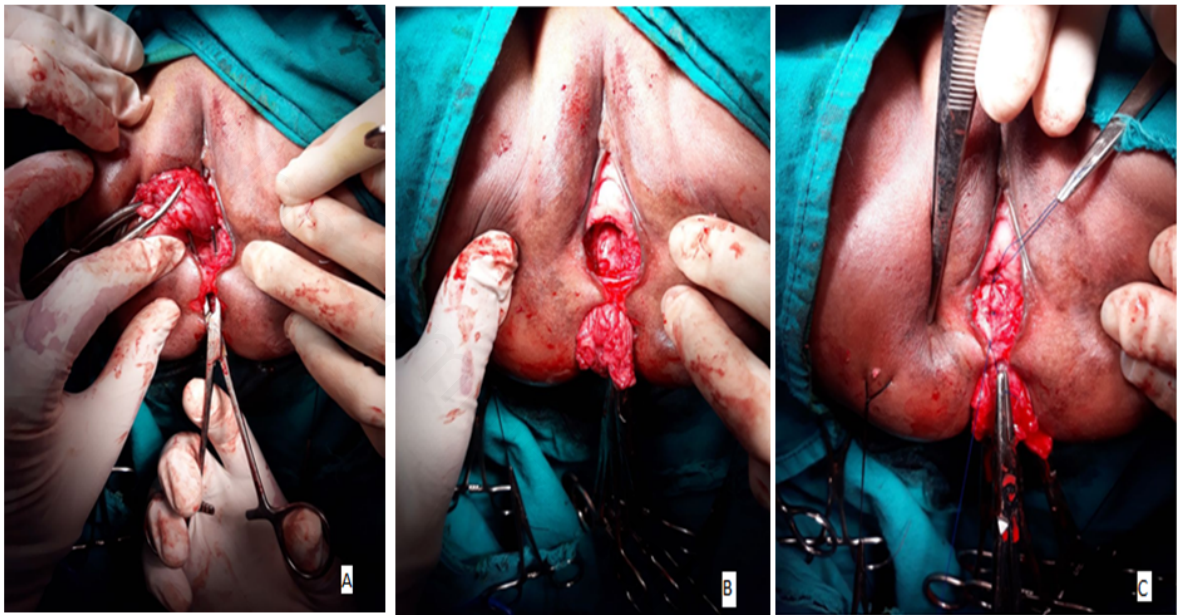


**Figure 11.** A) A midline skin incision was made from the posterior margin of the fistula to the posterior margin of the putative anal site; B) Dissection of the fistula from the posterior encircling muscles posterior vaginal wall anterior; C) A cruciate incision was done at the putative anal site.



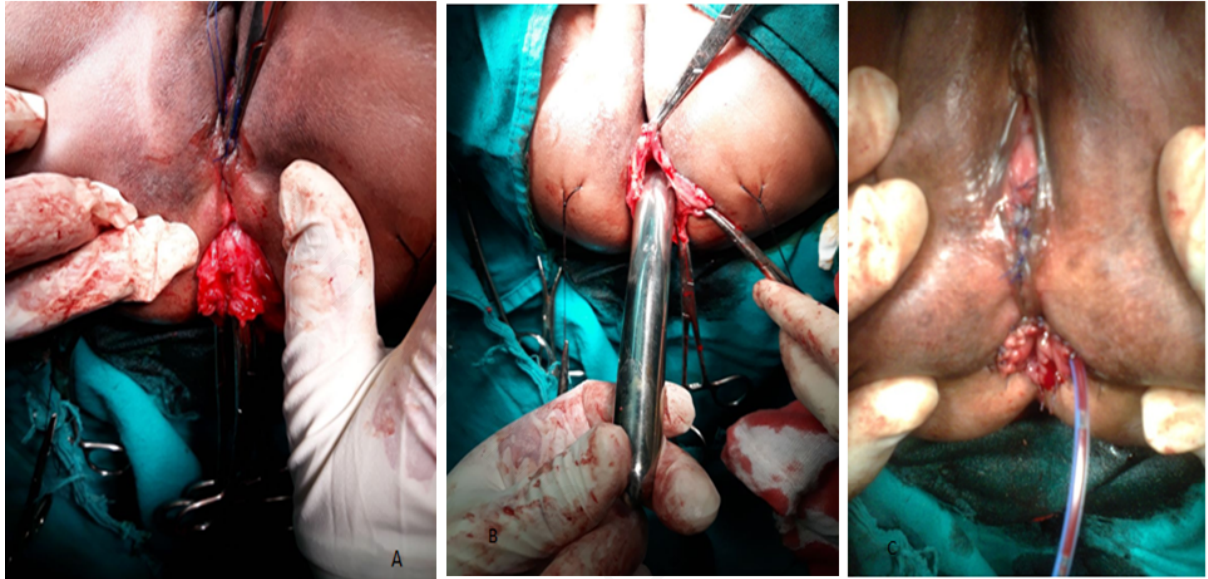
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**Figure 12.** A) An artery forceps was then passed in the center of the muscle complex deep to its anterior rim without cutting it; B) The neorectum passed in the center of the muscle complex; C) Perineum muscles were approximated in the midline between the rectum and vagina in two layers.



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**Figure 13.** A) Closing of the perineal skin; B) The neoanus allowed 12 sized Hegar's dilator or more; C) Immediate postoperative view.



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**Figure 14.** A) Complete healing at 6 weeks after surgery; B) A case of vestibular fistula associated with the duplicated vagina.



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