Use of Fascia lata in Puborectoplasty for Fecal Incontinence

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Dear Sir,

In an earlier publication [1], puborectoplasty was introduced as a technique in the treatment of fecal incontinence. A Teflon sling at its middle is sutured to the rectal neck, and its 2 limbs are sutured to the pubic ramus. Good results have been achieved in 83.8%.

In a more recent series of puborectoplasty operations for fecal incontinence, I have used a fascia lata graft instead of the Teflon sling in 12 cases. With a follow-up time of meanwhile 3-14 months (mean $\pm$ SD 9.6 ± 3.2 months), the results are so far comparable with those obtained with the Teflon sling. Although the preparation of the fascia lata graft from the thigh adds to the time of the operation, the new method has advantages that do count in our work:

(1) the possibility of graft rejection is avoided, and (2) it is less costly.

I will report on this study later, but thought it might be useful if I share my new experience with your readership now.

Reference

Shafik A: Puborectoplasty. New technique for the repair of fecal incontinence. Dig Surg 1991; 8:182-186.