



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

RECTO VAGINAL FISTULA: A CASE STUDY

Namratha Pramod¹

Nutritionist

Sports Authority Of India, Bangalore, India.

Abstract:

Rectovaginal fistulas have a multitude of causes and it is well known that obstetric and gynecological problem. A rectovaginal fistula is an abnormal connection between the lower portion of large intestine, rectum and vagina. Bowel contents can leak through the fistula, allowing gas or stool to pass through the vaginal causing fecal incontinence. Also, other symptoms can be foul smelling vaginal discharge, recurrent urinary tract infections etc. The common causes of RVF can be injury during childbirth, complication following surgery in the pelvic area, Crohn's disease or Inflammatory Bowel Disease.

Index Terms: RVF, Recto Vaginal Fissure, Fissures.

Case Study:

A 32yr female, a known case of poly cystic ovary syndrome(PCOS), with regular menstrual cycle and one living child delivered through normal delivery. She was admitted for RVF(Recto vaginal Fistula) Repair through hysteroscopy procedure. The patient also had fecal incompetence, recurrent urinary tract infections and third degree perineal tear.

Baseline anthropometric measurements

- Height:162 cm.
- Actual Body Weight(ABW):72 Kg
- Ideal body weight(IBW): 60.2 Kg
- Body mass index(BMI):27.48

Nutritional requirements Calculations (as per BMI)

- Energy: 30 Kcal/ kg/IBW = 1800 KCal
- Protein: 1.2g/IBW = 75 g

Pre- Operative Phase:

Since she was a vegetarian and the baseline intake was about 62% total calories(1116 KCal) and 46%total protein(35g) as per 24 hour dietary recall. A customized nutritional care plan was planned with a personalized diet plan to build the nutritional status pre operatively. The patient was not much complaint with the changes due to the fear of complications she already had. However was able to achieve and increase in protein by 34%(26 g) using a Oral Nutritional Supplement (ONS) for 3 days before surgery only.

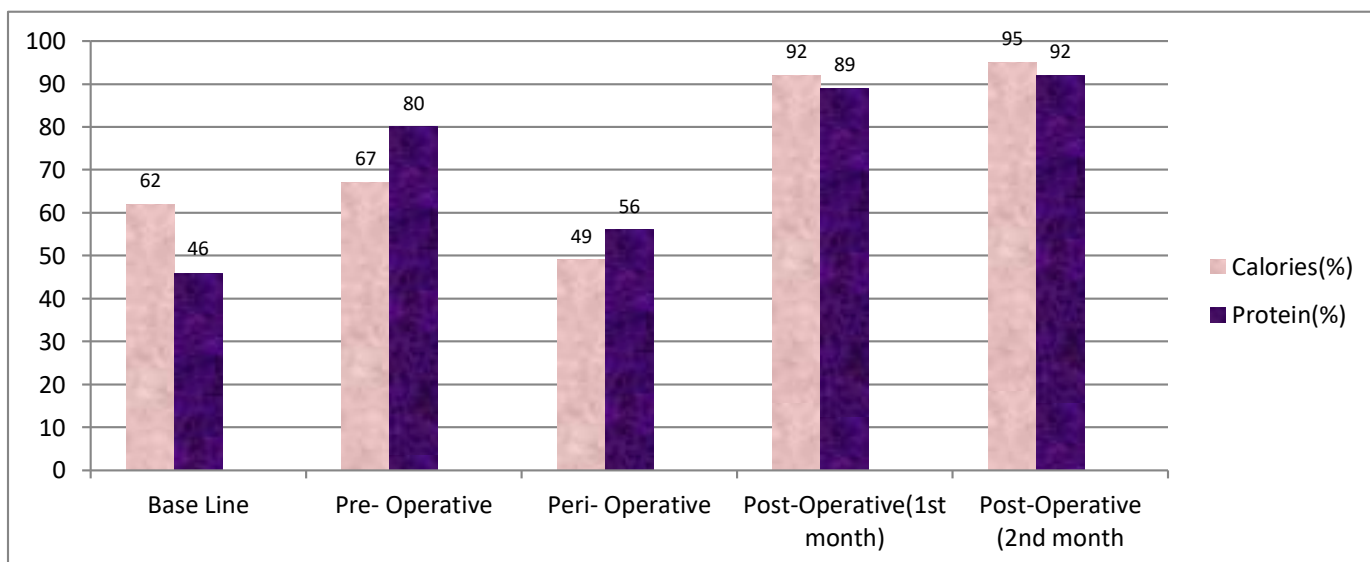
Day before the surgery a Peglec preparation was given with 2 liters of water, for complete bowel removal and kept for 10 hrs nil per oral before surgery.

Peri Operative stage:

During the peri operative phase the protein was calculated using 1.2 g/ Kg/IBW - 75g per day with similar calories as in pre operative phase. She was initiated on a clear liquid diet with hardly any calories or proteins to meet the requirements. On monitoring the oral intake daily using calorie counting and suggesting modification in the care plan as required on day 4 once on liquid diet was able to achieve 49% of total calories(885 Kcal) and 56%of total protein requirement(42 g) with the help of oral nutritional supplement(ONS).During discharge a well balanced diet low fiber diet was planned of 1800Kcal and 75g protein.

Post Operative Phase:

In the post operative follow up phase, the nutritional intake had improved to 92%of total calories(1585KCal) and 89% total proteins(66.7g) in the first month with adequate fiber intake and 92% of total calories (1710Kcal) and 92%(69g) total protein in the second month with adequate fiber intake.



Nutrients comparison

Conclusion:

An individualized protocol to dialogize early malnutrition and follow up by customized nutritional planning and personalized counseling helped to achieve the nutritional targets more effectively .In spite of the patients fear, reluctance to accept the changes in the dietary pattern, only a well qualified nutritionist and a dietician can successfully help patients achieve the nutritional requirement and transform the patient's life.

Key words:

RVF: Recto Vaginal Fistula,IBW: Ideal Body Weight, ONS: Oral Nutritional Supplement.

