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SUPPORTING INFORMATION

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Laparoscopic sigmoid colon vaginoplasty—a video vignette

Dear Editor,

Reconstruction following surgery for advanced pelvic malignancy with vaginal involvement, requiring partial or total vaginectomy, is often carried out using myocutaneous flaps. This is associated with significant postoperative morbidity, related to perineal and donor site wound healing, and variable postoperative sexual function [1–3]. An alternative to the traditional reconstructive method may be the use of a bowel vaginoplasty, using a sigmoid or small bowel conduit. Bowel vaginoplasty is traditionally reserved for the management of congenital malformations such as vaginal agenesis [4]. This technique of vaginal reconstruction provides a self-lubricating, functional neovagina with low rates of failure and revision [4]. Bowel vaginoplasty may provide an alternative reconstructive approach to patients undergoing surgery for advanced pelvic malignancy with vaginal involvement.

We highlight the case of a 48-year-old woman who underwent a hysterectomy and bilateral salpingo-oophorectomy for endometrial cancer following radiotherapy in 2018. She presented as an emergency in January 2020 with small bowel prolapse through her vaginal vault. She underwent emergency surgery and was left with a vaginal canal of 2 cm. In October 2020 she represented to her gynaecologist with difficulties with sexual intercourse and was referred to the colorectal surgeons for consideration of a sigmoid colon vaginoplasty. She underwent an uneventful laparoscopic sigmoid vaginoplasty. At 12 months' follow-up she has no bowel dysfunction and is able to appropriately engage in sexual activity using her neovagina. We present the key steps of a laparoscopic sigmoid colon vaginoplasty in Video S1.

CONFLICTS OF INTEREST

None.

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