Trans-Perineal Pudendal Nerve Decompression

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France

(Shafik 's Procedure)

- Para-anal incision of 4-5cm
- Opening of the ischio-rectal space
- Finger locate the inferior rectal nerve and is led up to the pudendal nerve and the distal opening of the Alcock canal
- Then scissors guided by the finger open the interior wall of the Alcock canal to the inter-ligament space

- Short incision and short time (5-10 minutes for each side)
- good access to the pudendal canal
- opening of the inter-ligamentary space possible if complete (section of the interligament fascia)
- without ligamentary section
- respect for the Levator Plate

BUT

TOTALLY BLIND (eyes are on the tip of the fingers!!)

So it 's a procedure difficult to show and to learn !

Experience with 192 cases (1995-2006)
Bilateral: 184 Unilateral: 8

- Per-operative complication: 0 (no bleeding)
- Post-operative:
  - 1 infection with septicemia Esc. Coli (Ischio-rectal space must be drained++)
  - Painful when sitting during 2-3 weeks

Results of cases without associated gestures

	Pain	Anal Incontinence	Stress Urinary Incontinence	Urge Incontinence
Cases	8	3 (failures post sphincteroplasty)	4 (3 failures after different surgeries)	11
Follow-up (months)	26	60 (1 with 132)	51 (1 with 126)	16
Cured	3	1	2	6 (one with interstitial cystitis histologically proved ?)
Improved	3	1	1	3
Unchanged	2	1	1	2
Increased	0	0	0	0

Comparison between:

- 100 Prolapses from 1990 to 1995, Pudendal pathology unknown

mean age : 67 (46-78)
medium follow-up 54 months

- 100 Prolapses from 1995 to 2005, With Pudendal Syndrome (Clinical & Electrophysiology) and Transperineal nerve decompression

mean age: 65 (42-80)
medium follow-up 42 months

all the gestures used for the prolapse cure (MVT, Lifting 's) are standard and have no changes since 1988

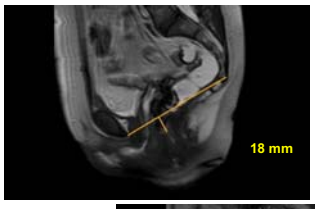
Unknown / With	Stress Incontin.	Urge Incontin.	Anal Incontin	Dyschesia
Pre-Op	32 / 34	23 / 41	28 / 52	72 / 75
Post OP	5 / 4	13 / 8	13 / 8	29 / 17
Failures	16% / 12%	57% / 20%	46% / 15%	40% / 23%

Case Report:

BEL. M.C., 51years, prévious hysterectomy
Functional Troubles:

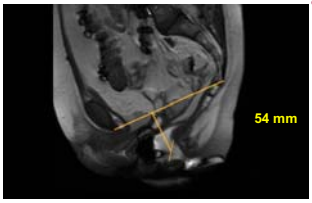
- Perineodynia
- Stress Incontinence (Pad-test>26g)
- Urge Incontinence (> 18 micturitions/day)
- Anal Incontinence (gas daily, feces 1-3/week)
- Dyschesia

Anatomical Situation



Rest

- Cystocele
- Rectocele
- Enterocele
- Descending Perineum

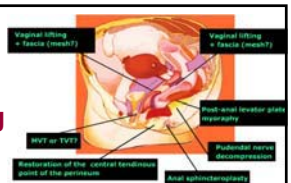


Straining

Anatomical Situation

Defect in the left para-anal part of the levator plate (video)

Surgery 2006/04/14



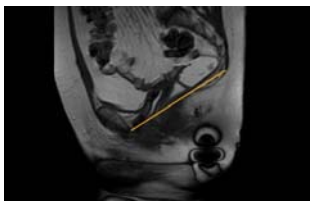
- Anterior Vaginal Lifting
- Mini-Vaginal-Tape
- Posterior Vaginal Lifting
- Restoration of the central perineal body
- Anal Sphincteroplasty
- Post-Anal levator plate myoraphy (with closing of the left defect)
- Trans-Perinéal Pudendal nerve Decompression

Post-Operative Control (2006/07/06)

Functional:

- Perineodynia: 0
- Stress Incontinence: 0
- Urge Incontinence: 6 to 12 micturitions/day
- Anal Incontinence: 0
- Dyschesia: 0

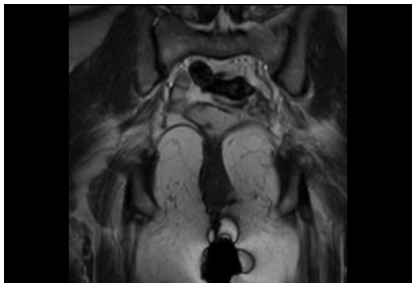
Post-Operative Control (2006/07/06) Anatomical:



Rest

Straining

Post-Operative Control (2006/07/06) Anatomical (video):



-Pudendal canal syndrome has to be searched for all the cases of perineal diseases

-Trans-Perineal Pudendal Nerve decompression (TPPND) is only one of the main gestures of the Perineology.