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## Preface

Few texts address the management principles of reconstructive surgery of the rectum, anus, and perineum in both benign and malignant disease. Yet the coloproctologist often is faced with a patient who has undergone multiple failed procedures for complex problems such as a high fistula-in-ano or recalcitrant perianal Crohn's disease, where familiarity with the wide array of new operative procedures and ancillary techniques is essential. Although benign proctology has not developed into its own subspecialty within coloproctology, such super-specialization may occur as more colorectal surgeons gain significant reputations in this field. The management and imaging of the patient with evacuatory dysfunction has moved in that direction as knowledge of complex reparative techniques and sacral neuromodulation has created subspecialty division. At present, there is no accreditation facility for the coloproctology trainee of office imaging or of more extended radiological techniques such as magnetic resonance imaging or defecographic interpretation.

Part I of this book addresses the role of different specialized forms of imaging for patients in whom reconstructive and reoperative surgery is required. This section delineates the indications for and the selective use, interpretation, and limitations of conventional radiography, defecography, endoluminal sonography, magnetic resonance imaging, and endoscopy in clinical practice in these difficult cases. This section also assesses the physiological principles of anorectal manometry, vector volumetry, impedance planimetry, barostat, and neurophysiological testing for reoperative cases.

Part II describes the technical recommendations for revising ultralow anastomoses where there is associated significant postoperative functional disturbance, especially after adjuvant radiation or anastomotic leakage. In this section, the alternatives to neorectal reservoir construction and revision are outlined along with specific techniques for their use in the irradiated rectum. The operative details of patients undergoing extensive cancer resections and pelvic exenterations are defined by two leading groups operating in different parts of the world, who outline their strategies for such extended R0 resections. The mechanistic principles of how to manage difficult laparoscopic and robotic colorectal cases is discussed, as are the management principles of preneoplastic anal cancer syndromes, anal cancer itself, and the results of total anorectal reconstruction after radical rectal extirpation.

Part III outlines the surgical strategies for inflammatory bowel disease and discuss at length the clinical importance of dysplasia in the colitic patient, revisional surgery after ileal pouch anal anastomosis, reoperative principles, the results of colonic Crohn's disease and ulcerative colitis, and the results of a range of approaches in the patient presenting with complicated and recurrent perianal Crohn's disease.

Part IV of the book explores reoperation in patients with disabling functional bowel disease and discusses the management of failed surgery for severe constipation, megarectum, failed rectocele repair, and how to manage patients when the results after stapled endoanal surgery are less than satisfactory. It concludes with the gynecologist's perspective on patients presenting with primary pelvic floor disorders and problems of the perineal soft tissues and pelvic compartments.

Part V defines the known data concerning patients presenting with recurrent fecal incontinence. It assesses the role of redo sphincteroplasty, failed graciloplasty, problematic artificial

sphincter implantation and sacral neuromodulation, and the results of sphincter augmentation procedures.

Part VI analyzes surgical approaches and alternatives to anal canal and perineal resurfacing, with specific attention given to the troublesome recurrent or persistent anal fissure, the management of the complicated fistula-in-ano, difficult repeat surgeries for rectovaginal fistulae, and the management of rectoprostatic fistulae.

Part VII discusses revisional stoma surgery, including stoma re-siting and local revision, the recent successes of laparoscopic repair of parastomal hernias, operative strategies in Hartmann's reversal, and revision of the pediatric stoma.

Part VIII outlines management alternatives for a range of miscellaneous colorectal and proctological conditions for which revisional surgery is likely to be required. This section includes a discussion of novel strategies in the anesthetic management of these patients, new approaches to the care of complicated diverticulitis, and management strategies for anastomotic dehiscence. Presacral tumors and their operative approaches and investigation are revisited, and algorithms for the surgical management of failed rectal prolapse surgery are presented. The troublesome condition of recurrent pilonidal disease is evaluated, along with the reoperative approach in patients with colorectal endometriosis. Finally, a medicolegal strategy is provided for cases requiring reoperative or reconstructive surgery, with an emphasis on those patients for whom functional outcomes after repeat surgery are particularly in jeopardy.

Just as the multidisciplinary integration of cancer care requires specialized expertise, the successful surgical management of complicated problems of the rectum, anus, and perineum requires sophisticated expertise on a similar scale, ideally by those who are able to collaborate with experts from other disciplines and interested in documenting prospective functional outcome data. This new book provides a coordinated strategic basis for patient care in these complicated cases.

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