

# TÁO BÓN

DO HỘI CHỨNG BÉ TẮC ĐƯỜNG RA Ở NỮ



TS. NGUYỄN TRUNG VINH

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## 3 dạng lâm sàng của Táo bón

- (1) Ít có cảm giác đại tiện.  
**ĐT < 3 lần / tuần**
- (2) ĐT mỗi ngày nhưng khó,  
**Thời gian ĐT > 10 ph,**  
**Cần hỗ trợ (tay, thuốc, thụt tháo)**
- (3) Phối hợp (1) + (2)

2

## ĐỊNH NGHĨA TÁO BÓN - ROME III

1. RẶN > 25% Thời Gian Đại Tiễn
2. Cảm Giác Đại Tiễn TẮC NGHẼN
3. Cảm Giác Đại Tiễn KHÔNG HẾT PHẦN
4. PHÂN CỤC LỚN NHỒN
5. Đại Tiễn < 3 LẦN / TUẦN
6. HỖ TRỢ Đại Tiễn (TAY, THỤT THÁO, THUỐC)
7. ÍT KHI PHÂN LỎNG KHI Ứ DÙNG THUỐC XỐ
8. KHÔNG ĐỦ T/C của H/C RUỘT KÍCH THÍCH (IBS)

(ROME III: > 2 TIÊU CHUẨN,  $\geq 25\%$  SỐ LẦN ĐT,  
3 THÁNG CUỐI, KHỞI PHÁT > 6 THÁNG)

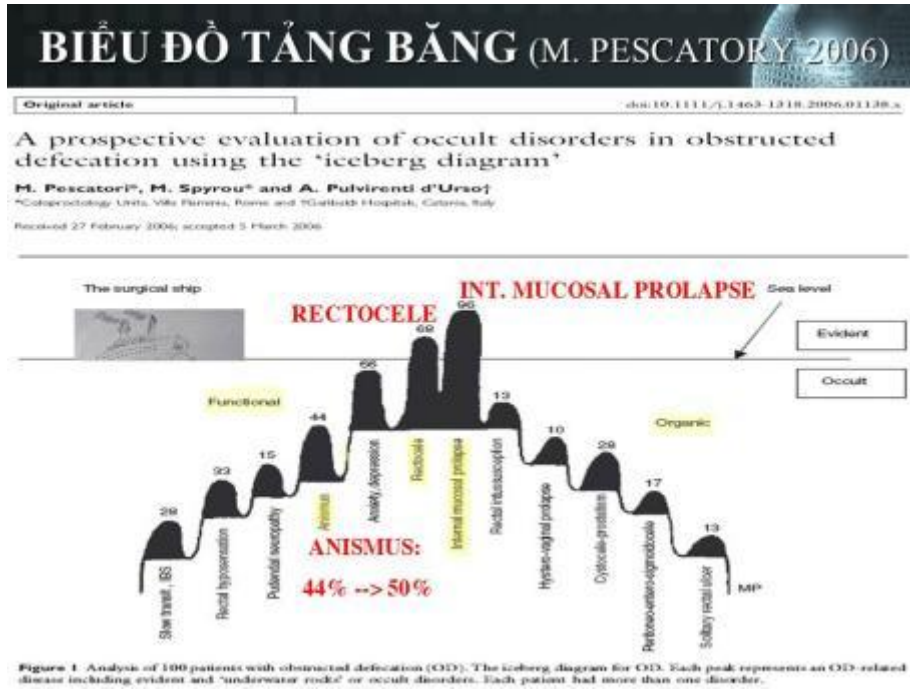
## PHÂN LOẠI TÁO BÓN



■ FUNCT. CONST.      ■ COLONIC INERTIA  
■ C. INERT.+ OUTL. OBS.      ■ OUTLET OBST.

Lembo A. and Camilleri M. Current concepts Chronic Constipation.  
N Engl J Med 2003; 349:1360-8

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## SÀN CHẬU HỌC (PELVIPERINEOLOGY)

### ĐÁNH GIÁ 3 TRỤC SÀN CHẬU

#### Three Axis Perineal Evaluation

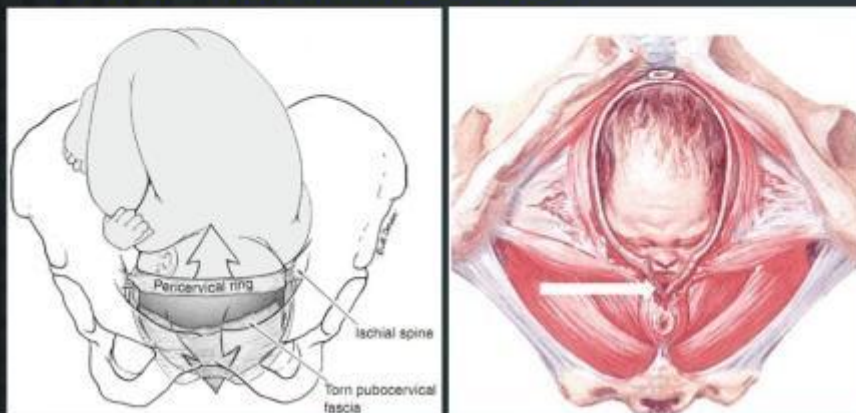


### ĐÁY CHẬU LÀ MỘT VÙNG DUY NHẤT

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## CÁC YẾU TỐ RỦI RO (TB. CƠ HỌC)

**BẨM SINH LỚN TUỔI, MẬP, PT. VÙNG CHẬU SANH ĐỂ THEO ĐƯỜNG ÂM ĐẠO**



## THREE SUPPORT LEVELS

**Level - I : Uterine Cervix**

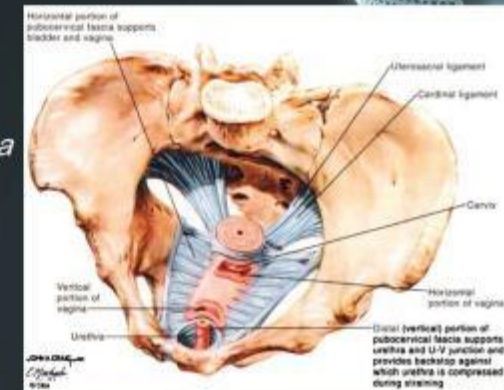
- Uterosacral ligament
- Cardinal ligament
- (Tent pole)

**Level - II : Horizontal Vagina**

- Paracolpium, ATPF
- Pubocervical fascia
- Retrovaginal septum
- (Tent sides)

**Level - III : Vertical Vagina**

- Urethra & U-V Junction
- Perineal body (posterior)
- (Tent pegs)



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DeLancey JOL, Clinical Obstet and Gynecol (1993) 36: 4,897-909



## Suspensory Axis:

- Sacral periostum S2-4
- Uterosacral ligaments (USL)
- Cardinal ligaments (CL)
- Cervical ring (CR)
- Rectovaginal septum (RVS)
- Perineal Body (PB)

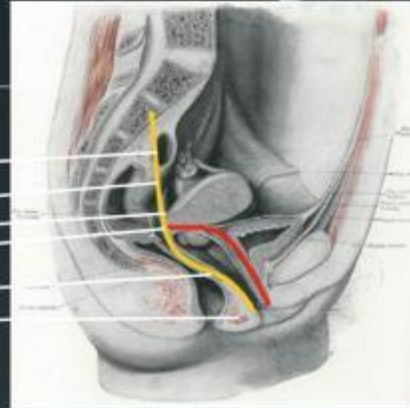


Table 18.1 Posterior suspensory axis

Perineum
Rectovaginal septum
Pericervical ring
Uterosacral ligaments
Presacral periosteum

Descending Perineum synd.

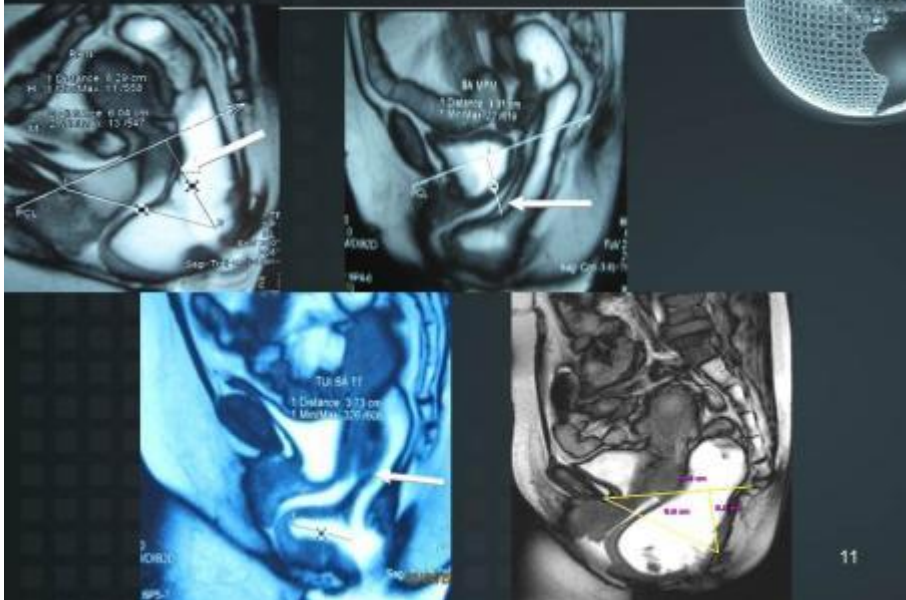
Uterine descent  
 Enterocele - Sigmoidocele - Rectocele

Theobald PV et al, New techniques in genital prolapse surgery (2011). Springer 1st Ed.

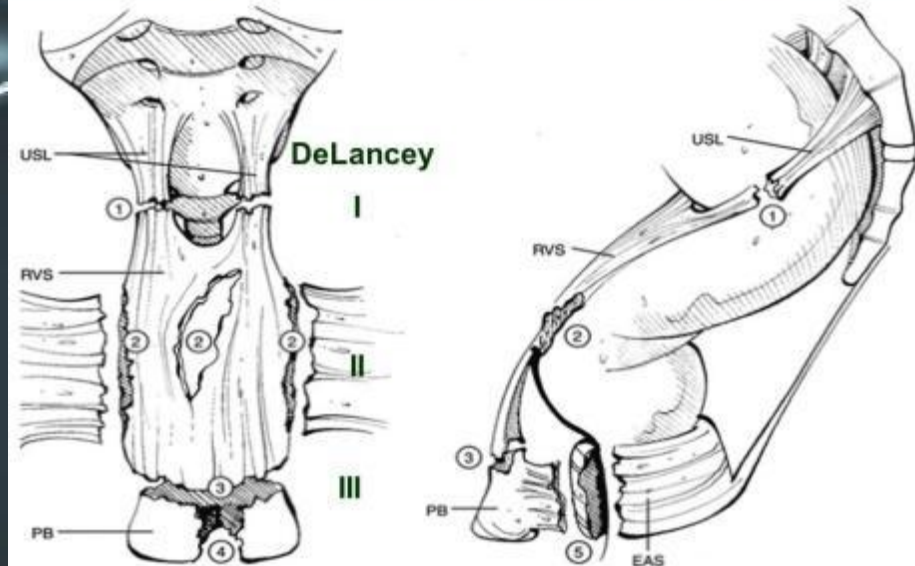
## NGUYÊN NHÂN TÁO BÓN DO HC. BẾ TẮC ĐƯỜNG RA

1. TÚI SA RUỘT NON / TÚI SA ĐẠI TRÀNG CHẬU HỒNG (ENTEROCELE / SIGMOIDOCELE) (DeLancey I) +
2. TÚI SA TRỰC TRÀNG (RECTOCELE)
  - DeLancey I (Vòng cổ tử cung / Mạc trực tràng âm đạo) ++++
  - DeLancey II (Đường giữa ; Mạc TTÂD / Thê sàn chậu) ++
3. SA NHẢO THỂ SÀN CHẬU (PERINEAL BODY SAGGING)
4. LÔNG TRONG (INT. RECTOANAL INTUSSUSCEPTION)
  - Độ I (< ½ chiều cao Ống nông hậu môn - CAD)
  - Độ II (> ½ chiều cao Ống nông hậu môn - CAD)
5. CƠ THẮT CƠ MU TRỰC TRÀNG NGHỊCH LÝ (ANISMUS)<sup>10</sup>+++

## MRI DEFECOGRAPHY

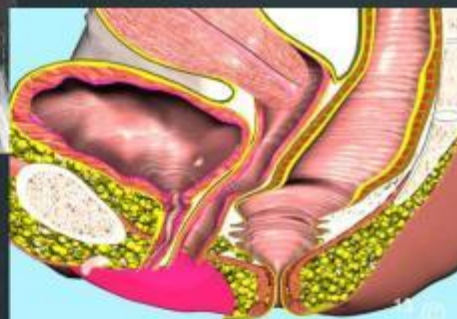
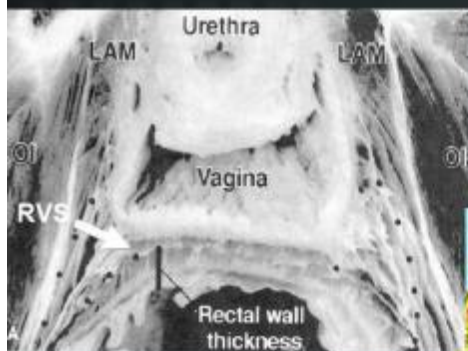


## Rectovaginal septum

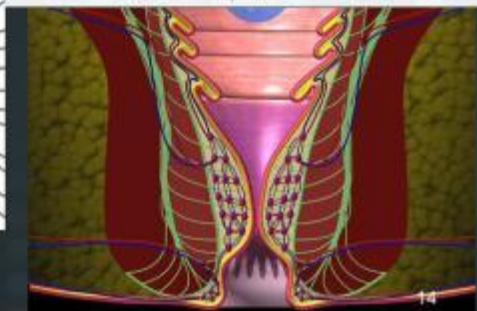
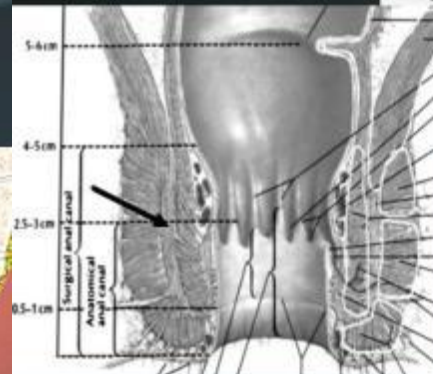
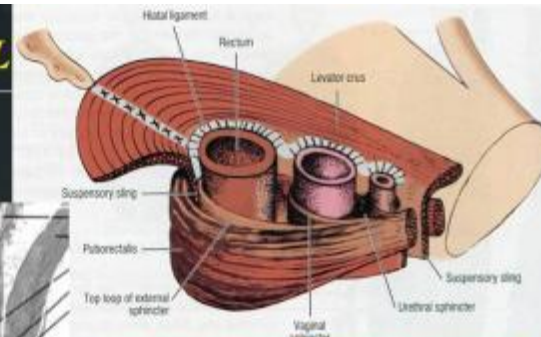




## Rectrovaginal septum

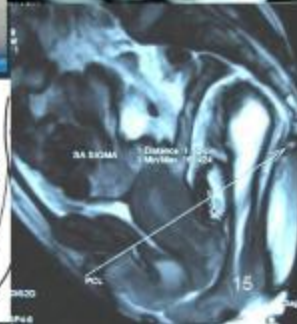
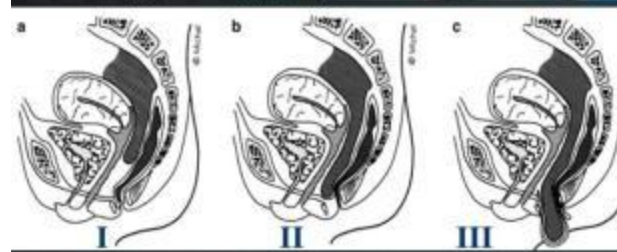
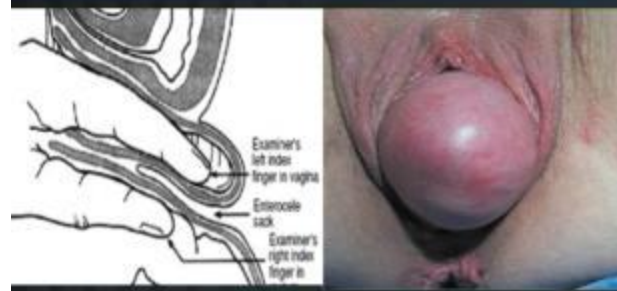


## LEVATOR TUNNEL

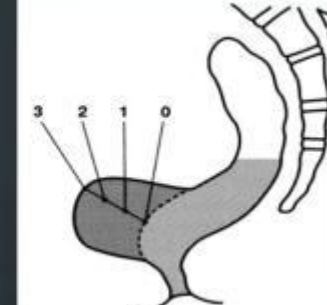
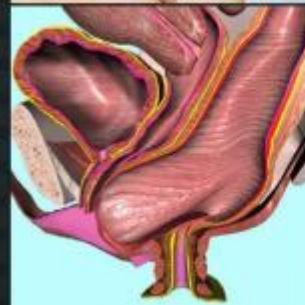


## CONJOINTED LONGITUDINALIS M.

## Túi sa ruột non/ ĐTCH (Enterocoele/Sigmoidocoele)

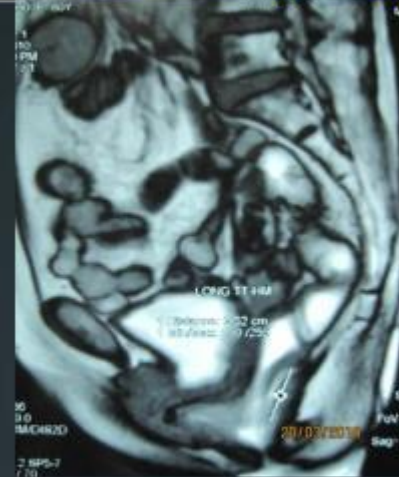


## Túi sa Trực tràng (Rectocele)





## Lồng trong TTHM ( Int Rectoanal intussusception )



MRI DEFECOGRAPHY 17

## ĐIỀU TRỊ

1. BẢO TỒN: PESSARIES  
KEGEL'S EXERCISE  
BIOFEEDBACK

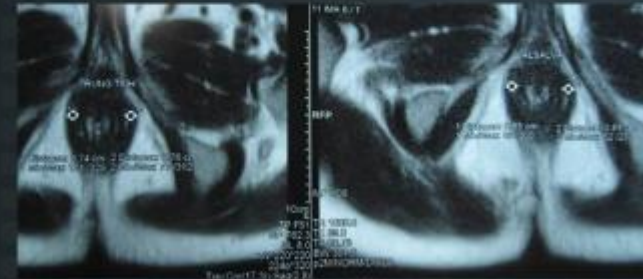
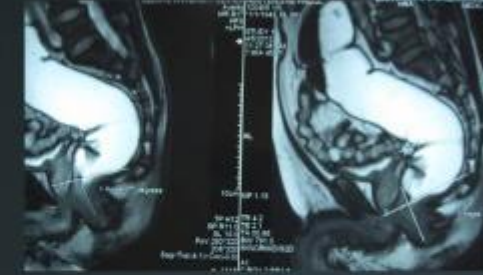


2. THỦ THUẬT: ANISMUS  
(BOTULINUM TOXINE A)

3. PHẪU THUẬT ĐA VÙNG :  
- SỬA CHỮA KHIẾM KHUYẾT VÁCH TTÂD  
- SỬA CHỮA CẦU TRÚC TREO NIÊM ỒNG HMTT

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## ANISMUS



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## MULTICOMPARTMENT SURGERY (CONCOMITANT PROCEDURES)

TRANSVAGINAL	Suspensory axis DeLancey I, II, III
TRANSANAL	Levator Tunnel

SYNTHETIC MESH ?

TENSION FREE TECHNIQUE ?

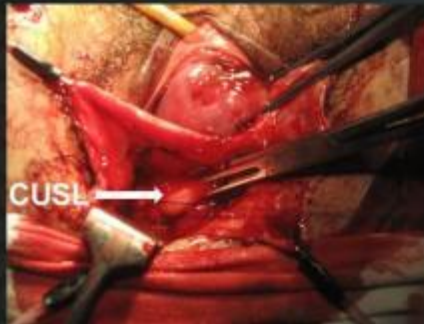
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# TRANSVAGINAL APPROACH

## Cardinal Uterosacral lig. repairs

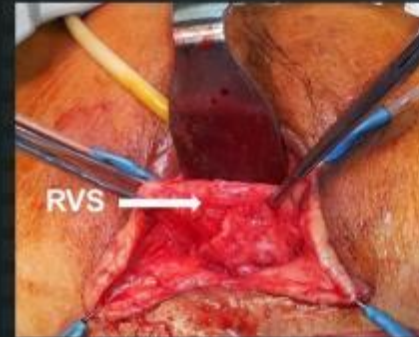
Uterine prolapse



## □ RVS repair with 5 apical sutures

ENTEROCELE, SIGMOIDOCELE

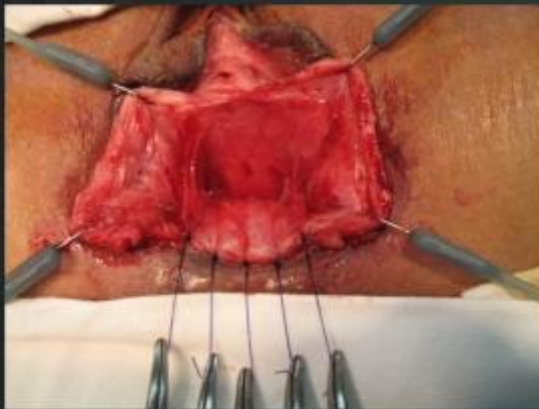
RECTOCELE *DeLancey I*



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## □ Site - specific defects repairs

RECTOCELE *DeLancey II*



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## □ Posterior midline colporrhaphy plication

RECTOCELE *DeLancey I, II*

## □ Perineorrhaphy

Perineal body sagging *DeLancey III*

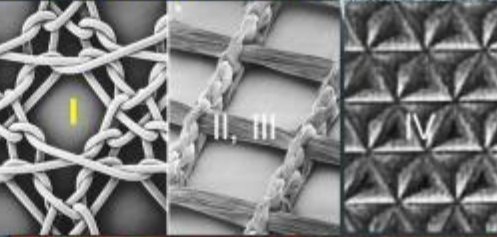
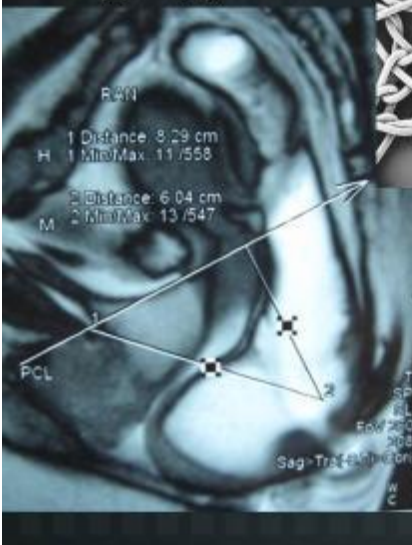


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## □ Posterior Intravaginal Sling (PIVS)

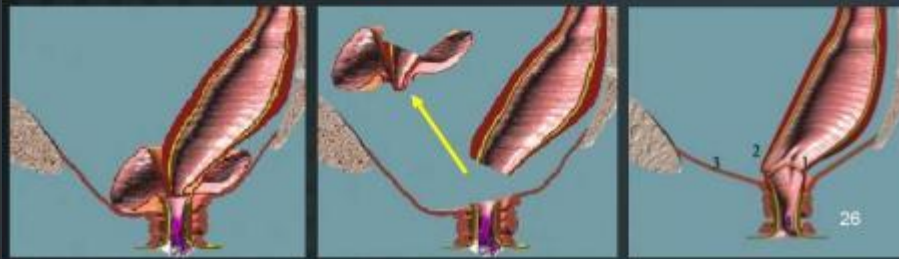
Polypropylene I



## TRANSANAL APPROACH

### STARR Procedure (Stapler Transanal Rectal Resection)

RECTOCELE *DeLancey II*



## KẾT QUẢ LÂU DÀI

### Results in the long-term course after stapled transanal rectal resection (STARR)

Katrin Köhler • Sigmund Stelzner • Gunter Hellmich •  
Dirk Lehmann • Thomas Jackisch •  
Bernhard Fankhänel • Helmut Witzigmann

Langenbecks Arch Surg 11 January 2012

**Conclusion** Our study indicates that STARR is a safe procedure. A significant improvement of symptoms is to be expected, but this improvement may deteriorate with time. Patients' satisfaction is also associated with the occurrence of urge to defecate or incontinence. It remains difficult to predict outcome

### StarrOne: transanal rectal resection using only one circular stapler

Indirizzo per la corrispondenza:

Dott. Nando Gallese  
Via Martin Luther King snc - 09037 San Gavino Monreale (VS)  
Tel.: 340-7397302 - Fax: 070-9339566  
E-mail: info@nandogallese.com

Osp Ital Chir - Aprile-Giugno 2011

Based on his experience, the author concludes that the STARR double-stapling technique will be superseded by StarrOne given that, although only preliminary data is available, the latter technique has the same objectives and obtains the same results as the former with greater ease and 50% lower costs thanks to only one stapler being needed. However TRANSTAR is still a valid proce-



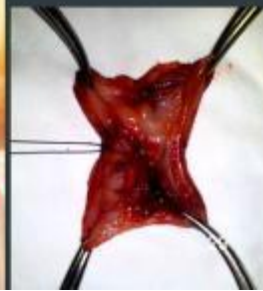
**StarrOne**



## Modified STARR procedure (1)

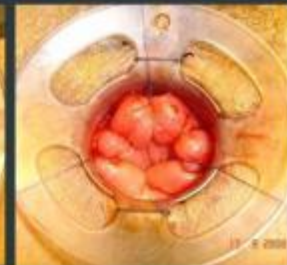


**Starr One**



## Modified STARR procedure (2)

- ❑ Obliterative suture (Anterior rectal wall)
- ❑ Rectal mucosal Plication (Post. rectal wall)



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## Levator tunnel repairs

(CONJOINTED LONGITUDINALIS M.)?



**Lông trong TTHM**



**Trĩ vòng**

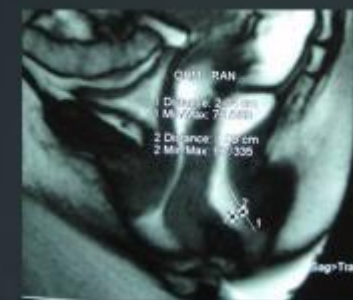
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## KẾT QUẢ PHẪU THUẬT (1)

NGUYỄN - THỊ - KIM - PH. 42T (PARA : 2002)



**Trước mổ**  
(26.8.2010)



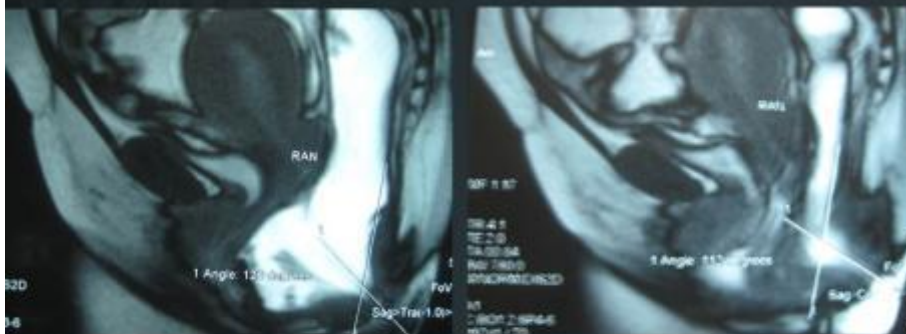
**Sau mổ**  
(28.10.2010)

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## KẾT QUẢ PHẪU THUẬT (2)

NGUYỄN - KIM - X. 46T (PARA: 3003)



Trước mổ  
(23.6.2010)

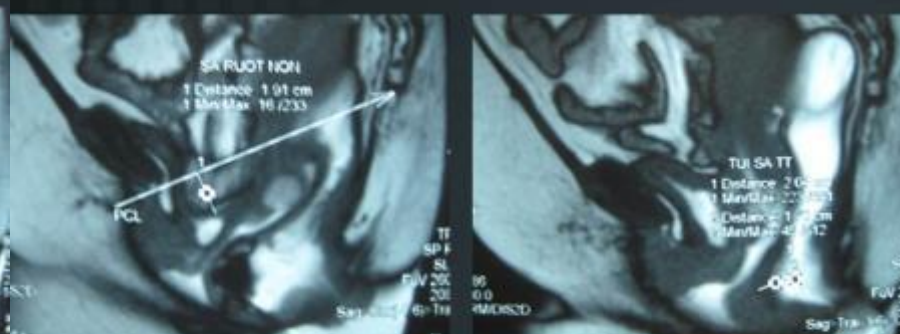


Sau mổ  
(30.7.2010)

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## KẾT QUẢ PHẪU THUẬT (3)

NGÔ - THỊ - H. 44T (PARA: 3003)



Trước mổ  
(23.2.2010)



Sau mổ  
(12.4.2010)

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*Cám ơn!*

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