Trans-Perineal Pudendal Nerve Decompression

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(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

<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Anal Incontinence</th>
<th>Stress Incontinence</th>
<th>Urge Incontinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>11</td>
<td>5</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>Follow-up (months)</td>
<td>26</td>
<td>60 (1 with 120)</td>
<td>51 (1 with 120)</td>
<td>16</td>
</tr>
<tr>
<td>Cured</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Improved</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Unchanged</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Increased</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Unknown With</th>
<th>Stress Incontin.</th>
<th>Urge Incontin.</th>
<th>Anal Incontin</th>
<th>Dyschesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Op</td>
<td>32</td>
<td>23</td>
<td>41</td>
<td>28</td>
</tr>
<tr>
<td>Post OP</td>
<td>5</td>
<td>4</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Failures</td>
<td>16%</td>
<td>57%</td>
<td>20%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Case Report:
BEL. M.C., 51 years, previous 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:

- 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.