

FUNCTIONAL OUTCOME FOLLOWING LAPAROSCOPIC VVF REPAIR IN COMPARISON WITH VAGINAL REPAIR

Hypothesis / aims of study:

Historically, Vesicovaginal fistulas (VVF) have been repaired through either an abdominal incision or by vaginal approaches. Both the approaches have published success rates of 85-90%. A vaginal approach offers equal rates of cure without the associated morbidity of an abdominal incision. Surgeons using laparoscopic approach claim several advantages of laparoscopic repair such as shorter hospital stay, more rapid postoperative recovery; and better cosmetic results than the traditional abdominal approach. Laparoscopy allows an excellent view and good exposure of pelvic structures and provides quick and direct access to the fistula, and relatively simple fistula resection. We took up this study to assess the functional outcome of laparoscopic VVF repair in comparison with vaginal repair for a solitary supratrigonal uncomplicated VVF .

Study design, materials and methods

During the study period Jan 2008 to Dec 2010, 23 women with solitary, supratrigonal uncomplicated VVF, were randomized to undergo either laparoscopic VVF repair (12) or vaginal repair of VVF (11). Preoperative demographics and fistula characteristics were gathered. Intra-operative data included use of tissue flaps, blood loss, operating room time and type of anaesthesia. Post-operative data included time to discharge, successful repair and post-operative urinary or sexual dysfunction.

Results

All the 23 patients (100%) had VVF following a hysterectomy and no subjects had a history of radiation . 73.9% (17) of the fistulae measured 10 mm or less and the remaining 26.1% (6) were more than 10 mm in diameter . The operating room time was significantly shorter in the subjects undergoing vaginal repair. Blood loss was similar in both the groups and none of the subjects needed either intra/post-operative blood transfusions.

Interpretation of results

Hospital stay was shorter in the laparoscopic group and so was the post-operative recovery. Post-operatively, 100% of subjects were evaluated at 2 weeks when the perurethral catheter was removed. All subjects were cured of their fistulae. At 3 months post-operatively, none of the 12 subjects undergoing laparoscopic repair had urinary symptoms and 10/12 had resumed sexual intercourse, in comparison 2/11 subjects undergoing vaginal repair had urinary symptoms and only 3/11 had resumed sexual intercourse.

Concluding message

Laparoscopic repair of VVF is associated with minimal morbidity and functional outcome is more rapid in comparison with vaginal repair.

<i>Specify source of funding or grant</i>	Nil
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	IEC, KLES Hospital
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes