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USE OF RECTUS ABDOMINIS MUSCLE FLAP IN THE TREATMENT OF COMPLEX AND REFRACTORY FEMALE URETHROVAGINAL FISTULA

Aims of Study: Urethrovaginal fistulae (UVF) are commonly repaired transvaginally with the aid of local tissue flaps such as the Martius labial fat-pad graft. While this is ideal, if the Martius flap fails and the UVF persists, subsequent treatment options are limited. We herein describe the use of a pedicled rectus abdominis muscle flap in the repair of complex and refractory UVF.

Methods: Six adult women with a mean age of 53 years (range, 41-62) were referred to our continence center with complex and refractory UVF. The mean number of prior attempted repairs was 1.3 and all had failed at least one Martius flap. All patients underwent transvaginal UVF closure in 3 layers followed by a pedicled rectus abdominis muscle flap (performed retropubically) between the fistula and the vaginal mucosa. The muscle flap was based on the inferior epigastric vessels and provided additional support to the urethra, bladder neck, and bladder base.

Results: All 6 patients underwent successful UVF repair and rectus abdominis muscle flap. No patient suffered fistula recurrence and 5 of the 6 (83%) are continent and able to void to completion with a mean follow-up of 23 months (range, 2-66). One patient continues to suffer from urinary urge incontinence in the absence of fistula or urinary retention.

Conclusions: The rectus abdominis muscle flap is a useful adjunct in the successful repair of complex and refractory UVF. It can be used with confidence to provide outstanding support to the bladder neck and proximal urethra for those who have failed repair with a Martius flap, with the added advantage of providing superior tissue interposition and vascular ingrowth. The surgeon familiar with its use will be able to apply the rectus abdominis muscle flap to other areas of pelvic surgery and broaden the scope of urologic reconstruction.