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Title: SEVERE URINARY INCONTINENCE FOLLOWING DELAYED PRIMARY CLOSURE OF GENITOURINARY FISTULA IN THE DEVELOPING WORLD.

Aims of study:

To evaluate the clinical and urodynamic findings in women with severe urinary incontinence following delayed primary fistula closure in the developing world.

Methods:

57 women with severe urinary incontinence following fistula closure were recruited from a Fistula Hospital in the developing world. Case notes were reviewed for each patient to identify risk factors for injury and information regarding the site, size and location of the fistula prior to repair. At follow-up clinical and urodynamic assessment were performed to evaluate bladder neck mobility, vaginal scarring, the integrity of the fistula repair and ongoing incontinence symptoms.

Results:

 The mean age was 26 years (range 15-52), 55(96%) women presented following childbirth and 2(4%) after female genital mutilation. 25(44%) women had a midvaginal, 10(17%) juxta-cervical and 22(39%) a distal urethral fistula. 21(37%) had a combined recto-vaginal and vesicovaginal (VVF) fistula. The mean fistula diameter was 4cm (range 1-7). At follow-up 56(98%) had an intact fistula repair and one woman had an unrecognised VVF at the vault. At urodynamics 50(88%) had stress incontinence, 36(63%) bladder hypersensitivity (HSB), 28(49%) detrusor instability (DI), 7(12%) voiding dysfunction and 26(46%) poor bladder compliance. A significant association was demonstrated between fistula size and the presence of DI ($p=0.02$), HSB ($p=0.02$) and reduced bladder capacity ($p=0.05$) following repair.

Conclusion:

Persistent severe urinary incontinence is a common problem following fistula repair in the developing world. This is the first study to report combined clinical and urodynamic findings in these women. The size of the fistula is a significant risk factor for sensory urgency, urge incontinence and reduced bladder capacity following repair.