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**Title:** Stress urinary incontinence following delayed primary closure of genitourinary fistula - A new technique for surgical management.

**Aims of study:**

To evaluate the pathoanatomy of severe incontinence following fistula closure and assess a new surgical technique to correct this problem.

**Methods:**

Twenty-two women with severe urinary incontinence following fistula closure were recruited and clinical and urodynamic assessment performed. A new technique combining retropubic urethrolysis, pubovaginal sling and omental graft was performed in women with genuine stress incontinence (GSI) and continence outcome assessed at 4 weeks and 14 months.

**Results:**

At urodynamics 9(41%) had severe GSI with normal compliance, 3(14%) GSI and poor compliance, 9(41%) GSI and detrusor instability and 1(4%) voiding dysfunction with overflow incontinence. 9(41%) with pure GSI underwent continence surgery. Continence outcomes were 78% at 4 weeks and 67% at 14 months.

**Conclusion:**

The pathoanatomy of GSI following fistula surgery is complex. The surgical technique described is promising with low morbidity and improved continence rates at 4 weeks and 14 months compared to previous techniques.