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LAPAROSCOPIC APPROACH TO VESICOVAGINAL FISTULA :OUR EXPERIENCE

Hypothesis / aims of study
Most Vesicovaginal fistulas in the industrialized world are iatrogenic , Though they may also result from congenital anomalies , malignant disease , inflammation and infection , radiation therapy , iatrogenic (surgical) or external tissue trauma , ischemia , parturition and a variety of other processes . Vesicovaginal fistulas (VVF) represent , by far , the most common type of acquired fistula of the urinary tract. The goal of treatment of these fistulas is the rapid cessation of urine leakage with return of normal and complete urinary and genital function .We report our experience with laparoscopic management of Vesicovaginal fistulas.

Study design, materials and methods
Female patients presenting with iatrogenic Vesicovaginal fistula formed the study group . A detailed history and physical examination was carried out. Imaging included intravenous urogram , cystogram , computerised tomography , MR imaging and retrograde ureterogram as felt necessary . Surgical repair of Vesicovaginal fistula was carried out through a laparoscopic approach .

Results
24 women presented with VVF, Of these 19 underwent laparoscopic transperitoneal repair , whereas 5 underwent laparoscopic transvesicoscopic repair . The intraoperative blood loss was minimal (< 100 ml) and no major perioperative complications were noted .

Interpretation of results
Minimally invasive approaches to repair vesico-vaginal fistulas are feasible , safe and associated with minimal blood loss , hospital stay and morbidity .

Concluding message
The presenting symptoms and signs of urogynecologic fistulas are variable and depend to a large degree on the size of the fistula . The goal of treatment of vesico-vaginal fistulas (VVF) is the rapid cessation of urine leakage with return of normal and complete urinary and genital function . Minimally invasive approaches to repair of these Vesicovaginal fistulas would be ideal . Laparoscopic approaches are feasible , safe and are associated with minimal morbidity , blood loss and hospital stay.

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What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**KLES Kidney Foundation Ethical Committee**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**