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URO-VAGINAL FISTULAE IN UROLOGIC PRACTICE

Hypothesis / aims of study

Presentation of our experience in surgical management of difficult uro-vaginal fistulae using the transabdominal approach ocassionally combined with vaginal approach.

Study design, materials and methods

52 patients with uro-vaginal fistulae were operated upon during the period from 1995 to 2008 in Kasr Al Aini hospital, Cairo university. Their ages ranged between 21 and 57 years. Our series included 41 cases of vesicovaginal fistulae,7 cases of ureterovaginal fistulae and 4 cases of vesicourethrovaginal fistulae.39 cases were fresh,9 cases had been repaired once and 4 cases had been repaired twice before.48 cases were repaired through the trans abdominal apprroach,4 cases needed vaginal approach inaddition. Uretero-neocystostomy was performed in these 4 cases, bilateral in 2 and unilateral in the others.

Results

Successful surgical repair was achieved in 42 patients (80.8%). 8 patients (15.4%) developed stress incontinence. 2 patients (3.8%) required a redo operation after 3-8 months.

Interpretation of results

Results obtained were considered very satisfactory. Light is thrown on important points. The position of the patient during operation, the lateral approach of the aside line fistula above the ureteric orifice, the traction on the uterus if present and/or a finger inserted into the vagina will facilitate the dissection of the fistula, the care of reconstruction of the cervix in big obstetric fistulae involving it to avoid menuria, the reinforcement of the suture line by a peritoneal tongue. The use of a simple urethral catheter instead of the foley catheter to avoid the irritation and pressure of its bag. Complete urinary diversion by 2 ureteric stents , a supra pubic catheter and a urethral catheter is mandatory to provide a dry bladder and diminish urinary leakage. Lastly drainage of the area of repair is also mandatory to avoid collection and infection.

Concluding message

Transabdominal repair with occasional combined vaginal approach is still our gold standard technique in dealing with difficult uro-vaginal fistulae.

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Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Ethics Committee of urology department ,Cairo university**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**