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# MODIFIED O'CONNOR'S TECHNIQUE WITH USE OF ROTATIONAL BLADDER FLAP FOR THE REPAIR OF LARGE VESICOVAGINAL FISTULA – OUR EXPERIENCE

#### Hypothesis / aims of study

To describe our experience of treating women with large, vesico-vaginal fistula (VVF) involving trigone and supra-trigonal areas using the rotational bladder flap technique (modified O'Conner).

### Study design, materials and methods

In last 8 years, 14 women (age 30 to 56 years) having post-hysterectomy large (3 to 4.2 cm diameter) fistula involving both trigonal and supratrigonal areas were operated transabdominally. The bladder was opened along the sagittal plane near dome and further a bladder flap was fashioned such to fill the fistulous defect completely without tension. The fistula margins of the bladder and vagina were dissected. Then, the vaginal defect was closed; followed by closure of bladder defect by using rotational flap and finally an omental flap was interposed and fixed between the vagina and bladder. Two women required ureteric reimplant. Operative time was 70 to 110 minutes (mean, 95 minutes). No patient required blood transfusion. The catheters were removed in 3-weeks time. Post-operatively, the patients were followed after 3 months and then at 6-monthly interval for 1-year.

#### Results

Fistula closure was successful in all 14 patients. Postoperative period was uneventful. At 3-months, 8 women complained of frequency of micturition while 2 had urgency. At 9 months, only 2 women had mild frequency.

## Interpretation of results

The results of complex VVF are not 100%. The common cause of failure is tension at the suture line. With our modification, large fistulas could be repaired.

# Concluding message

Modified O'Connor's technique with rotational bladder flap is safe and effective for the repair of large fistulas involving the trigonal and supratrigonal areas which always require tension-free repair.

# **Disclosures**

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