

SYSTEMATIC EVALUATION OF VOIDING DYSFUNCTION AFTER VESICOVAGINAL FISTULA REPAIR USING AMERICAN UROLOGICAL ASSOCIATION SYMPTOM SCORE

Hypothesis / aims of study

To assess voiding dysfunction after vesicovaginal fistula (vvf) repair using American urological association symptom score

Study design, materials and methods

25 patients who underwent successful vvf repair and willing to participate in the study were enrolled. All women were evaluated for demographic profile, fistula characteristics and treatment related factors. We used interposition flaps in all patients. Patients were followed at least 3 months after surgery and assessed for lower urinary tract symptoms using AUA symptom score. Statistical analysis of patient, fistula, and treatment related factors was done in post-operative period to know the factors predicting development of lower urinary tract symptoms (LUTS), if any.

Results

Mean age of women was 29.13 years. Mean fistula diameter was 1.63cm. Nine women had supratrigonal fistulae due to gynecological causes and 16 had trigonal fistulae due to obstetric causes. Seventeen women underwent transvaginal repair with martius flap interposition and 8 women underwent transabdominal repair using omental/peritoneal flap. Ureteric reimplantation was not required in any of the woman. At mean post-operative follow up of 5.83 ± 2.37 months, 21 women had voiding dysfunction. Nine women had moderate to severe LUTS (AUA score ≥ 8); rest 12 had mild LUTS (AUA score < 8). Out of 21 women 14 had predominantly storage LUTS, 6 had predominantly voiding LUTS and 1 patient had genuine stress urinary incontinence. On univariate analysis patient, fistula, and treatment related factors were not found to be significantly predicting the voiding dysfunction.

Interpretation of results

Systematic evaluation of voiding dysfunction after successful vvf repair is lacking. We tried to fill this gap in the literature by doing systematic evaluation using standardized tool i.e AUA symptom score.

Concluding message

Our study suggest that at short term follow up, most of the women have voiding dysfunction after successful vesicovaginal fistula repair with storage LUTS being more common than obstructive LUTS. Prospective trials involving more patients and with longer follow up will probably explain clinical significance of voiding dysfunction in early post-operative period and need for follow up of these women.

Disclosures

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