LONG-TERM OUTCOMES FOLLOWING NON-RADIATED URETHROVAGINAL FISTULA REPAIR.

Hypothesis / aims of study

Urethro-vaginal fistula (UVF) is a rare condition and long-term results are lacking in the literature. We reviewed our UVF experience with an emphasis on long-term functional outcomes data.

Study design, materials and methods

Following IRB approval, the charts of women who underwent transvaginal UVF repair with minimum 6 months follow-up were reviewed. Exclusion included radiated fistulae. Extracted data included demographics, etiology, prior repairs, surgical repair procedure, secondary interventions, and functional outcomes. Surgical outcomes were assessed by validated questionnaires; Urogenital distress inventory (UDI-6), Impact on Incontinence questionnaire (IIQ-7), Female sexual function index (FSFI) and Visual analogue scale for QoL. Two groups were compared: (1) synthetic sling related versus (2) non-sling related UVF. Some women not seen for a while were contacted by phone and underwent a structured interview. Descriptive statistics were applied with p< 0.05 for significance

Results

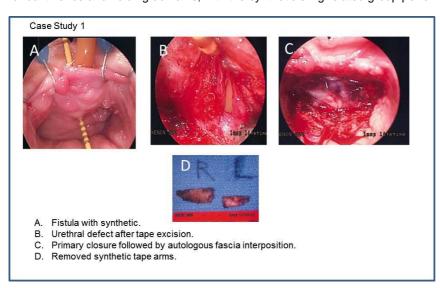
From 1996 to 2013, 18 patients underwent UVF repair with mean age of 46 years (range 20-66), BMI 29 (range 21-42) and mean follow-up at 51 months (range 6 -164). Overall repair success rate was 95%. One case of recurrence was in a renal transplant woman on immunosuppression who eventually required a cystectomy and ileal conduit. Size of UVF defect ranged from 1 mm (case 1) to larger defects up to 2 cm (case 2). Prior failed UVF repair was recorded in 11 patients (61%). Prior procedures in group 2 included urethral diverticulum repair in 2, pelvic trauma, injectable agent, bladder neck suspension, Renessa™ therapy. Fifteen women underwent primary closure using loupe magnification, and an autologous pubovaginal sling for tissue interposition as well as for continence repair. Three patients underwent primary repair only and 2 underwent an additional Martius labial fat pad graft. Not surprisingly, Group 1 numbers increased over the past 10 years. As shown in Table 1, there was no statistical difference on UDI-6 questionnaire outcomes between the two groups among responders for Q2 (UUI) and Q3 (SUI); but there was a statistical difference for Q4 small leak; 1.9 vs. 0.8 (p=0.03) and Q5 difficulty emptying; 1.3 vs. 0 (p=0.02). No differences in IIQ-7 were noted between the 2 groups (p=0.14). Of the 18 patients, 4 remained sexually active and of those, 2 responded to FSFI (50%) with low scores.

Interpretation of results

This large series of non-radiated UVF indicates a satisfactory outcome in UVF closure repair, but underscores residual changes in continence and voiding domains over time in a subset of women. Sexual function could not be fully explored due to the few women who have remained sexually active in this group.

Concluding message

Despite a high cure rate in closing UVF, long-term follow up at 4-5 years indicated some differences in lower urinary tract outcomes for continence and voiding domains, with the synthetic sling related group performing worse.



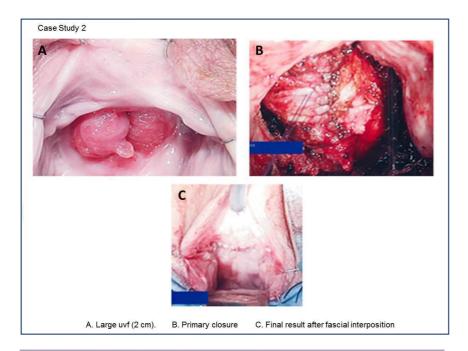


Table 1: Outcomes following	g Urethrovaginal Fistula	(UVF) repair		
		UVF repair		
	Sling (n=9)/SD	Non sling (n=9)/SD	Total (n=18)/SD	p-value
Anatomical closure (%)	9 (100)	8 (89)	17 (95)	
UDI-6 (%)	8 (89)	4 (44)	12 (67)	
Q1. Frequency	1.4 (1.2)	0.5 (1)	1.1 (1.2)	0.24
Q2. Urge Leak	1.8 (1)	0.8 (1)	1.4(1)	0.1
Q3. Stress Leak	1.3 (1.3)	0.5 (0.6)	1 (1.1)	0.3
Q4. Small Leak	1.9(1)	0.8 (0.5)	1.5 (1)	0.03
Q5. Emptying difficulty	1.3(1.2)	0 (0)	0.8 (1.1)	0.02
Q6. Pain	0.9 (1.4)	0.3 (0.5)	0.7 (1.1)	0.4
Total	7.4(5.4)	4.5 (2.1)	6.8 (5)	0.5
IIQ-7	7.7 (11)	1 (1)	5.7 (9.2)	0.14
Visual Analog Scale	4.8 (4)	1.5 (0.6)	3.7 (3.6)	0.05
Sexual Activity				
No (%) Unknown (%)			10 (66) 4(22)	
Yes (%)	2 (22)	-	4(22)	

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