Introduction
The incidence of fistulas between an orthotopic reservoir and the intestinal tract is about 1.5-2%. The most common symptom is fecaluria or pneumaturia. The etiology is multifactorial, being preoperative radiotherapy the main risk factor. Other causes include diabetes, poor reservoir irrigation, presence of tension in anastomosis, nutritional deficiency, or reservoir distention due to obstruction of an urethral catheter.

Design
We report a case of neobladder-rectal fistula that developed as an early postoperative complication of radical cystoprostatectomy and orthotopic VIP (Padovana) neobladder construction procedures. A 59 year-old man underwent a radical cystectomy and orthotopic neobladder construction using VIP (Padovana) technique for locally invasive bladder cancer (cT2N0M0). The patient started on postoperative day 8 with pneumaturia and brown discharge in one urethral catheter. A CT scan with double contrast was performed and the patient was diagnosed with a neobladder-rectal fistula.

Results
At postoperative day 20, VCC showed solution of continuity of 2cm in medium rectum. Then an OTSC (Over the Scope Clip) clip was inserted. A proof with methylene blue by the foley urethral catheter was made and no leaks were evidenced. Three months later, the patient refered an episode of pneumaturia and fecaluria. A new VCC was performed and showed the persistance of a small orifice of 3mm. A new OTSC clip was inserted after removal of dead tissue with argon plasma. There were no leaks in the blue methylene proof. In the 6 month follow-up, patient remains asymptomatic.

Conclusion
The OTSC system consists of a clip of nitinol that can trap a large amount of tissue and compress the lesion, thus stimulating healing. Information from animal studies and initial clinical use, support the efficacy of OTSC in the treatment of digestive hemorrhage and postoperative colorectal fistulas. The endoscopic treatment with OTSC clips is a minimally invasive option in the treatment of neovesico-rectal fistulas, achieving good results with low morbidity.

References

Disclosures
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