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Gon L[1], Campos C[1], Brazão E[1], Riccetto C[1], Palma P[1]
1. *UNICAMP*

TRANSABDOMINAL APPROACH TO VESICOVAGINAL FISTULA: VESICAL AUTOPLASTY (GIL-VERNET TECHNIQUE)

Introduction

Vesicovaginal fistula (VVF) is the most common acquired genitourinary fistula. Fortunately, it is a rare complication related to gynecologic and obstetric surgeries, which may also be associated to malignancies or pelvic radiation. Treatment of this complication may be done through a transvaginal or transabdominal approach (open or laparoscopic). It depends on many fistulas particularities such as location, previous failed repairs and need of additional procedures (ureteral reimpl antation). The aim of this video is to highlight the technique of vesical autoplasty with Y-V flap, proposed by Gil-Vernet.

Design

A 31 year-old female presented to our institution with continuous urinary incontinence just after cesarean delivery. Vesicovaginal fistula was confirmed with physical examination and methylene blue bladder instillation. Concomitant ureterovaginal fistula was excluded with CT. She was first treated in another institution with two unsuccessful vaginal procedures, last one using a fibro fatty Martius flap. The patient was prepared and draped in a modified lithotomy position. A cystoscopy was performed, identifying bilateral ureteral meatus and an infratrigonal fistula orifice. A Pfannenstiel incision was made and a vertical cistostomy was performed over the anterior bladder wall. Good exposure was provided by Gosset retractor and repair stitches, ensuring catheterization of ureters and fistula tract. A Y-shaped incision was drawn using methylene blue. Then, a full-thickness bladder incision was made with scalpel, releasing bladder from anterior vaginal wall. Scar tissue was removed and vaginal wall closed transversally using interrupted sutures. A V-shaped flap was advanced towards bladder neck and closed in two layers with absorbable watertight sutures. Ureteral catheters were removed and urethral catheter was inserted. Finally, anterior bladder wall was closed in two layers and space of Retzius was drained.

Results

Patient was discharged home 2 days after surgery. Urethral catheter was maintained for 21 days. After 6 months, patient is totally satisfied with the procedure, with no urinary leakage and sexually active.

Conclusion

Vesicovaginal fistulas are frequently challenging and may require different techniques for each patient. Vesical autoplasty is a feasible and safe alternative procedure, reaching high-resolution rates and patient satisfaction, even after several previous vaginal approaches.

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