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## **TRANSVAGINAL VESICOVAGINAL FISTULA REPAIR WITH VAGINAL FLAP**

### Introduction

A 46 years old woman presented with urinary leakage after total abdominal hysterectomy. Two months after surgery she had urinary leakage and initially managed with urethral catheterization, which was failed. In her previous history there was no comorbidity and radiation treatment. The physical exam revealed urine leakage in vagina and fistula opening in vagina. The computerized tomography cystogram showed fistula between bladder and vagina. Cystoscopy was performed and 1 cm fistula at midline above trigone was observed. Fistula was not close to the ureteral orifices and ureteral injury was not detected by retrograde urethrography. The patient underwent transvaginal vesicovaginal fistula repair with vaginal flap.

### Design

This video presentation was prepared to show the details of the operation.

### Results

The patient was successfully treated with this surgery. No complications was occurred and postoperative course was uneventful. The patient was discharged the next day after surgery. After three weeks urethral catheter was removed. Three months after surgery there was no recurrence or any complaints such as sexual dysfunction and pain.

### Conclusion

Vesicovaginal fistula (VVF) represents a pathological communication between the urinary bladder and vagina. The most common cause of VVF is hysterectomy, while less common causes are obstetrical trauma and pelvic surgery. The main symptom of VVF is the involuntary leakage of urine from the vagina. Diagnosis of VVF is based on cystoscopy, vaginal examination, intravenous urography, or computed tomography. Cystoscopy is essential for preoperative assessment of the important characteristics of the fistula, such as the size, location, and margins of the fistula, and its proximity to the ureteral orifices and bladder neck. A simple VVF is usually small, far from the orifices and the urethra, and has vital tissue margins. The vaginal approach should be the method of choice for the majority of simple fistulas. This approach minimizes the operative complications, the hospital stay, the blood loss, and the pain following the procedure and still achieves success rates when compared with the abdominal approach (1). In the course of the transvaginal approach, various local flaps can be used: a labial fat tissue flap (Martius flap), labial skin flap, vaginal flap, bulbocavernosus muscle flap, and tubular gluteal skin graft.

### References

1. Stamatakos, M., et al., Vesicovaginal fistula: diagnosis and management. Indian J Surg, 2014. 76(2): p. 131-6.

### Disclosures

**Funding:** none **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** pamukkale university ethics committee **Helsinki:** Yes **Informed Consent:** Yes