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Title (type in
CAPITAL
LETTERS)TRANSVESICAL AND TRANSABDOMINAL REPAIR
OF A CERVICO-VAGINAL POST CESAREAN FISTULA

The cervico-vaginal fistula post Cesarean Section is a very rare entity of uro-genital fistulas. The urine leakage appears immediately after the removal of the bladder catheter and stops after its reinsertion. In spite of total integrity of the vaginal walls, the examiner is surprised by a urinary discharge in the vagina. However, some manipulations with the speculum could discover the leakage from the cervical canal. The problem comes with the valve like fistulas, where the manipulations with the speculum do not realize their opening. There is no change on the uterine morpho-topography, except eventual ante-position and decreased mobility, due to adhesions. The test with methylene-blue demonstrates the bluish discharge from the cervical canal. The cystoscopy discovers the lesion of the bladder wall and the hystero-graphy - passage of the contrast medium into the bladder.

The transabdominal, transperitoneal and transvesical route gives the best possibilities for correction of such a fistula, allowing also the best possibilities for preservation of the uterus.

The bladder is opened on a Beniquet's sound and its medial incision continues till the fistula's opening. The excision of the fistulas canal and the "dedoublement" of the vesical and cervical walls are performed. The opening of the uterine cervix is sutured in sagittal plane, but the vesical one, in transversal direction - transversal closure of the bladder wound does not dislocate the ureteral canals. After visualization of the urine elimination throughout the ureteral openings, the two layers sutures are performed on the bladder wall. In order to assure better healing, the vesico-uterine peritoneum is mobilized and interpolated between cervical and vesical sutures. Drainage of Retzius' space and closure of the operative wound.

The professional video tape lasts about 15 min, accompanied by English commentary.