

RESULTS OF SUPRATRIGONAL VESICO-VAGINAL FISTULA REPAIR BY O'CONNOR'S BLADDER BIPARTITION TECHNIQUE

Aims of Study

Vesicovaginal fistulas usually result from an iatrogenic event during gynecological surgery, obstetric injury or pelvic radiotherapy. Constitute a major problem with great impact in quality of life. The surgical treatment is the rule and represents a challenge in urogynecology. The failures are frequent and each new surgical tentative will be a more difficult procedure. Herein, we present the results of a series of patients submitted to the transabdominal procedure with bladder bipartition described by O'Connor.

Methods

A total of 18 consecutive patients with supra-trigonal vesico-vaginal fistulas following hysterectomy (14), after cesarean section (2), due to prolonged labor and use of forceps (1) and after external beam radiation therapy(1) were treated from February 1998 to June 2002. Eight out of them (44%) were failures submitted previously to at least one other type of surgical fistula repair elsewhere (1 procedure in 5 patients, 2 procedures in 2 patients and 5 in one). Our procedures were done 2 months to 15 years after the fistula diagnosis (median of 24 months). The surgical technique consisted of trans-abdominal bladder suprapubic incision with fistula identification, followed by the longitudinal incision of the cranial and posterior bladder wall toward the fistula orifice. The fistula orifice was adequately excised, the compromised tissue excised and the vagina and bladder sutured in separate layers after interposition of omentum graft. Cases with a meatus to close to the fistula orifice had a ureteral reimplantation. Indwelling catheter was left in place for 2 weeks.

Results

After a single procedure, the 18 fistulas were successfully corrected in 17 (94%). The failure was submitted to a second procedure five months later, by the same technique and them was cured. One patient remained with urinary stress incontinence, and was cured by a facial sling surgical procedure 4 moths later. None of the patients presented significant decrease of bladder capacity or major urinary complains as a result of the surgery.

Table 1 – Causes of fistula and results after the surgical procedure

Causes of fistula	Number of Patients	Cured after a single procedure	Cured after a second procedure
Hysterectomy	14	14	
Cesarean section	2	2	
Prolonged labor and forceps	1	1	
External radiation therapy	1	0	1

Conclusions

The O'Connor bladder bipartition technique represent an excellent way to treat successfully supra trigonal vesico-vaginal fistulas (100 % in our cases), even in multiple operated patients, and should be considered the gold standard procedure for these cases.