

SUPRATRIGONAL VESICO VAGINAL FISTULA

Aim

A review of women with supratrigonal fistula was done in order to identify the aetiology, appropriate surgery and surgical outcome.

Material and Methods.

A retrospective analysis of women who approached the department of female urology, Government Kasturba Gandhi Hospital for Women and Children for treatment of urinary fistula during the period of 1996 – 2002 was done.

There were 90 women with genito urinary fistula and 40 of them had supra trigonal fistula. Their age varied from 20-55 years [mean – 36.3].

Results

Out of the 40 cases, 20 (50%) women developed VVF following gynaecological surgeries [Group A] and the rest following obstetric cause [Group B]. In Group A i.e. the gynaecological surgery induced fistula group, 17 (85%) women developed fistula following abdominal hysterectomy. Vaginal hysterectomy was responsible for the development of fistula in one woman. Perforation due to IUCD and irradiation for cancer cervix was the reason in 1 each.

In Group B i.e.. the obstetric cause induced fistula 2 (10%) developed fistula following instrumental vaginal delivery. In the remaining 18 women, 8 (40%) developed fistula following surgery for rupture uterus and 10 (50%) following emergency LSCS.

Transabdominal approach was used in 36 (90%) women. Bladder Bivalving and repair with omental interposition was done in 33 cases. Ureteric reimplantation was combined in 3 women in this group. Vaginal route was used for repair of fistula in 4 (10%) women and Martius flap interposition was done in one. Successful repair of supratrigonal VVF was achieved in 1st attempt in 37(93%) cases. 1 woman was successfully repaired in the 2nd attempt. In 2(5%) women, the repair had failed and they did not report for follow up. Overall success rate was 38(95%).

Conclusion

Abdominal surgical procedures like hysterectomy and abdominal delivery i.e. caesarean section are more likely to result in high vesical injury and Supratrigonal VVF and such fistulae are more frequently encountered after abdominal hysterectomy compared to vaginal hysterectomy.

Supratrigonal fistulae are equally common following operative delivery as with gynaec surgery. Majority 36 (90%) could be repaired by abdominal route and vaginal repair was possible in 4 (10%). Supra trigonal fistulae carry good prognosis and 37 (93%) could be repaired successfully in the first attempt itself with an overall success of 38 (95%).