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Amaro J L [1], Kawano P R[1], Fugita O E[1], Yamamoto H[1], Jesus C M[1], Agostinho A D [1], Trindade Filho J C[1], Trindade J C[1]
1. Faculdade de Medicina - Universidade Estadual Paulista - UNESP

LAPAROSCOPIC REPAIR OF VESICOVAGINAL FISTULA

Synopsis of Video
The primary etiology of vesicovaginal fistula (VVF) in developed countries is surgical trauma associate with gynecologic procedure. Abdominal hysterectomy has been shown to be the most common cause, with VVF occurring in approximately 0.5 % of hysterectomies. Nezhat[1] first reported the laparoscopic approach in 1994. Various modifications to the procedure have been described in limited cases since then.

In this video, we present our laparoscopic VVF correction technique in a woman with two previous unsuccessful open surgery corrections, by abdominal approach. Initially we proceeded with a retrograde bilateral ureteral catheterization and with a guide wire across the VVF a 10 Fr Foley catheter was passed through the VVF. This maneuver was made to help identifying the fistula during laparoscopic approach.
After laparoscopic access and anterior incision of the bladder; the VVF was dissected around the Foley until a satisfactory plane was created between the bladder posterior wall and the vagina anterior wall. A 4-0 poliglactine 910 running sutures were applied in each wall. The bladder was distended with saline solution to confirm the patency of the sutures. A Foley catheter was left in place for 4 weeks. In a 6 month follow up we could notice a complete remission of the VVF. Laparoscopic approach has the advantage of providing vision and magnification of pelvic organs, allowing good structures manipulation and dissection. In our opinion, laparoscopic VVF repair is feasible and can provide a good outcome even in a multi-operated case.

1- Nezhat CH, Nezhat F, Nezhat C, Rottenberg H. Laparoscopic repair of a vesicovaginal fistula: a case report. Obstet Gynecol. 1994 May;83(5 Pt 2):899-901.