

REPAIR OF VESICOVAGINAL FISTULA, SINGLE CENTER EXPERIENCE OVER 23 YEARS

Hypothesis / aims of study

Our center has a longitudinal experience in repair of Vesicovaginal fistula (VVF) for more than 25 years. The cumulative data of 80 patients having this malady was studied, with the aim of defining the pattern of this disease in a tertiary care giver as well as studying the probable factors affecting the outcome of surgery.

Study design, materials and methods

Eighty women, with mean age of 35.8 ± 9 years. 40% of the fistula followed abdominal hysterectomy, 30% after Cesarean Section (CS), 15% after difficult vaginal delivery and 11.25% followed forceps delivery. 15 women (18.75%) had previous failed repair. Median duration of the fistula was 11.5 months.

Results

41 fistulas were high, 30 were low, 4 combined high and low and 5 were at the bladder neck. 9 cases had multiple openings on panendoscopy. Abdominal approach was resorted to in 54 cases, vaginal in 20 and a combined approach in 6. Median catheter duration was 14 ± 3.9 days. Ureteric stents were left in 59 cases. At a mean follow up of 33.02 ± 65.7 months, cure of fistula was achieved in 65 (81.25%) patients. Univariate analysis of parameters possibly affecting the success of surgery revealed the duration of fistula, surgical approach, previous repair and position of the fistula to be significant factors. Only previous intervention and surgical approach were maintained in multivariate analysis.

Interpretation of results

The duration of urinary diversion as well as proximal diversion ; using ureteric catheters did not affect the outcome of VVF repair.

Concluding message

Abdominal approach seems to give superior results, especially when multiple surgeons are involved. Previous failed repair has a significant negative effect. Earlier repair (less than 6 months) is better than delayed.