Hypothesis / aims of study
Vaginal route for the repair of low VVF is preferred. It carries the advantages of avoiding laparotomy together with an easier recovery and shorter hospital stay. However, failure can result from inadequate repair or lack of interposed tissues leading to recurrence.

Study design, materials and methods
A rectangular vaginal flap either proximal or distal to the site of the fistula is partly dissected. After the repair of the VVF and closure of fistulous track, the dissected vaginal flap is advanced to cover the site of the closed fistulous track. The vaginal incision is finally closed. This technique was performed in eight patients with VVF following difficult labor.

Results
This technique was successfully performed in all of the patients with VVF.

Interpretation of results
Successful treatment of SUI was an added benefit of the procedure in three of the patients.

Concluding message
The technique is simple, safe and effective. It only adds few minutes to the operative time but adds an added interposed layer of vaginal wall to the VVF repair.

Specify source of funding or grant  None
Is this a clinical trial?  Yes
Is this study registered in a public clinical trials registry?  No
What were the subjects in the study?  HUMAN
Was this study approved by an ethics committee?  Yes
Specify Name of Ethics Committee  Alexandria University ethical committee
Was the Declaration of Helsinki followed?  Yes
Was informed consent obtained from the patients?  Yes