TRANS-UMBILICAL LAPAROENDOSCOPIC SINGLE SITE SURGERY IN VESICO-VAGINAL FISTULA REPAIR.
FIRST EXPERIENCE

Introduction
Transumbilical Laparoscopic Single Site Surgery (U-LESS) has emerged as an attempt to further enhance cosmetic benefits and reduce morbidity of minimally invasive surgery. The objectives are to present the initial report of U-LESS during laparoscopic repair of a vesico-vaginal fistula.

Design
A woman 32 years old with a vesico-vaginal fistula underwent repair with U-LESS access. The patient had a big fistulous tract at the supratrigonal area after an open hysterectomy for miomas. An informed consent was obtained prior to the U-LESS. Technique: In this case, a single port access device was not used. A 4-cms skin trans-umbilical incision was made and the fascia below was dissected. At this point, 3 aponeurotic incisions with 1cm of distance between them were made; the first over the umbical scar for a 10mm trocar, and the other two in a lateral and caudal position for two 5mm-trocars each. 30 degree scope and laparoscopic flexible instruments were used. The steps of the technique were the same for the laparoscopic repair of a vesico-vaginal fistula (adhesionlysis, cystotomy over the fistulous tract, vaginotomy, dissection of the plane between the bladder and the vagina, tissue interposition, suture-repair of the bladder incision).

Results
The O.R. time was 305 min, blood loss was 550 cc. The patient underwent an open re-intervention one week after the surgery, because the output was high and the Blake drain left out. During the second surgery a 5mm non water-tied suture was seen at the bottom of bladder incision and it was repaired.

Concluding message
U-LESS for repair of vesico-vaginal fistula is feasible, but not an easy technique, it demands special skills and greater experience. Nevertheless, U-LESS is easier to perform in other non reconstructive procedures and without U-LESS access devices.