

Obstetrical vaginal fistula: surgical approach

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A stylized, layered mountain range graphic in shades of teal and blue, located in the bottom right corner of the slide.

Definition

- ◆ Tissue destruction secondary to the prolonged pressure of the head during obstructed labour (ischaemic laesion)
- ◆ Tissue laceration during instrumental delivery, Caesarian section or Caesarian hysterectomy

Problem

- ◆ Abandoned from their families
- ◆ Co-morbidity
 - Infections
 - Bladder stones
 - Infertility



Prevalence

- ◆ estimated : 2 mio women worldwide
- ◆ Africa, Asia, South America
 - Sub-saharan Africa:
2/1000 deliveries



Simple fistula

- Non-fibrotic tissue
- Easy to access



Complex fistula

- Fibrotic tissue
- Loss of tissue
- Urethral involvement
- Retracted bladder
- Aberrant tract
- Previous failed surgery

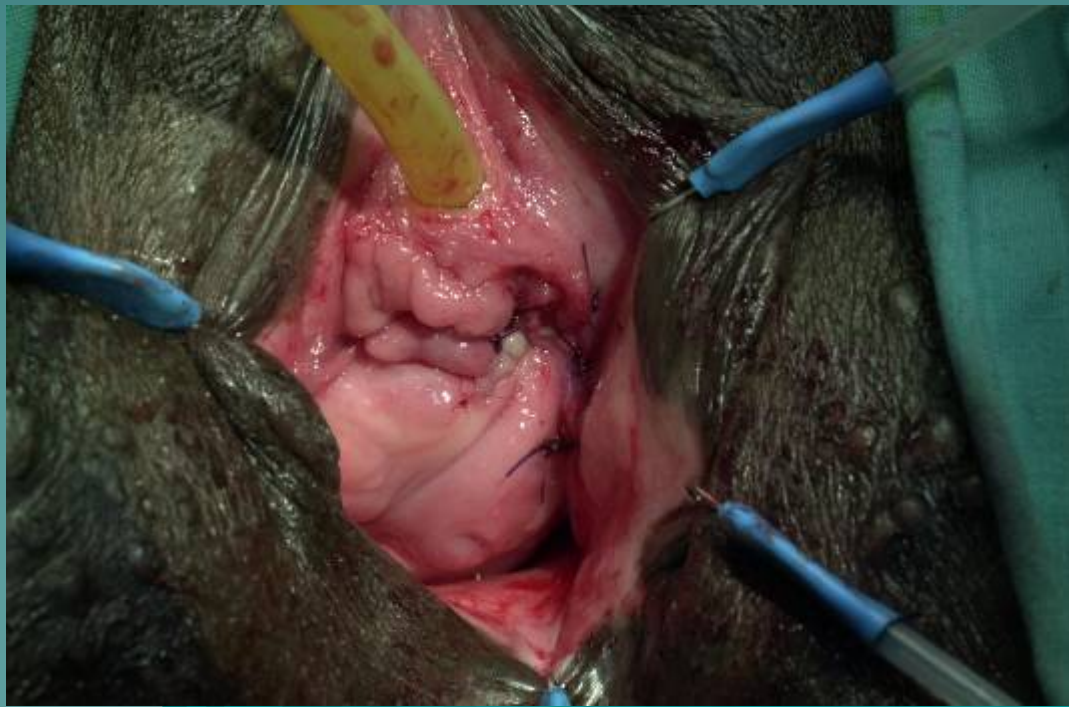
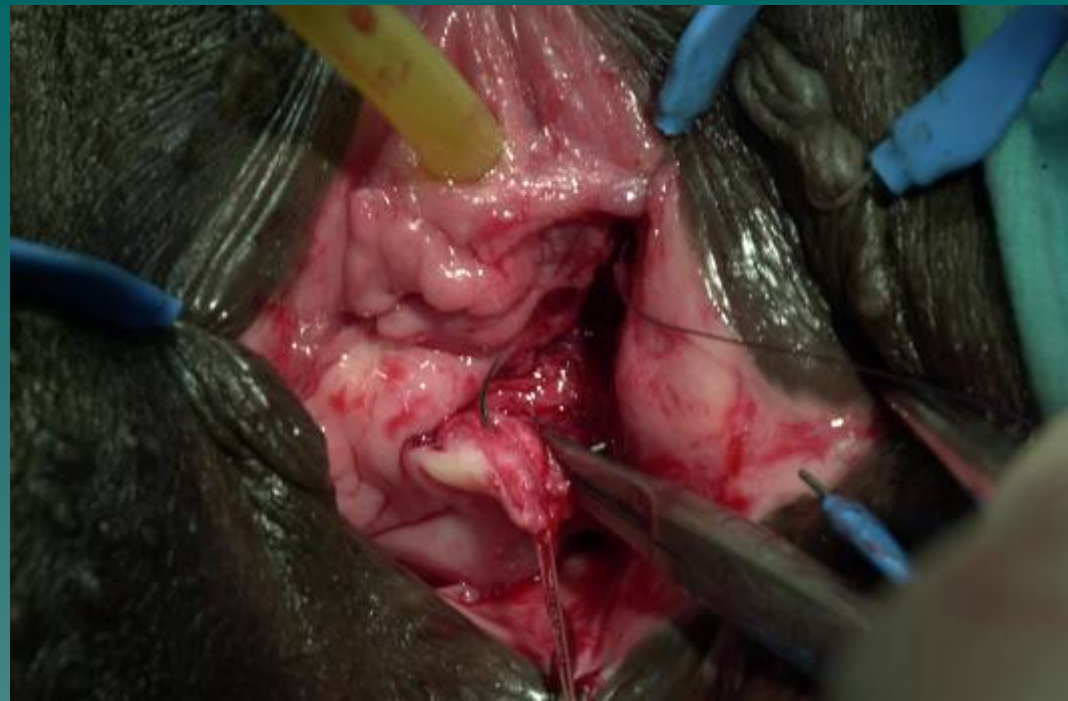


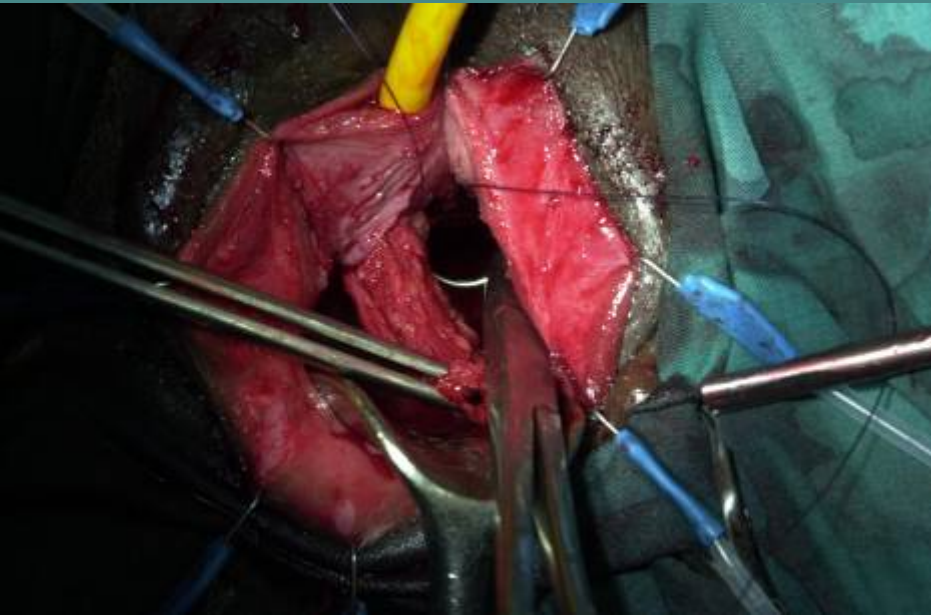
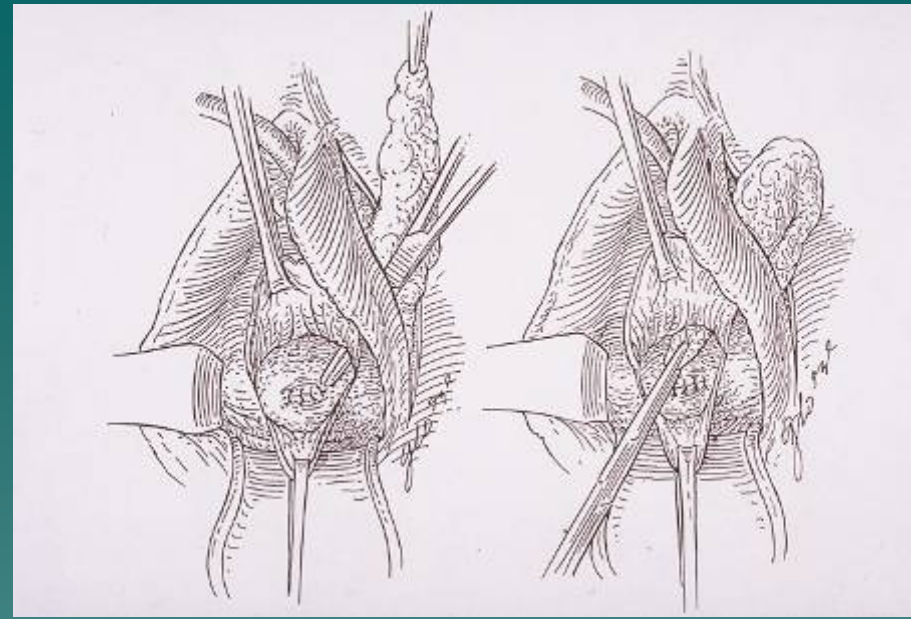
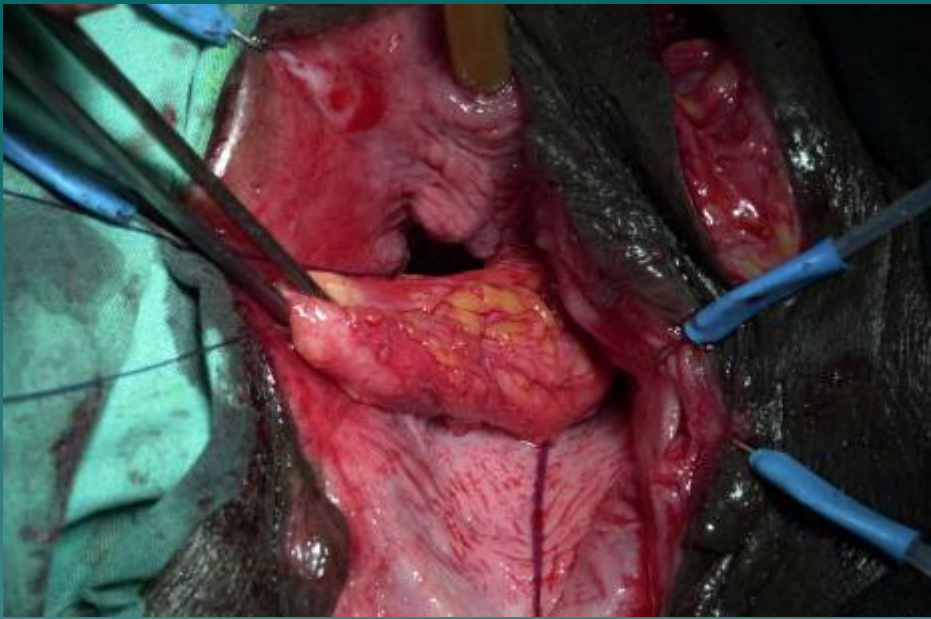
Surgical tips

- ◆ Extended Trendelenburg position
- ◆ Scott retractor
- ◆ Headlight
- ◆ Sharp scissors
- ◆ Suture material
 - ◆ Post op follow-up
 - ◆ Cave: obstructed catheter !

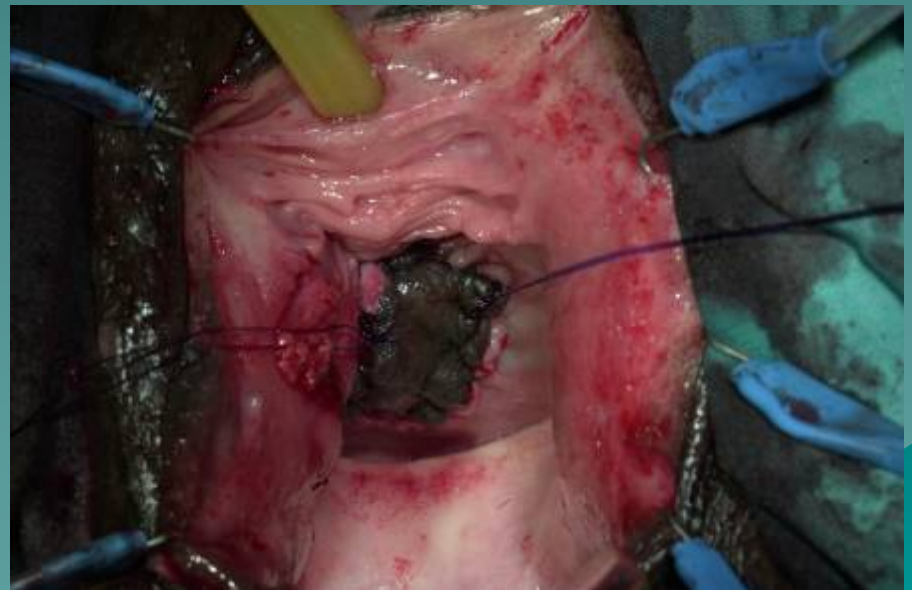
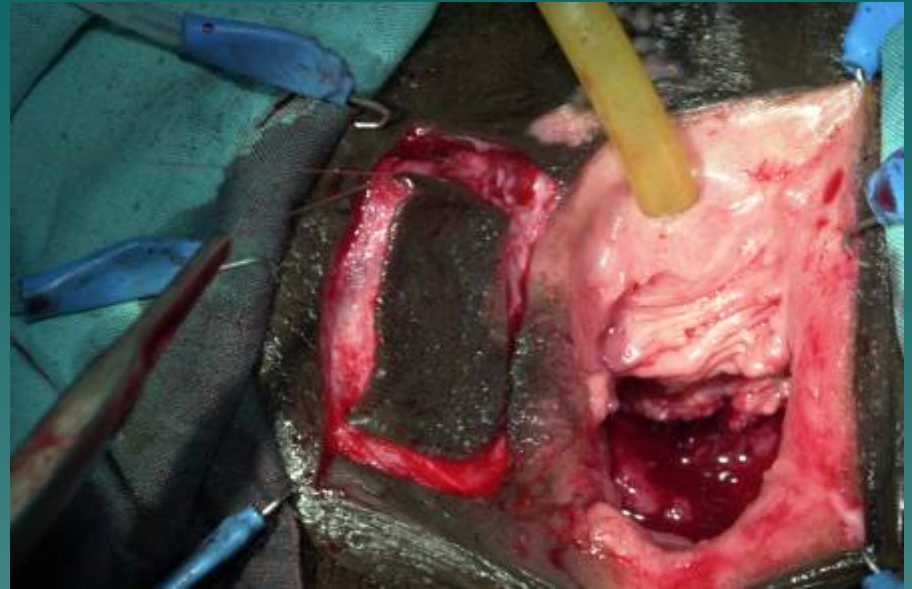


Simple closure

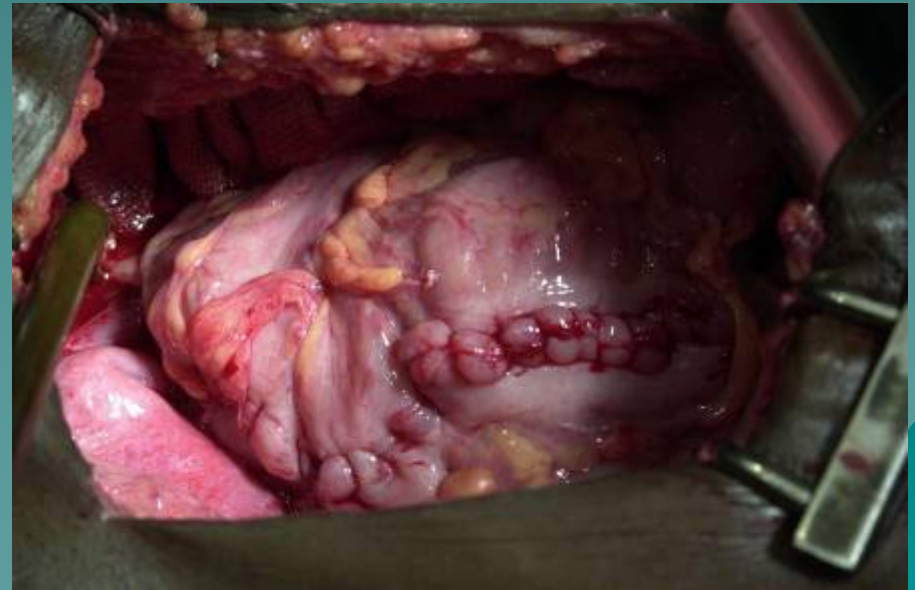
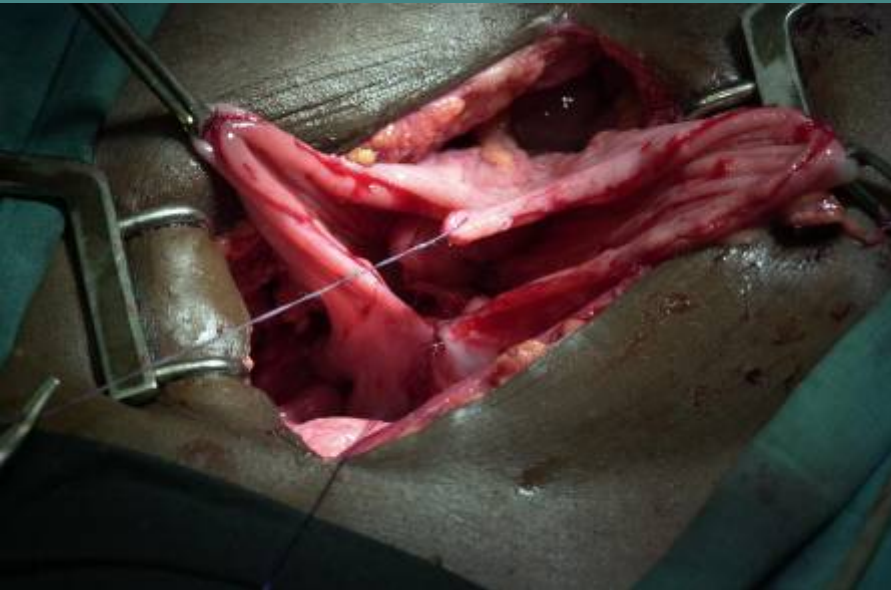
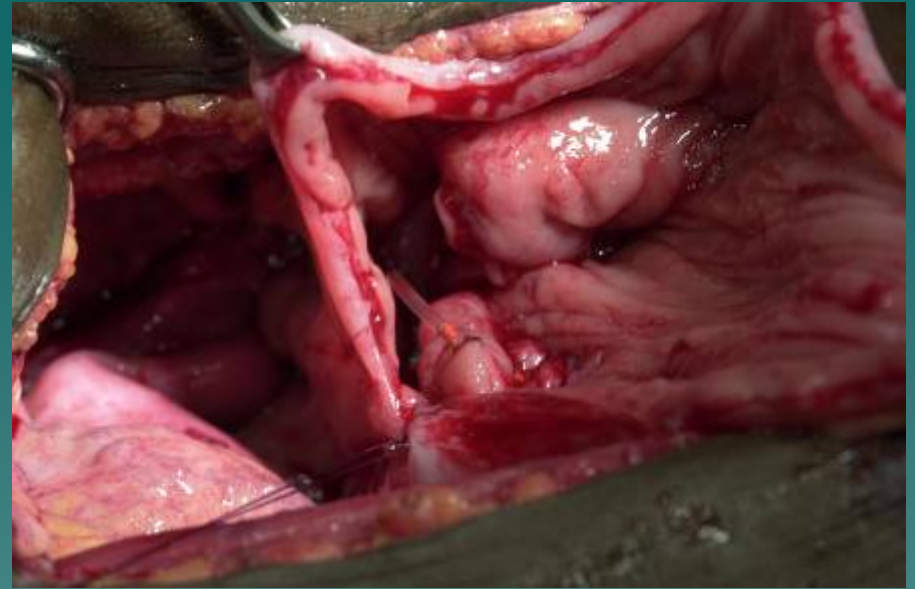




Martius Flap



Symmonds / Falandry



Mayence II

Tanguieta case series

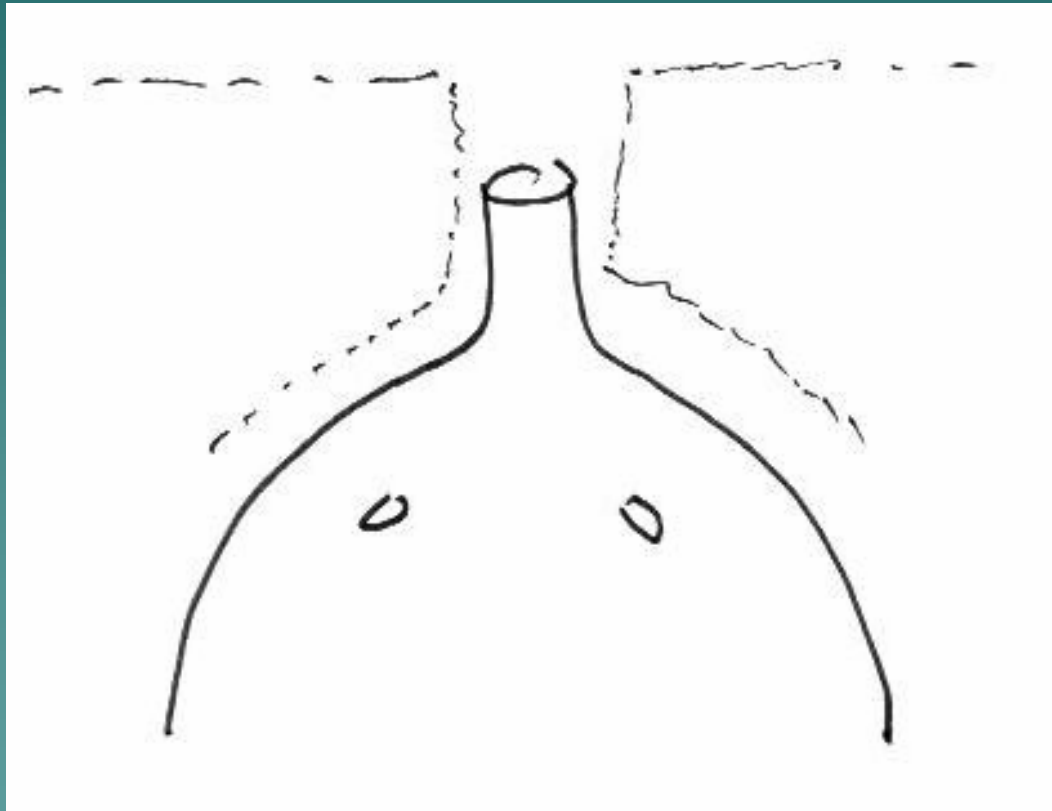
- ◆ Hospital northern Benin
- ◆ 10 urological missions since 1993
- ◆ Since 1996 specific visits for surgical fistula repair

- ◆ obstetrical fistulae
N = 132

Case series 1996 - 2003

Baseline data	n=132
Age y (median, range)	28.9 (15-63)
Parity n (median, range)	2.0 (1-11)
Duration y (median, range)	3.0 (0.1-20)
Previous attempt for fistula repair n (%)	42 (31.5)
Lost to follow-up n (%)	20 (15.03)

Case series 1996 - 2003 Localisation of vesicovaginal fistulae



Urethral
and/or
Trigonal

79%

Supra-
trigonal

21%

Case series 1996 – 2003

Surgical approach

- ◆ Vaginal 76%
 - ◆ Abdominal 18.6%
 - ◆ Combined 5.4%
-
- ◆ Urinary diversion 6 cases
 - ◆ Recto-vaginal fistulae 5 cases

Outcome of Vesico-vaginal fistula repair n=100

- ◆ Success rate 84%
- ◆ Stress incontinence 21%
- ◆ Complications 1 fatal peritonitis
- ◆ 3 reinterventions for secondary suture

Conclusions

- ◆ Majority can be treated by vaginal approach
- ◆ Martius flap preferable for urethral suspension and tissue interposition
- ◆ Urinary diversion rarely mandatory
- ◆ Stress incontinence remains an issue for further improvement



Case series 1996 - 2002

Localisation

Urethral n (%)	35 (34.7)
Trigonal n (%)	60 (59)
Supratrigonal n (%)	39 (38.6)

Case series 1996 - 2002

- ◆ Complications at the time of delivery
 - perinatal mortality: 98%
 - Ruptured uterus: 10%
- ◆ Sectio rate: 40%
- ◆ Maternal mortality?

Case series 1996 – 2002

Surgical technique

Martius graft n (%)	32 (31.7)
Cutaneous graft n (%)	12 (11.9)

Case series 1996 – 2003

Outcomes

n=112	Vesico-vaginal Fistula
Success rate n (%)	84 (76.4)
Treatment failure	16
Stress incontinence n (%)	21 (24)
Urinary diversion n (%) (uretero – sigmoidostomy)	6 (4.6)

Case series 1996 – 2002

Outcomes

		VVF n = 101	RVF n = 6
Success rate n (%)		60 (59.4)	4 (67)
Complications n (%)			
	Stress incontinence	13 (21.6)	
	Bladder stone	6 (5.9)	
Urinary diversion n (%) (uretero – sigmoidostomy)		6 (5.9)	

Case series 1996 - 2003

Localisation of fistulae

