Vesico-Vaginal Fistula

THE UROGYNAECOLOGICAL SOCIETY OF AUSTRALASIA

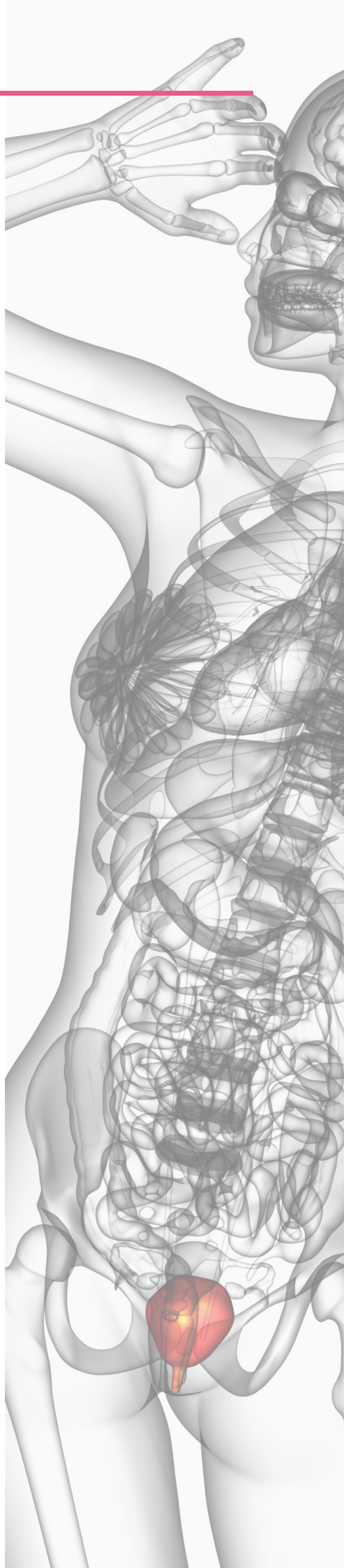
What is a vesico-vaginal fistula?
A fistula is an abnormal connection or false tract between the vagina and another organ, most commonly the bladder (vesico-vaginal fistula). Less commonly, this connection can occur between the vagina and the bowel, urethra or ureter.

What causes vesico-vaginal fistula?
In Australia vesico-vaginal fistula (VVF) is a very uncommon complication of gynaecological surgery. About 1 in 500 women undergoing a hysterectomy will develop a VVF and this rises to 1 in 100 with hysterectomy for cancer. Radiation treatment and genital cancer can also cause VVF. Fistulae caused by childbirth are much more common in countries without adequate obstetric services.

What are the symptoms?
A postoperative VVF will usually present with a large amount of continuous urine leakage. The leaking may be intermittent and there may be the smell of urine coming from the vagina. It may start straight after surgery or within the first few weeks.

What is the management?
If your doctor suspects a VVF after listening to your symptoms and examining you, imaging tests may be required. This usually involves intravenous contrast and CT scan. A cystoscopy, where a tiny camera is passed through the urethra to look into your bladder, may also be needed to look for the fistula. This can be done under general anaesthetic (fully asleep) or under local anaesthetic with sedation. A fistula generally needs surgical repair.

What does the operation involve?
A vesico-vaginal fistula can be fixed either through the vagina or through the abdomen (usually with keyhole surgery) and usually under a general anaesthetic. Surgery is usually done by a specialist who has training in this field. The hole in your bladder is fixed with absorbable sutures (stitches) that do not require removal. Sometimes a graft using your own tissue or biologic graft is required to improve healing near the fistulous tract. After the surgery, you will need a catheter in your bladder for 1–2 weeks and you will need to take antibiotics. You will be taught how to look after your catheter and catheter bag in hospital by nursing staff. You will be able to go home with the catheter in your bladder.



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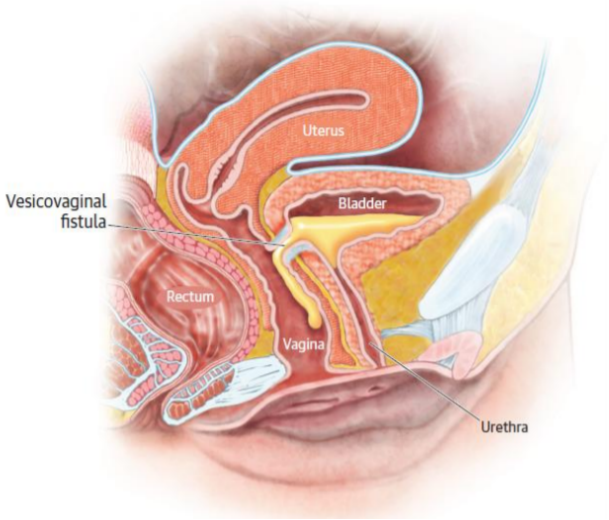
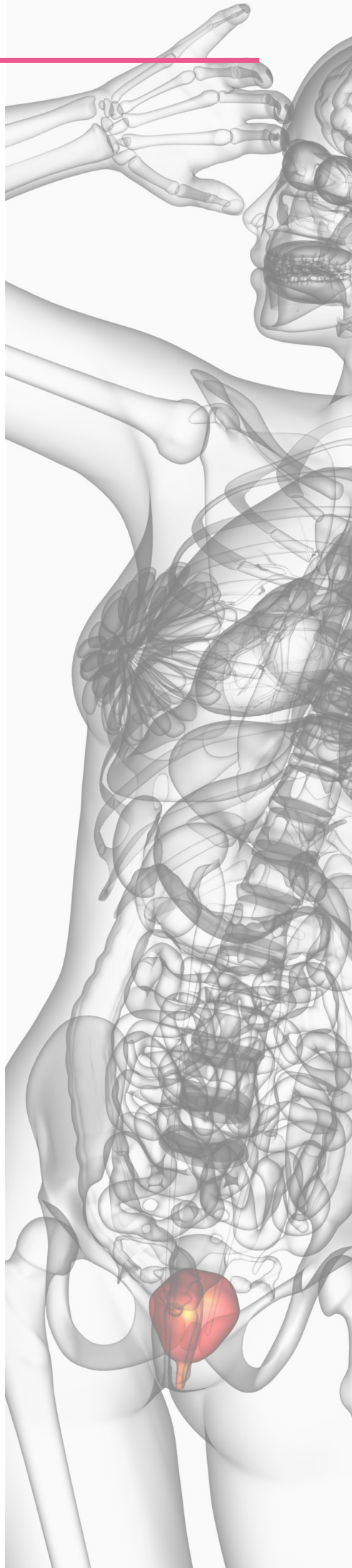
What are the risks of surgery?
The risks of surgery are failure to fix the false tract, intraoperative risks of bleeding or damage to other organs such as bowel or ureters, and postoperative risks of infection, pain and shortening of the vagina. It is rare to have long-term problems after your fistula has been repaired.

What is the recovery?
A catheter will drain the bladder for 1–2 weeks following the surgery to allow the bladder to remain empty while the bladder wall repairs. Prior to removal of the catheter, a bladder dye study may be undertaken to ensure the bladder has healed. The catheter is then removed. If it has not healed, the catheter will be left in and, very rarely, you may need another surgery. You should avoid strenuous activities and sexual activity for 6 weeks to minimise the risk of the fistula recurring. After this, you should be able to return to normal activities of daily life.





This statement has been developed by the Urogynaecological Society of Australasia (UGSA).