

Obstetrical vaginal fistula: Surgical approach

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Definition

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

Problem

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



Prevalence

- ◆ estimated : 2 millions 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

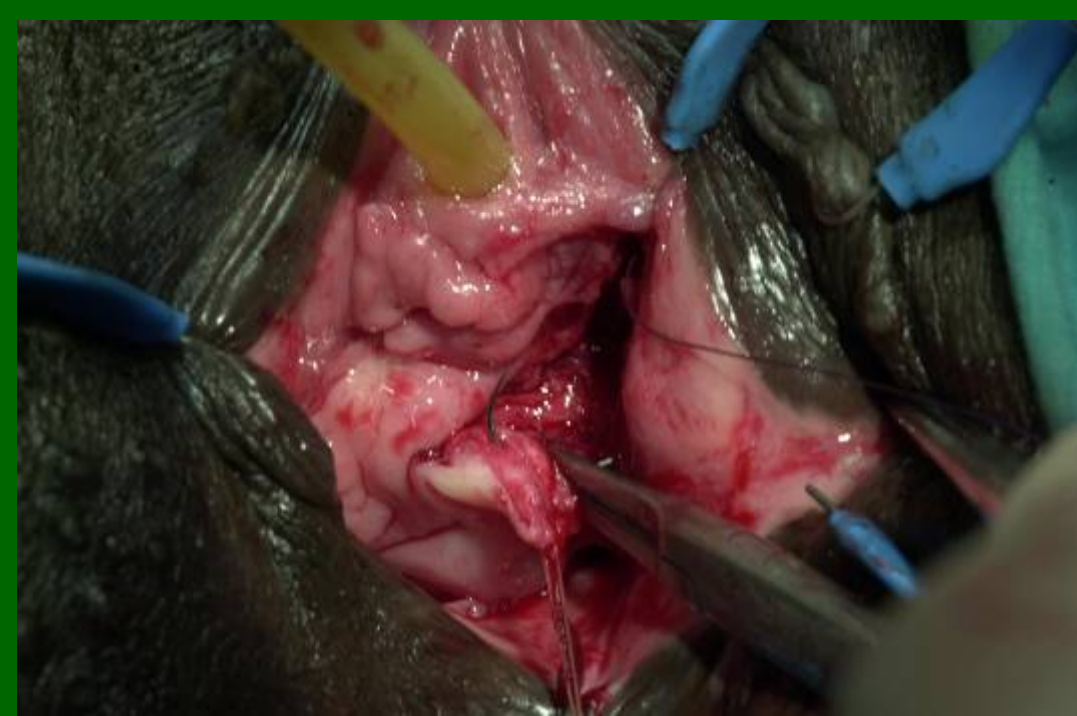
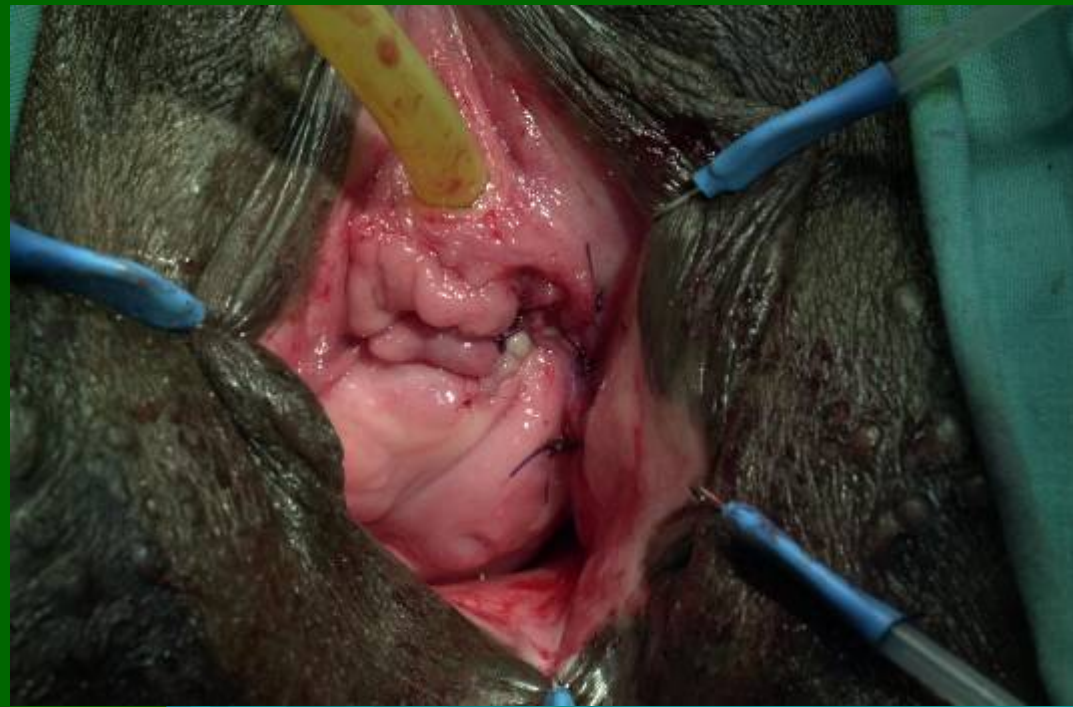


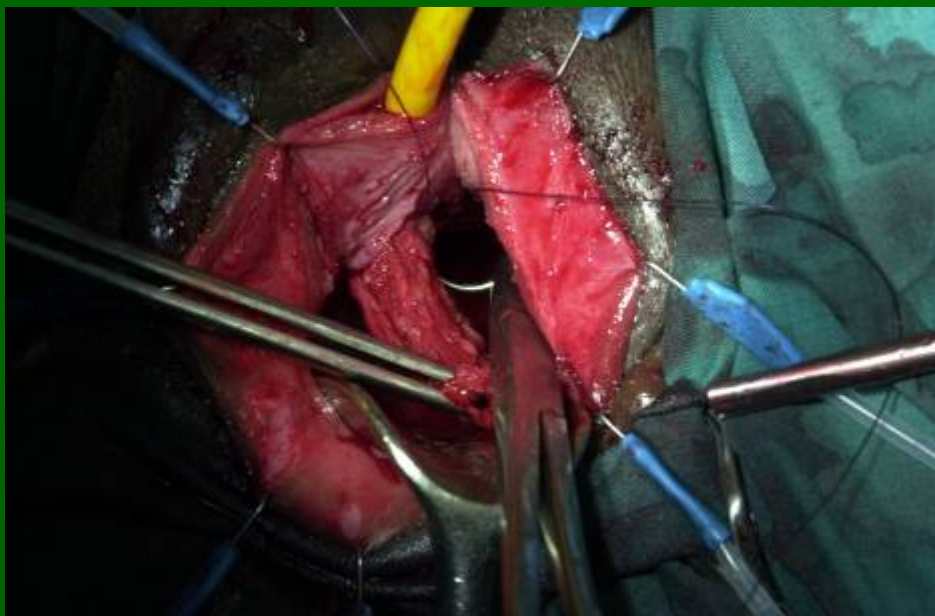
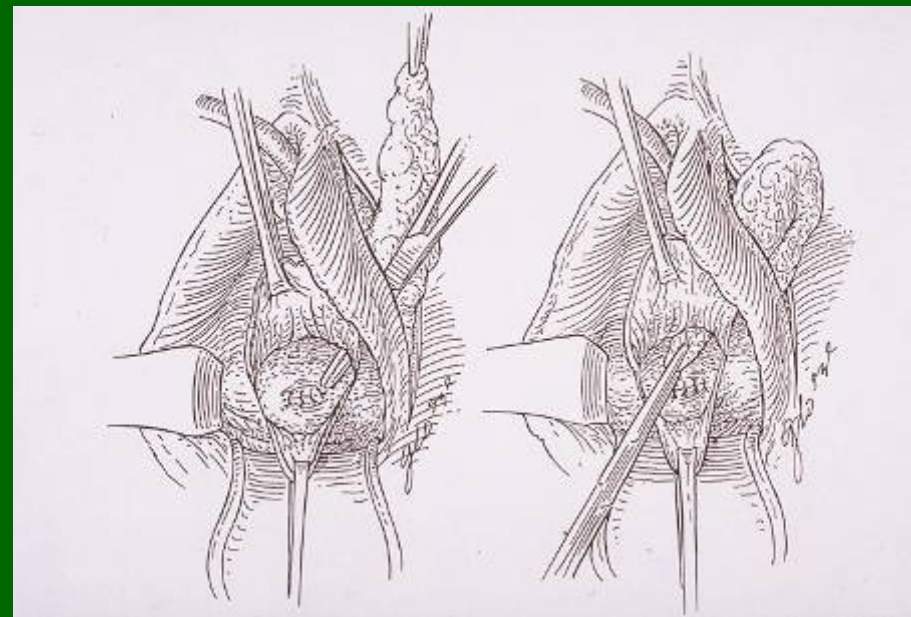
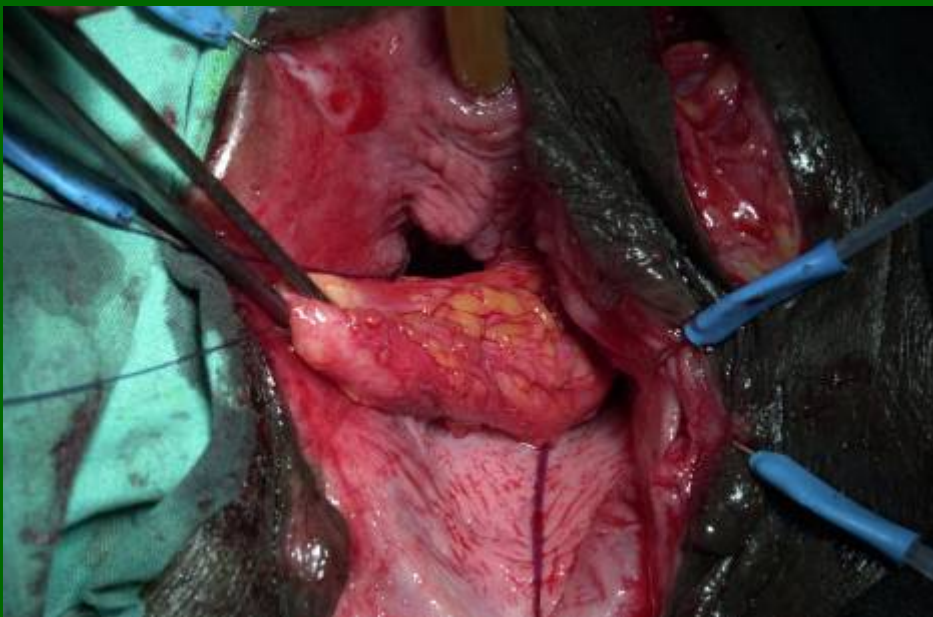
Surgical tips

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

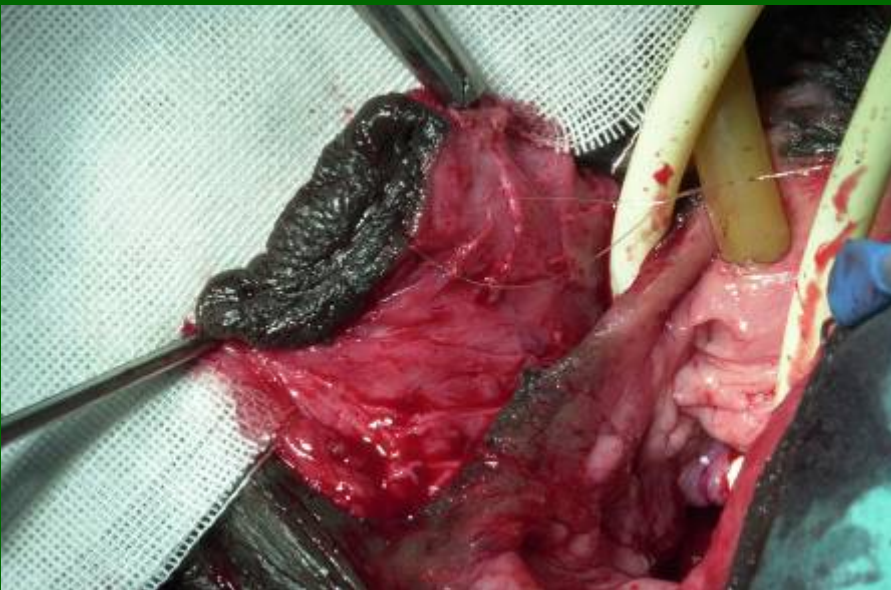
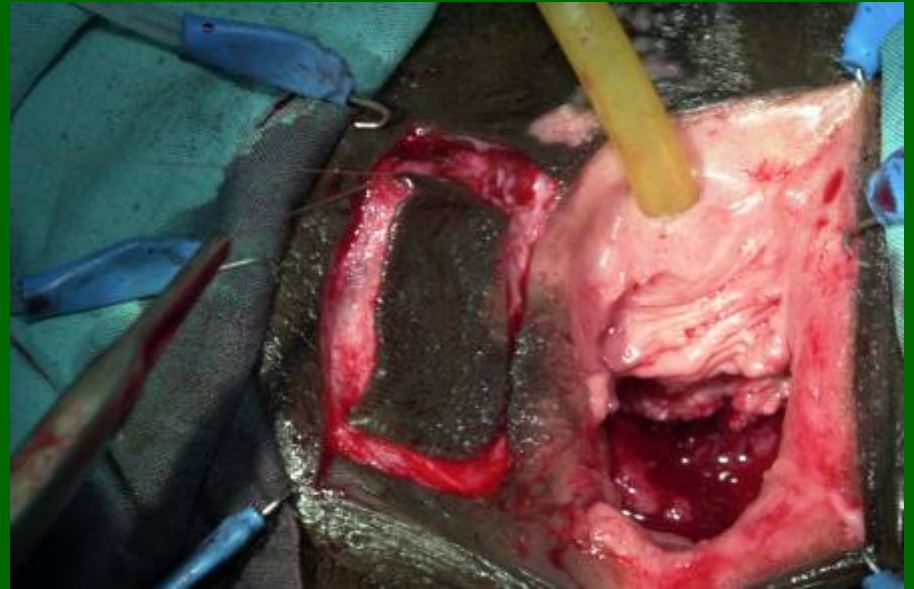


Simple closure

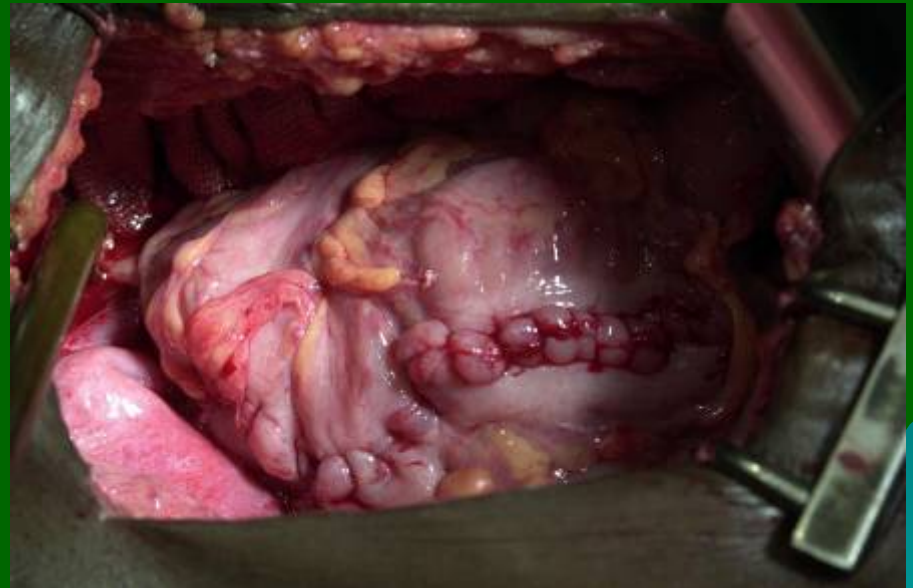
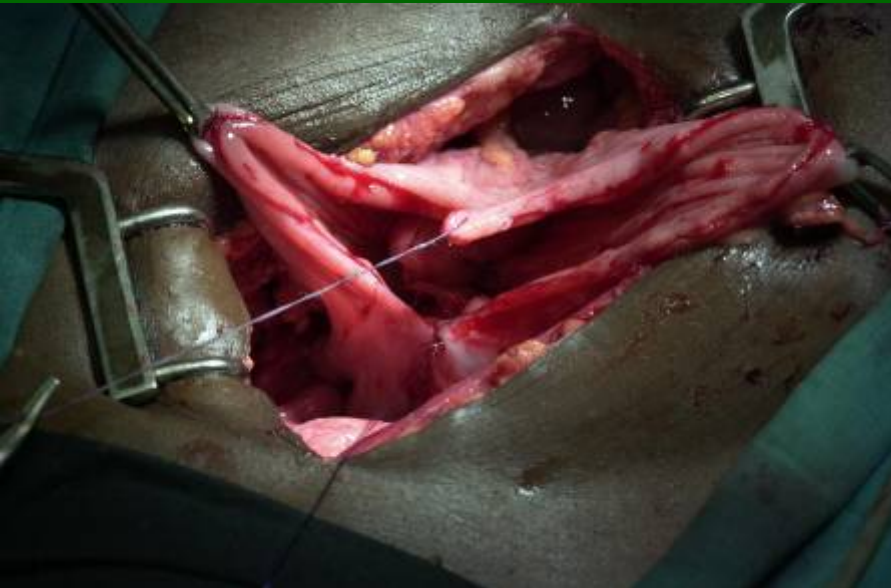




Martius Flap



Symmonds / Falandry



Mayence II

Tanguieta case series

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

N = 152

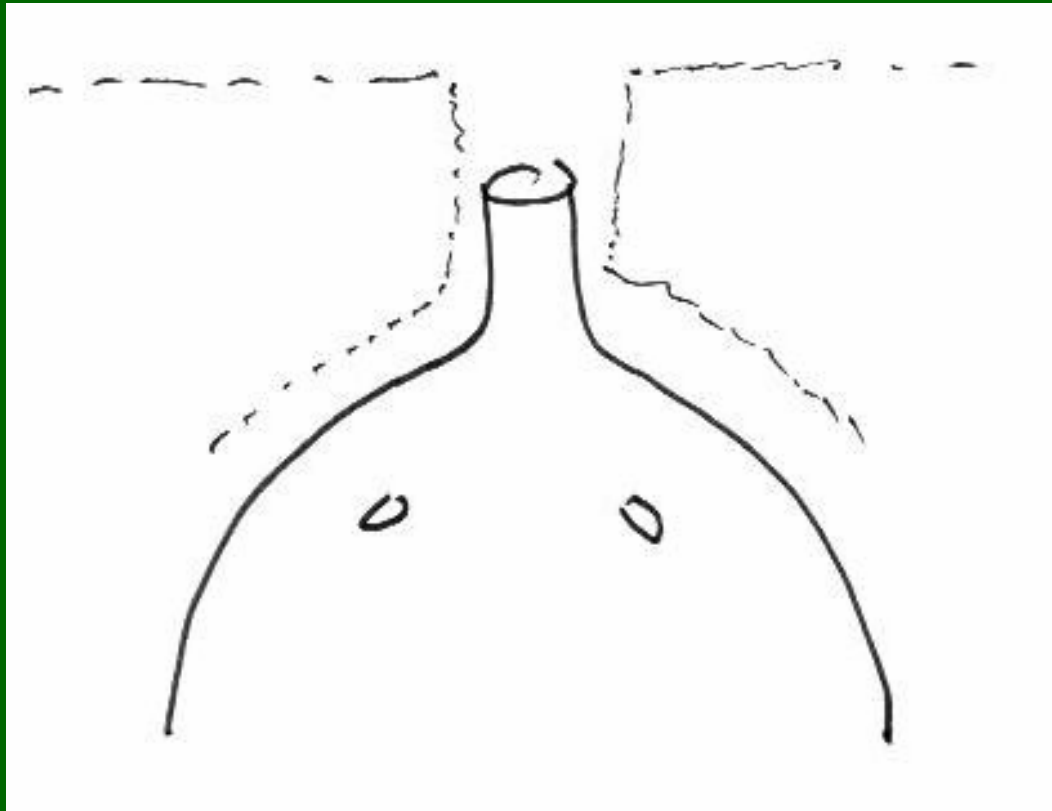
Case series 1996 - 2004

Case series 1996 - 2004 (n=152)

- ◆ Complications at the time of delivery
 - Perinatal mortality: 95%
 - Ruptured uterus: 6%
- ◆ Caesarean section rate: 42%
- ◆ Maternal mortality?

Case series 1996 - 2004

Localisation of vesicovaginal fistulae



Urethral
and/or
Trigonal

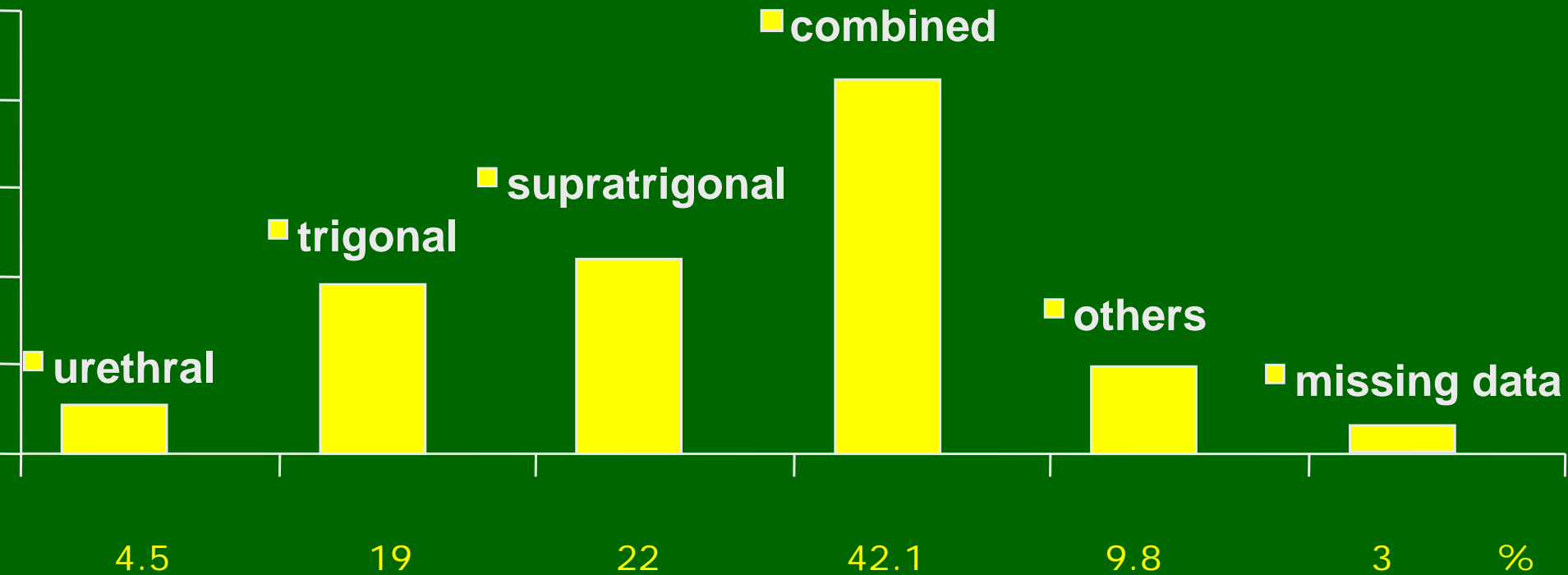
79%

Supra-
trigonal

21%

Case series 1996 - 2004

Localisation of fistulae (n=152)



Case series 1996 – 2004

Surgical approach

- ◆ Vaginal 80%
 - ◆ Abdominal 15.1%
 - ◆ Combined 4.9%
-
- ◆ Urinary diversion 8 cases
 - ◆ Recto-vaginal fistulae 6 cases

Case series 1996 – 2004 (n=152)

Martius graft	38%
Cutaneous graft	10.9%

Case series 1996 – 2004

Outcome of Vesico-vaginal fistula repair
n=117

- ◆ Success rate 83%
- ◆ Stress incontinence 19.5%
- ◆ 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

