A Study of Vesicovaginal Fistula Repaired by Vaginal Route at Fistula Centre

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{Original Article Obst & Gynae}


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ABSTRACT

Background: Vesicovaginal fistula is an abnormal communication between bladder and vagina that allows the passage of urine through vagina leading to continuous dribbling of urine. According to WHO in developing countries, 5 million of women each year suffer severe maternal morbidity in which obstetric fistula is on the top of the list.

Objectives: To determine the outcome of vaginally repaired vesicovaginal fistula (VVF).

Study Design: Descriptive case series study.

Place and Duration of Study: This study was conducted at Fistula centre Lady Willington Hospital/ King Edward Medical University for a period of one year from Jan 2010 to Dec 2010.

Materials and Methods: This Descriptive case series was carried out for a period of one year in which 60 cases of VVF were included who were repaired by vaginal route and were followed by symptoms assessment like incontinence of urine and signs like soakage of pads were noted. The patients of 20 – 60 years of age who developed vesicovaginal fistula after obstructed labour or after surgeries like caesarean section, total abdominal hysterectomy, vaginal hysterectomy and operative deliveries whose vesicovaginal fistulae were repaired by vaginal route were included in the study, whereas those patients who developed VVF after malignancy and radiotherapy, or repaired by abdominal route and uretric fistulae were excluded from the study. Data was entered and analyzed on SPSS version 18.0.

Results: Majority of the patients included in the study 29(48%) were between 31-40 years and minimum patients were between 20-30 years old with overall mean age of 44.59±3.12 years and 6 (10%) patients were diabetic. Among 50 cases of first attempt, the success
rate at primary repair was achieved in 48(96%) patients and only 2 (4%) cases were unsuccessful. The success at secondary repair was achieved in 4 patients (66.66%) and failure in 2 patients (33.33%), four patients were operated third time and surgery was successful in only one case. The success of procedure was significant in 1st attempt, p-value = 0.0000.

Follow-up visit after 3 weeks soakage of urine (after removal of Foleys catheter) was seen in 6 (10%) patients, follow-up after 3 weeks by dye test proved 7 (11.66%) of cases. Incontinence of urine was found in 6(10%) of patients.

**Conclusion:** Transvaginal route of VVF repair has better outcome and primary repair is more successful, p-value = 0.0000.

**Key Words:** Vesicovaginal fistula, Transvaginal approach, Incontinence of urine.

**REFERENCES**


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