

# OP7

## POST OPERATIVE OUTCOMES IN NEOBLADDER VAGINAL FISTULA REPAIRS; A CASE SERIES

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### Introduction

Neobladder formation is an increasingly common form of urinary diversion following cystectomy. Neobladder vaginal fistula (NVF) formation in female patients is a rare complication. We have reviewed all cases of NVF repaired in our centre, the different approaches, the type of flap interposition, complications and final functional outcomes to guide practice.

### Methods

Patients were identified from the prospectively acquired vesicovaginal fistula database. Data was collected retrospectively via our EPIC system from operation notes, clinical notes, and imaging. NVF were identified following CT Urogram, cystoscopy and/or MRI.

### Results

Six women between the ages of 44-59, (mean age 53.5) had NVF repair following cystectomy for bladder cancer (n=4), invasive cervical cancer (n=1) or metaplasia following chronic cystitis (n=1).

The NVF repairs were performed via an abdominal (n=2) or vaginal approach (n=4). An Omental (n=2) was utilised for both abdominal repairs and a modified Martius labial fat pad flap (MFP) (n=4) was used for all vaginal repairs. Abdominal repair was performed in women with heterotopic neobladder emptying via a Mitrofanoff channel whilst vaginal repair was performed for women with an orthotopic neobladder emptying via their native urethra.

The NVF was successfully closed anatomically in all cases and all women reported resolution of their continuous fistula related urinary incontinence (Table 1).

Both women with a heterotopic neobladder and Mitrofanoff channel emptied via intermittent catheterisation of this channel and all 4 women with an orthotopic neobladder emptied via urethral intermittent self-catheterisation.

### Conclusion

Abdominal and transvaginal approaches to NVF resulted in 100% anatomical closure and 83.3% complete continence. ISC was universal.