

OP9

VESICO-UTERINE FISTULAE: A CASE-SERIES EXPERIENCE FROM A TERTIARY UNIT

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Introduction

Vesico-uterine fistulae is a rare clinical condition representing less than 5% of uro-gynaecological fistulae. We have noted a surge in the number referred to a tertiary unit following Caesarean section. To our knowledge, no series has been published of such patients. We describe presentation, surgical management, and outcomes for this rare cohort.

Material and Methods

Data collected prospectively between 2010-2022 was analysed retrospectively. All patients had a confirmed vesico-uterine fistula either with MRI or cystogram. The outcomes were evaluated with intra-operative tests for the assessment of leakage post the repair (methylene blue test) and cystogram at 4 weeks to confirm closure.

Results

Eight patients with confirmed vesico-uterine fistula mean age of 36.4 years old (range: 31-43) and mean follow-up period of 17 months (range: 6 to 48 months) were included in our study. Results are shown on Table 1. All but one patient had previous Caesarean sections. All presented with haematuria during menstruation and 6 /8 with vaginal incontinence. Three patients had a laparoscopic approach whilst 2 patients were managed through an open intra-abdominal repair. Two patient had spontaneous closure of their fistulae with 3 months urethral catheterisation. One patient is scheduled for laparoscopic repair. All patients had an omental interposition between the bladder repair and the uterus. No complications were observed from either approach.

Conclusion

Caesarean section was the only cause for a vesico-uterine fistula in young females, and in 7 of 8 patients occurred after multiple sections. All patients present haematuria during menses, and the majority with vaginal incontinence. Catheterisation for 3 months allowed spontaneous closure in 2 cases (25%) with involution of the gravid uterus, and all patient should have a trial of conservative management. Successful closure was equivalent with open and laparoscopic approaches, and the method of closure should be tailored to individual circumstances.