Surgical Results in 62 Cases of Vesico-Vaginal Fistula

E. Szüle

Outpatient Department and Department of Urological Surgery, János Hospital, Budapest

(Received January 28, 1969)

Sixty-four vesico-vaginal fistulas have been operated on in 62 patients during a period of 24 years at the Department of Urological Surgery of János Hospital, Budapest.

During the first 14 years, Füth's method as modified by Noszkay was used completed by Martius' bulbocavernous operation. In the course of the last 10 years, the operations carried out in 24 patients have been modified in that the region of the fistula closed according to Füth's technique was supported by a bulbocavernous flap only in case of descendion of the anterior vaginal wall, or if protection of sutures closing extensive fistulas made it necessary.

On basis of the favourable results indicated by the improvement in almost all patients in a relatively large material (63 fistulas healed, and failure in only one case after two operations), the author recommends Füth's method with a suggested modification for the surgical treatment of vesico-vaginal fistulas.

The material of vesico-vaginal fistula of the Department of Urological Surgery of János Hospital (Budapest) was surveyed by Noszkay in 1957. During a period of 14 years, thirty-nine vesico-vaginal fistulas were closed successfully in 37 patients. Since the publication of the above paper, further 25 cases have been operated upon with fistula in the past 10 years. The surgical results to be discussed refer to a total of 62 patients.

The diagnosis of fistula is usually easy, establishment of their number and their localization necessitates, however, careful gynaecological investigation. The choice of the proper surgical procedure is determined by the position and extension of the fistula, further its environmental fixation and distance from the ureteral orifice.

The operation of the fistula can be carried out by the vaginal and abdominal route, or by vaginal and abdominal exploration. In grave cases, uretero-sigmoidostomy and different vesico-intestinal operations may eventually become necessary.

Principles of the surgical procedure aimed at the closing of fistulas are as follows.

(i) In the preparative period, (a) waiting time of 3 to 6 months, calculated from the time of the first symptoms indicating the presence of a fistula; (b) regular care of skin involvement; (c) urinary diversion if necessary; (d) removal of sutures and incrustations.

Urology and Nephrology 1, 1969
The present author prefers vaginal exploration and a surgical solution which appears to provide the best results.

(ii) Basic principles of vaginal operation. (a) Proper exploration of the surgical area performing unilateral or bilateral Schuchardt's operation if necessary;

Fig. 1. Incision along the anterior vaginal wall

Fig. 2. Maximal liberation of fistula and environment