

VIDEO ABSTRACT

VIDEOSURGERY

Video can be found at <http://www.ceju.online/journal/10000/vesicovaginal-fistula-d-laparoscopy-1848.php>

A prospective evaluation of the outcomes of 3-D transperitoneal laparoscopic vesico-vaginal fistula repair with omental interposition: our experience

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The vesicovaginal fistula (VVF) may cause a monumental amount of distress to the patient and is a very debilitating condition. Laparoscopic VVF repair is technically challenging, especially in the presence of a trigonal fistula. We prospectively evaluated our experiences with 3-D transperitoneal laparoscopic VVF repair with omental interposition in trigonal and supratrigonal VVF.

In this prospective study, all consecutive patients with trigonal and supratrigonal VVF, from March 2014 to January 2018, requiring laparoscopic VVF repair with omental interposition were included. The patients with a previous failed VVF repair, post radiotherapy and VVF with malignancy were excluded from the study. The various clinical data were recorded and analyzed. We are presenting a video of one such case.

A total of 31 patients were included in the study. The mean age was 33.5 years. The fistula was post open abdominal hysterectomy in 13 (42%) patients and post lower segment caesarean section (LSCS) in 18 (58%) patients. The mean fistula size was 2.6 cm. The fistula location was trigonal in 8 (24.8%) and supratrigonal in 23 (74.2%) patients. The mean

operating time and mean estimated blood loss were 141.3 min and 71.37 ml respectively. Three (9.6%) patients required simultaneous modified Lich Gregoir ureteric reimplantation. There was no conversion to open surgery or intraoperative complications. The mean catheterization time, mean hospital stay and mean convalescence were 10.9 days, 5.1 days and 2.1 weeks respectively. At mean follow up of 27.9 months, postoperative complications were mainly Clavien 1 and 2 in only 4 (12.9%) patients. None of the patients showed recurrence of VVF or voiding symptoms.

3-D transperitoneal laparoscopic VVF repair with omental interposition in trigonal and supratrigonal VVF is feasible and safe with excellent long term efficacy. However, it is a technically challenging procedure and should be done by surgeons of significant laparoscopic expertise.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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