VESICO UTERINE AND VESICO-CERVICO-UTERINE FISTULA

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FISTULA CERVICO-VESICO-UTERINA

- Patology
- Diagnose
- Treatment Cirurgia
  - Abdominal / vaginal
  - Post op

VESICO-VAGINAL FISTULA

DEFINITION

Abnormal communication between:
- Bladder and vagina
- Urethra and vagina
- Urether and vagina
- Rectum and vagina
- Bladder and uterus
- Uterus and bladder

PATOLGY OF FISTULA VESICO UTERINA

- Post C. Section
- Delayed C. section
- Obstetric trauma

- Uterus ruptures and bladder laceration not repaired
- Malpractice (most of the C. Section in Moz are done by non Doctors, in rural and remote areas with very poor conditions)

BEST APROCHE FOR VESICO UTERINE FISTULA

- Vaginal
  - Less traumatic, cost less, short recovery time, shorter and easy leaning curve for Gyn, same approach of the vaginal hysterectomy not always possible

- Abdominal
  - Laparotomy, better exposure, split the bladder in 2, longer recovery time

- Laparoscopic
  - Less traumatic, better surgical conditions, not always possible,

- Robotic
  - Expensive for Africa

VESICO UTERINE FISTULAS

Vesico cervical fistula
Different positions of the fistula
VESICO UTERINE FISTULA

Large defect on bladder

Cystoscopy

Size, location, involvement of the trigon, ureter's involvement defect in the bladder is larger than in the uterus

VESICO UTERINE

Deolinda Mabuissane

Puling down the cervix, checking for mobilization

Checking for mobilization

MOBILIZATION OF THE UTERUS

Pulling down the cervix

Before the surgery mobilization of the uterus and cervix must be assured. If the uterus it is not mobil do not progress for vaginal surgery

MOBILIZATION OF THE UTERUS

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VAGINAL APROACH WITH THE CERVIX IN THE INTROITUS

Hemicircumferencial incision over the cervix

Dissecting the vagina over the cervix

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WIDE DISSECTION BETWEEN BLADDER AND UTERUS.

Traction of the cervix up to the introitus

Hemicircumferencial incision over the cervix

Get the plan between bladder and cervix

Dissected all over sometimes up to anterior peritoneal deflection

All borders of the bladder must be free

WIDE DISSECTION BETWEEN BLADDER AND UTERUS.

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VESICO UTERINE FISTULA EXPOSED

Uterine fistula exposed The bladder is pulled up

DISSECTION

Complete dissection between bladder and uterus Exploring the cervix patency

CLOSING

Ureters are normally on the upper border 2th stage closure of the bladder

CLOSURE OF BLADDER AND UTERUS VAGINALLY

COMPLETE EXPOSURE OF THE BLADDER

VIDEO VESICO UTERINE FISTULA
FISTULA VESICO CERVICAL

LARGE FISTULA BOTH URETERES WITH CATHETERS

Bladder mucosa over the cervix
Left urether almost out of the bladder

WHEN URETERES ARE OUT OR ON THE BORDERS OF THE BLADDER VAGINAL REIMPLANTATION

- 1 catheterization
- 2 dissection of the bladder
- 3 inverting stiches at external border of the bladder

LEFT URETER IS ON THE BORDER OF THE FISTULA VAGINAL REIMPLANTATION OF THE LEFT URETER

1- EXPOSURE OF LEFT CORNER OF THE FISTULA
2- CERVIX RECONSTRUCTION

CLOSED BLADDER AND RECONSTRUCTED CERVIX
DOBLES VESICO CERVICAL UTERINES

VESICO CERVICAL DOPPLA

EXTENSIVE BLADDER CERVICAL NECK-CERVICAL

CIRCUNFERENCIAL BLADDER NECK FISTULA WITH CERVICAL INVOLVEMENT SHORT URETRA

LARGE CIRCUNFERENCIAL BLADDER NECK FISTULA AND UTERINE-CERVICAL RUPTURE

LARGE CIRCUNFERENCIAL VESICO CERVICAL FISTULA
END TO END ANASTOMOSE URETHRA TO BLADDER NECK

1 DESCOLAMENTO DAS MARGENS DA FISTULA DO PROCESSO CICATRICIAL.
2 PROLAPSO DA PAREDE ANTERIOR DA BEXIGA

1 EXPOSER OF THE BLADDER NECK AND THE URETHRA

1- ANTERIOR BLADDER WALL FIXATION TO THE PUBIC BONNE
2- END-END ANASTOMOSIS BETWEEN URETRA AND THE BLADDER NECK

1 TUNALIZING THE BLADDER AND ANASTOMOSIS TO THE RESIDUAL URETRA
2- SECOND LAYER OF THE BLADDER WALL

SECOND LAYER WITH PERIVESICAL FASCIA
Fistula Vesico Cervico uterina, circunferencial
Post cesariana, Chibuto nov 2012

- A previous caesarean and a stillbirth
- Rupture uterus?
- Bladder laceration
- Salvage caesarean
- ? Infections
- ? Shock
- Difficult surgery??

• Large vesico cervical uterine fistula
• Cervix and uterus is not mobile
• Complete laceration of the cervix
• Exposed ureteric orifices
• Extensive fibrosis
• Poor mobilization

• Small urethra
• Bladder neck involvement
• Cervix involvement
• Uterus non mobile
• Small bladder

DISSECTION BETWEEN BLADDER AND UTERUS
ABDOMINAL APPROACH

VESICO CERVICO UTERINA
> 24 H IN LABOR, C. SECTION IN A RURAL AREA.

ABDOMINAL APPROACH

Split the bladder in two hemivalves
Bilharzia, multiple surgeries, fibrosis
To access the cervix and the trigon we need to open the bladder from the dome to the bladder neck.

Dissection

Opening the bladder in 2 hemivalves

Accessing the fistula

Catheterization of the urethra

Bilharzia, multiple surgeries promote bladder fibrosis.

LONGITUDINAL OPENING OF THE BLADDER

Opening from the dome of the bladder

- To access the cervix and the trigon we need to open the bladder from the dome to the bladder neck
- Dissection
- Opening the bladder in 2 hemivalves
- Accessing the fistula
- Catheterization of the urethra
- Bilharzia, multiple surgeries promote bladder fibrosis

EXPOSER OF THE CERVIX

- A Ng tube was inserted in the cervix to allowed reconstruction of the cervix.
- A interposition of a augmentum is helpful to avoid recurrence
- Closure of the posterior bladder wall
- Closure the bladder

ABDOMINAL APPROACH WITH COMPLETE SPLITE THE BLADDER IN TWO HEMIVALVES EXPOSING COMPLETELY THE FISTULAS

ABDOMINAL APPROACH

- Cervix reconstruction
- Bladder neck reconstruction
- Closure of the bladder
- Dissection of the multiple adhesions