Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria

Author(s): Dr. Eric Nwogu-Ikojo, Dr. Chibuike Chigbu, Prof. Gabriel Iloabachie

Corresponding Author:
Dr. Eric Nwogu-Ikojo,
Lecturer, University of Nigeria - Nigeria

Submitting Author:
Dr. Eric E Nwogu-Ikojo,
Lecturer, University of Nigeria - Nigeria

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Source(s) of Funding:
AUTHORS FUNDED THE STUDY

Competing Interests:
NONE
Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria

Abstract

OBJECTIVE: The aim of this study is to review the outcome of repair of vesicovaginal fistula in which only the bladder wall defects were repaired leaving the vaginal wall defects unrepaired.

METHOD: A review of the outcome of 87 bladder-only repair of vesicovaginal fistulas done at the University of Nigeria Teaching Hospital, and Aghaeze Hospital, Enugu, Nigeria, in a 12-year period from 1st January 1992 to December 31st 2004.

RESULTS: 67(74.7%) were juxtacervical, 13(14.9%) Juxtaurethral and 9(10.3%) midvaginal. Average fistula size was 2.3 cm. 76(87.4%) were closed successfully at first repair and 11 failed. Nine of these were repaired successfully at second attempt. There was no case of urinary tract infection post repair and average hospital stay was 15.6 days.

CONCLUSION: The repair of only the bladder wall defect in the surgical management of vesicovaginal fistula has very good outcome.

Introduction

Vesicovaginal fistula is a common gynecological problem in developing countries resulting mainly from prolonged obstructed labor. Vesicovaginal fistula imposes a great deal of medical, social, and psychological distress on the patient and is considered as one of the most dehumanizing conditions that afflict women.

The repair of juxtacervical fistula can be approached via the abdominal or vaginal route [1]. There are also reports of two-stage repair of giant vesicovaginal fistula employing both the abdominal and vaginal routes [2]. Various techniques have been described for the repair of vesicovaginal fistula. However, most reported techniques employ the traditional method of closing both the bladder wall defect and the vaginal wall defect without tension on the suture lines [3,4,5]. Some surgeons align the bladder wall and vaginal repair lines in perpendicular plane to each other to avoid tension [6]. In an attempt to reduce the strain at the site of anterior vaginal closures, surgeons employ various strategies including extensive vaginal dissection and mobilization from the underlying vesicovaginal endopelvic fascia [3]. Reports on bladder-only repair are scarce, if any. This study reports the outcome of bladder-only repair of vesicovaginal fistula undertaken over a twelve-year period. The University of Nigeria Teaching Hospital, Enugu, Nigeria serves as a referral centre for repair of vesicovaginal fistula in the South Eastern states of Enugu, Ebonyi, Anambra, Imo, and Abia states, as well as Benue state of Nigeria. Aghaeze Hospital, Enugu is a specialist gynecological center located in Enugu metropolis, Enugu State, Nigeria.

Methods

The data of all vesicovaginal fistulas repaired using the bladder-only repair technique at the University of Nigeria Teaching Hospital and Aghaeze Hospital, Enugu, Nigeria, over a 12-year period from 1992 to 2004 were retrieved from the records. Data on the cause of fistulae, primary repair success rate, type of fistula, route of repair, size of fistula, postoperative urinary tract infection rate, and duration of hospital stay and cause of failure of repair were extracted. The data was then analyzed using simple percentages.

The operative technique used in this series was the flap splitting technique, which involves dissecting off the bladder wall from the vaginal wall. However, in this series, only the bladder wall defects were closed, usually in two layers. The vaginal wall defects were left unrepaired. This prevents hematoma and seroma formation as it allows free drainage of fluid through the vaginal wall defect. It also prevents further constrictor of the vaginal lumen in an attempt to achieve good apposition. This is unlike the conventional technique of fistulae repair, where both the vaginal and bladder wall defects were closed [3,4,5,6].

Successful primary repair are those in which complete fistula closure were achieved with the first repair.

Results
During the 12-year period, 87 vesicovaginal fistulas were repaired using the bladder-only repair technique. 65 (74.7%) were Juxtacervical fistulas, 13 (14.9%) were Juxtaurethral fistulas and 9 (10.3%) were midvaginal fistulas. Prolonged obstructed labor was responsible for 85 (97.7%) while forceps delivery was identified as the etiological factor in 2 (2.3%) of the cases. The sizes of the fistulae ranged from 0.5 cm to 5 cm with a mean of 2.3 cm. 76 (87.4%) of the fistulas were successfully closed at first operation while 11 (12.6%) failed. Nine of the primary repair failures were successfully closed at second repair attempt using the same principle of repair, while two were lost to follow up. No case of postoperative urinary tract infection was recorded. The mean duration of hospital stay was 15.6 days with a range of 14 – 26 days.

Discussion

Vesicovaginal fistula is a major public health problem in Nigeria. Prolonged obstructed labor remains the commonest cause of vesicovaginal fistula in the developing world as was observed in this study [7,8,9,10]. The success rates observed in this study are similar to that reported by other authors [8,11]. However, these authors did not clearly specify whether closure of the vaginal wall was done in their series. The routine use of prophylactic antibiotics in all the cases may have contributed to the absence of postoperative urinary tract infection [12].

Earlier authors on vesicovaginal fistula repair described the picking up of the underside of the vaginal wall with sutures of the second layer of the bladder wall repair. This was followed by complete repair of the vaginal wall. This was done to obliterate any dead space between the vagina and bladder in an effort to prevent hematoma formation [4,5]. The non-repair of the vaginal wall defects in this series may translate to less number of suture materials used per surgery and possibly decreased operating time. Whether this translates to decreased cost and decreased post surgical morbidity for the patient is unknown. Furthermore, the effect of the bladder-only repair technique on operative and postoperative blood loss is yet to be determined. The suture materials were mainly chromic catgut number 2/0 and few cases of vicryl number 2/0 in continuous or interrupted stitches, due to the cheaper cost of chromic catgut and its availability within our practice environment. Continuous bladder drainage with Foley’s urethral catheter was done for a minimum of 14 days in each case. Removal of the urethral catheter was done on the 14th postoperative day and the patients were discharged on the 15th day if total urinary continence was achieved. However, the catheter may be re-inserted and continuous bladder drainage done for a maximum of 12 additional days in cases where urinary continence was not achieved on the 14th postoperative day. A second repair was usually done after 3 months for cases of failed primary repair. The vaginal skin is usually well healed at the time of removal of the catheter. No case of postoperative vaginal stenosis was recorded.

Conclusion(s)

In conclusion, bladder-only repair of vesicovaginal fistula is easy and effective irrespective of the route of repair. Application of this technique will circumvent the problem of tension at the site of anterior vaginal wall closure, which is a major cause of breakdown and failure of repair. A randomized controlled trial is recommended to study all current techniques of fistula repair.

Authors Contribution(s)

DR EE NWOGU-IKOJO & DR CO CHIGBU COLLECTED THE DATA AND DID THE ANALYSIS; ALL AUTHORS WERE INVOLVED IN PREPARING THE MANUSCRIPT AND APPROVED THE FINAL DRAFT.

Reference(s)

Reviews

Review 1

Review Title: 12 year experience with bladder only repair for fistulas
Posted by Dr. Richard Bertram on 21 Jun 2011 11:52:07 PM GMT

Is the subject of the article within the scope of the subject category? Yes
Are the interpretations / conclusions sound and justified by the data? Yes
Is this a new and original contribution? Yes
Does this paper exemplify an awareness of other research on the topic? Yes
Are structure and length satisfactory? No
Can you suggest brief additions or amendments or an introductory statement that will increase the value of this paper for an international audience? Yes
Can you suggest any reductions in the paper, or deletions of parts? Yes
Is the quality of the diction satisfactory? No
Are the illustrations and tables necessary and acceptable? Yes
Are the references adequate and are they all necessary? Yes
Are the keywords and abstract or summary informative? Yes

Rating: 7

Comment:
A very relevant topic especially for Africa and post pregnancy fistulas. Great outcomes!

Competing interests: Have similar results with laparoscopic bladder repairs but not this long....Follow up of 6 months but a cumulative 6 year experience.

Invited by the author to make a review on this article? : No

Experience and credentials in the specific area of science:
Repair a lot of fistulas, but gynecological, not obstetric.

Publications in the same or a related area of science: No

How to cite: Bertram R.12 year experience with bladder only repair for fistulas[Review of the article 'Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria ' by ],WebmedCentral 2011;2(6):WMCRW00834
Review 2

**Review Title:** Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria

Posted by Dr. LV Kalilani-Phiri on 20 Apr 2011 12:31:54 AM GMT

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**Rating:** 2

**Comment:**
The article is well written however it does not add new information to the body of literature.

**Competing interests:** No

**Invited by the author to make a review on this article?** : Yes

**Experience and credentials in the specific area of science:**
Research in reproductive health for over 5 years

**Publications in the same or a related area of science:** Yes

**How to cite:** Kalilani-Phiri L.Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria[Review of the article ‘Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria ’ by ].WebmedCentral 2011;2(4):WMCRW00691
Review 3

**Review Title:** Bladder-only Repair of VVF: Twelve-year Experience in South-eastern Nigeria

Posted by Dr. JT Mutihir on 07 Feb 2011 08:23:39 AM GMT

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**Rating:** 6

**Comment:**
The authors have a fairly large data to draw some conclusions from. However, the write-up will be more useful if the authors compared their 'good' results with this method with the conventional repair. in this case, they have to compare among other things, similar number of more of repairs by the conventional method, the success rate at first attempt of repair, morbidities of the methods, relative costs, average time taken for the procedures, etc. This will tell whether this method of repair is superior to the conventional method thus convincing others to adopt this method of repair. otherwise the paper is just giving an information and readers are left to look elsewhere for comparison.

There were no tables or illustrations

**Competing interests:** No

**Invited by the author to make a review on this article?** : No

**Experience and credentials in the specific area of science:**
Moderate

**Publications in the same or a related area of science:** Yes


**How to cite:** Mutihir J.Bladder-only Repair of VVF: Twelve-year Experience in South-eastern Nigeria[Review of the article 'Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria ' by ].WebmedCentral 2011;2(2):WMCRW00442
Review 4

Review Title: biadder only repair of vesicovaginal fistula

Posted by Dr. V Aseeja on 30 Jan 2011 02:56:09 PM GMT

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Rating: 7

Comment:
good article and new experience of vesicovaginal fistula repair technique

Competing interests: no

Invited by the author to make a review on this article? : Yes

Experience and credentials in the specific area of science:
experience of fistula repair through vaginal route by layered technique

Publications in the same or a related area of science: No

How to cite: Aseeja V biadder only repair of vesicovaginal fistula[Review of the article 'Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria ' by ];WebmedCentral 2011;2(1):WMCRW00423
Review 5

Review Title: Review of Bladder-only repair of vesicovaginal fistula: Twelve years experience in South-eastern Nigeria

Posted by Dr. Babasola O Okusanya on 17 Jan 2011 01:46:06 AM GMT

1. Is the subject of the article within the scope of the subject category? Yes
2. Are the interpretations / conclusions sound and justified by the data? Partly
3. Is this a new and original contribution? Yes
4. Does this paper exemplify an awareness of other research on the topic? No
5. Are structure and length satisfactory? No
6. Can you suggest brief additions or amendments or an introductory statement that will increase the value of this paper for an international audience? Yes
7. Can you suggest any reductions in the paper, or deletions of parts? No
8. Is the quality of the diction satisfactory? Yes
9. Are the illustrations and tables necessary and acceptable? Yes
10. Are the references adequate and are they all necessary? Yes
11. Are the keywords and abstract or summary informative? Yes

Rating: 4

Comment:
I have reviewed the article titled -Bladder-only Repair of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria. The article reported a new technique of repair of vesico-vaginal fistula, a common obstetric problem in Sub-Saharan Africa.

The bladder- only repair technique, a prospective study over a twelve year period is novel, but there are serious limitations in the methods and ethical issues in the said article.

The new technique was used in both the teaching hospital at Enugu and Aghaeze hospital. If Aghaeze hospital is a private hospital or mission hospital was not stated. This should have been stated since post operative care following fistula repair is critical to successful repair and may not necessarily be the same at both facilities.

The authors did not state the prevalence of vesico-vaginal fistula in their environment and did not state how they arrived at the sample size of 87 women.

There was no mention of ethical issues as regards the new repair technique. Were the women informed they were participating in a research which evaluated a new repair technique? The consent- taking process was not highlighted. More so, if the research got an approval from an Institutional research ethics committee was not stated. Since it was a research, if the women paid for the repair was also not stated.

No mention was made of the site of repair of the 9 failed procedures since most fistulas were Juxtacervical in type and if any failed repair occurred at Aghaeze Hospital?

Competing interests: No

Invited by the author to make a review on this article? : No

Experience and credentials in the specific area of science: I have some experience. I have been in the speciality of Obstetrics and Gynaecology for 9 years.
Publications in the same or a related area of science: Yes


How to cite: Okusanya B.Review of Bladder-only repair of vesicovaginal fistula: Twelve years experience in South-eastern Nigeria[Review of the article 'Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria' by ].WebmedCentral 2011;2(1):WMCRW00382
Review 6

Review Title: Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria

Posted by Dr. P Arora on 22 Dec 2010 07:09:15 PM GMT

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Rating: 6

Comment:
i would like to comment on the following -
1. How were the patients chosen to have this type of repair- Were there any inclusion criteria for such repair?
2. Those who had primary failure- what was the site of fistula?
3. Authors mentioned about post operative stenosis- what was the follow up time scale?

Competing interests: none

Invited by the author to make a review on this article? : No

Experience and credentials in the specific area of science:
I am an Obstetrician and Gynaecologist with interest in urogynaecology.

Publications in the same or a related area of science: Yes

How to cite: Arora P.Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria[Review of the article 'Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria ' by ].WebmedCentral 2011;1(12):WMCRW00276
Review 7

Review Title: review of article

Posted by Dr. SJ Shah on 21 Dec 2010 08:34:01 AM GMT

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Rating: 4

Comment:
the vvf should be classified acco. to size. those less than 6-8 mm can be tried by fulguration only and even surgery can be avoided. we have done 8 patients with success of more than 86%
for larger than 8 mm only transvesical repair with fistulous tract excision is a good concept. we have done more than 33 patients, with 10 yrs f/u.

Competing interests: no

Invited by the author to make a review on this article?: Yes

Experience and credentials in the specific area of science:
8 cases of fulguration and 33 cases of lap. vvf repair

Publications in the same or a related area of science: Yes

References: [j]ournal of endourology vol.23, 7th july 2009

How to cite: Shah S. review of article[Review of the article 'Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria ' by ].WebmedCentral 2011;1(12):WMCRW00273
Review 8

Review Title: Bladder-only repair of vesicovaginal fistula; twelve yearss experience in south-eastern nigeria

Posted by Dr. Olusegun K Ajenifuja on 18 Dec 2010 03:52:29 AM GMT

1. Is the subject of the article within the scope of the subject category? Yes
2. Are the interpretations / conclusions sound and justified by the data? Yes
3. Is this a new and original contribution? Yes
4. Does this paper exemplify an awareness of other research on the topic? Yes
5. Are structure and length satisfactory? Yes
6. Can you suggest brief additions or amendments or an introductory statement that will increase the value of this paper for an international audience? No
7. Can you suggest any reductions in the paper, or deletions of parts? No
8. Is the quality of the diction satisfactory? Yes
9. Are the illustrations and tables necessary and acceptable? Yes
10. Are the references adequate and are they all necessary? No
11. Are the keywords and abstract or summary informative? Yes

Rating: 5

Comment:
The figures in the manuscript does not add up. From the abstract; 87 cases were reviewed but in the body of manuscript 89 cases were mentioned.

The Authors should inform the readers the total number of cases of vesicovaginal fistula that presented to the hospitals during the 12 year period. Also they should provide information is there are criteria for selecting patients for bladder-only repair.

In their centres, what is the success rate of the traditional method (vaginal and bladder repair) of fistula repair?
The references are quite old, the Authors would need to do more literature review and update the references

Competing interests: none

Invited by the author to make a review on this article? : No

Experience and credentials in the specific area of science:
I have been an gynaecologist for the past 7 years and I have been involved in vesicovaginal fistula repair right from my residency years. I have recently published a review if vvf repair in my centre

Publications in the same or a related area of science: Yes


How to cite: Ajenifuja O.Bladder-only repair of vesicovaginal fistula; twelve yearss experience in south-eastern nigeria[Review of the article 'Bladder-only Repair Of Vesicovaginal Fistula: Twelve Years Experience In South-eastern Nigeria.' by J. WebmedCentral 2011;1(12):WMCRW00258
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