

## MANAGEMENT OF VESICOUTERINE FISTULA WITH ABDOMINAL APPROACH

### Hypothesis / aims of study

Vesicouterine fistula (VUF) (Youssef's syndrome) is a very rare type of genitourinary fistula. Classical findings are; cyclic hematuria and secondary amenorrhea, which is not accompanied by urinary incontinence. In surgical treatment; transvesical, transabdominal and transvaginal fistula repair can be performed. In this study; we aimed to present the outcomes of transabdominal approach through omental flap transport.

### Study design, materials and methods

Between January 2016-January 2017, 4 patients who were referred to our clinic with VUF were evaluated, retrospectively. The age of the patients, etiology of fistula, timing of operations, fistula size, and follow-up period were recorded. Cystoscopy was performed in all patients before surgery. During the procedure, methylene blue was administrated to the bladder, cervix was dilated with buckles, and it was assessed whether methylene blue was drained from the cervix or not. Simultaneous hysteroscopy was performed in two patients who were suspected of diagnose and it was seen that uterine cavity was painted in blue. Phannenstiell incision was performed in the surgical procedure. Transabdominally, posterior of bladder was released. The fistula tract was found and it was dissected and excised from both the bladder, and the uterus. The defect on the uterine wall and the bladder was closed separately, and an omental flap was fixed between the two structures.

### Results

The mean age of the patients was 38.25 (32-43) years and the mean fistula size was calculated as 2.0 (1-3) cm. VUF was occurred in 3 patients after cesarean sections (C\S) (after 3th, 4th, 5th C\S, respectively), and in 1 patient after the diagnostic hysteroscopy procedure performed for infertility. One patient was operated in the early period (on the postoperative 10th day), while the other two patients were repaired after 2 months, and one patient after 3 years postoperatively, respectively. No intraoperative complications occurred in patients who had either early or late repair. However, antimuscarinic drugs were prescribed to 2 (50%) patients due to de novo urgency. No recurrence occurred in any of the patients with a mean follow-up of 7.75 (2-15) months.

### Concluding message

Vesicouterine fistulas are one of the least common gynecological fistulas and its most common cause is C\S. In cases when fertility is desired, uterus protective procedures; omental flap transfer with transabdominal approach can be performed as an effective and reliable method.

### Disclosures

**Funding:** None **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics not Req'd:** retrospective nature **Helsinki:** Yes **Informed Consent:** Yes