



REPAIR OF A URINARY VAGINAL FISTULA

What does the procedure involve?

Surgical closure of an abnormal connection (resulting in a urinary leak) between the vagina and the bladder or ureter.

What are the alternatives to this procedure?

Alternatives to this procedure include urine diversion by bladder catheter or nephrostomy, ileal conduit urinary diversion, observation and, very occasionally, closure of the vagina (colpocleisis).

What should I expect before the procedure?

You will usually be admitted to hospital on the same day as your surgery. You will normally receive an appointment for a "pre-assessment" to assess your general fitness, and to do some baseline investigations. Once you have been admitted, you will be seen by members of the medical team which may include the consultant, specialist registrar, house officer and your named nurse.

You will be asked not to eat and drink for six hours before surgery. Immediately before the operation, the anaesthetist may give you a pre-medication which will make you dry mouthed and pleasantly sleepy.

You will be given an injection of a drug called Clexane under your skin. Together with elasticated stockings provided by the ward, this will help to prevent venous thrombosis (clots in your legs)

Please tell your surgeon (before your surgery) if you have any of the following:

- An artificial heart valve
- A coronary artery stent
- A heart pacemaker or defibrillator
- An artificial joint
- An artificial blood-vessel graft
- A neurosurgical shunt
- Any other implanted foreign body
- A regular prescription for a blood thinning agent such as warfarin, aspirin, clopidogrel (Plavix®), rivaroxaban, prasugrel or dabigatran
- A previous or current MRSA infection
- A high risk of variant-CJD (if you have had a corneal transplant, a neurosurgical dural transplant or injections of human-derived growth hormone).

When you are admitted to hospital, you will be asked to sign the second part of your operation consent form giving permission for your operation to take place, showing you understand what is to be done and confirming that you want to go ahead. Make sure that you are given the opportunity to discuss any concerns and to ask any questions you may still have before signing the form.



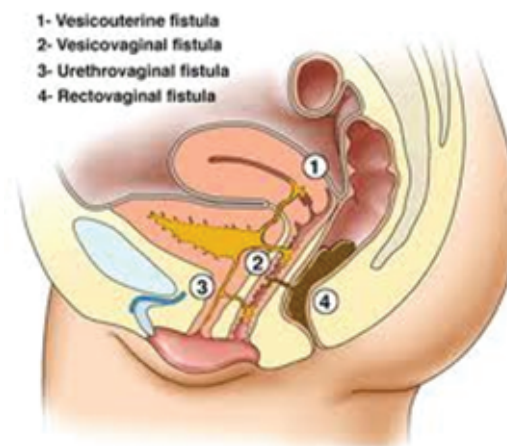
What happens during the procedure?

A full general anaesthetic is normally used and you will be asleep throughout the procedure. You will usually be given an injection of antibiotics before the procedure, after you have been checked for any allergies. The anaesthetist may also use an epidural or spinal anaesthetic to reduce the level of pain afterwards.

If your surgeon has decided to close a bladder fistula from below, the procedure will be performed entirely through the vagina. A pack is usually left in the vagina afterwards.

Many procedures are performed through the lower abdomen (tummy) with either a vertical or a transverse incision. The surgeon dissects the fistula out and divides the connection between the urinary tract and the vagina.

We often reposition part of the fatty envelope inside the abdomen (the omentum) between the vagina and the urinary tract to prevent the fistula from re-forming.



What happens immediately after the procedure?

You should be told how the procedure went and you should:

- Ask the surgeon if it went as planned;
- Let the medical staff know if you are in any discomfort;
- Ask what you can and cannot do;
- Feel free to ask any questions or discuss any concerns with the ward staff and members of the surgical team; and
- Make sure that you are clear about what has been done and what happens next.

Two catheters are usually put in the bladder for two to three weeks, one via the urethra (water pipe) and one (suprapubic catheter) through a small incision in the skin over the bladder. There will be a drainage tube close to the wound, to carry fluid away from the operation site. A tube may be placed through the nose to prevent bloating of your stomach.

After your operation, you may be in the special recovery area of the operating theatre before returning to the ward. Visiting times in these areas are flexible and will depend on when you return from the operating theatre. You will have a drip in your arm.



You will be encouraged to mobilise as soon as possible after the operation; this encourages your bowel to begin working again. We will start you on drinks and food as soon as possible.

A physiotherapist will show you some deep breathing and leg exercises, and you will sit out in a chair for a short time soon after your operation. It will, however, take at least six months for you to recover fully from this surgery, although much of the recovery comes a good deal sooner than this.

The average stay in hospital is 5- 10 days.

Are there any side-effects?

Most procedures have possible side-effects. But, although the complications listed below are well-recognised, most patients do not suffer any problems.

Common (greater than 1 in 10)

- Infection or hernia of the incision needing further treatment.
- Altered bladder function in the short- or long-term.

Occasional (between 1 in 10 and 1 in 50)

- Anaesthetic or cardiovascular problems possibly needing intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death).
- Blood loss needing transfusions or repeat surgery.
- Failure of the operation with leakage of urine through the vagina, needing re-operation.
- Scarring of the ureters needing further surgery.

Rare (less than 1 in 50)

- None.

Hospital-acquired infection

Please note: The rates for hospital-acquired infection may be greater in “high-risk” patients. This group includes, for example, patients with long-term drainage tubes, patients who have had their bladder removed due to cancer, patients who have had a long stay in hospital or patients who have been admitted to hospital many times.

What should I expect when I get home?

When you are discharged from hospital, you should:

- Be given advice about your recovery at home;
- Ask when you can begin normal activities again, such as work, exercise, driving, housework and sex;
- Ask for a contact number if you have any concerns once you return home;
- Ask when your follow-up will be and who will do this (the hospital or your GP); and
- Be sure that you know when you get the results of any tests done on tissues or organs that have been removed.



When you leave hospital, you will be given a “draft” discharge summary. This contains important information about your stay in hospital and your operation. If you need to call your GP or if you need to go to another hospital, please take this summary with you so the staff can see the details of your treatment. This is important if you need to consult another doctor within a few days of being discharged.

You will require painkillers at home for two to three weeks, during which time you should become progressively more mobile. You may go home with one or both catheters in place, and have a planned return to hospital for these to be removed. If so, you or your carers will be taught how to look after the catheters and their drainage systems.

If you work, you will need a minimum of six weeks off. It may be significantly longer if your work is physically demanding. Heavy lifting should be avoided for six weeks

Sex should be avoided for at least a month.

You may see blood in the urine or vaginal discharge for up to a month after surgery.

What else should I look out for?

If you go home with catheters, you or your carers should check regularly to ensure that urine is draining into them. If the catheters block, this can put pressure on the stitch line in the bladder. In this situation, the catheters need to be flushed and unblocked very promptly.

Are there any other important points?

The urology specialist nurses will keep in contact by phone and by clinic visits in the first couple of months after surgery. They will also be available for long-term follow-up. A follow-up outpatient appointment will be arranged for six to eight weeks after surgery.

Driving after surgery

You should avoid driving for at least six weeks, and it may be longer before this is possible.