

# SURGICAL TREATMENT

## VESICOVAGINAL FISTULA REPAIR

### *A BRIEF OVERVIEW FOR PATIENT REFERENCE*

---

#### WHAT IS A VESICOVAGINAL FISTULA ?

A vesicovaginal fistula is an abnormal connection between the bladder and the vagina, which subsequently continuously drains urine. Certainly there are medical complications and sequelae from a fistula, but perhaps even more devastating are the emotional and social

consequences of the continuous urine leakage, leading to significant social and functional limitations.

Please see the [Conditions](#) section for more information on [Vesicovaginal Fistula](#) symptoms.

---

#### SURGICAL PLANNING FOR A VESICOVAGINAL FISTULA

Repair of a vesicovaginal fistula is a highly technical skill and should be performed by a surgeon with expertise and experience in fistula repair. The greatest opportunity for cure lies in the first surgeon's hands. With each failed repair, the complexity to achieving success becomes more challenging. Our practice is experienced in performing surgical fistula repair, and

Dr. Veronikis has repaired over a hundred cases of urogenital fistula.

The timing for surgical repair can vary based upon the etiology of the fistula and how long it has been since the inciting event (hysterectomy). Sometimes a delay to allow the acute inflammation to heal is recommended to permit the return of healthy tissue prior to surgery.

---

#### SURGICAL REPAIR OF A VESICOVAGINAL FISTULA

In our surgical philosophy of fistula repair, there two important tenets of successful closure of the defect:

- 1) Tension-free repair to allow proper healing
- 2) Closure of the high pressure organ (bladder)

These are both critical whether the repair is completed vaginally or abdominally although our primary modality in closing most fistulas is vaginally. Some patients have a fistula secondary to mesh that has eroded into the bladder

and the vagina; these patients will need removal of the mesh and repair of the fistula to achieve continence.

Following the surgical repair, an indwelling urinary catheter will be necessary to continuously drain the bladder during the first seven to ten days. After this time, our practice performs a post-op office cystoscopy to examine the surgical site. If the healing appears to be appropriate, the catheter is removed at this time.

---

*NOTE: This education content is for informational purposes only and not a substitute for professional medical advice, diagnosis, or treatment.*

*Always seek the advice of your physician or other qualified health provider if you have questions or concerns. If you are interested in a consultation with Dr. Veronikis or Dr. Wood, please call for an appointment to address your specific needs.*