Urology Department

Vesicovaginal Fistula Repair (repair of connection between bladder and vagina)

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrookes. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

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?
Urine diversion by bladder catheter/nephrostomy, ileal conduit urinary diversion, observation, very occasionally closure of the vagina (colpocleisis).

What should I expect before the procedure?
A pre-clerking appointment will also be sent to you to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

You will usually be admitted on the same day as your surgery. After admission, you will be seen by members of the medical team which may include the consultant, specialist registrar, junior doctors, your named nurse and possibly a urology nurse specialist. You will also be seen by the anaesthetist before the operation.

You will be given intravenous antibiotics at the time the anaesthetic is given, and possibly after surgery too.

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

You will be given an injection under the skin of a drug (Dalteparin), which, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins.
Please be sure to inform your urologist in advance of 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 prescription for Warfarin, Aspirin, Rivaroxaban, Dabigatran, Apixaban, Edoxaban or Clopidogrel, Ticagrelor or blood thinning medication
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

**What happens during the procedure?**

Normally, a full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which produces freedom from pain post operatively.

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

Occasionally, if the fistula is very close to the ureteric orifice or orifices (the exit of the ureter carrying urine from your kidney to your bladder), your surgeon may need to re-implant the ureter or both ureters elsewhere into the bladder. Usually, as part of the procedure, your surgeon will place stents within the ureters and these maybe in place at the end of surgery.
Usually, an abdominal approach is necessary and the procedure will be performed through either a vertical or a transverse incision in your lower abdomen. The fistula is dissected out and the connection between the urinary tract and the vagina divided. It is usual to position part of the fatty envelope from inside the abdomen (the omentum) to prevent the fistula from recurring.

**What happens immediately after the procedure?**

The average stay in hospital will last approximately less than seven days.

Two catheters will probably be placed in the bladder for up to three weeks, one via the urethra and one (suprapubic catheter) via a small incision in the skin over the bladder. There will be a drainage tube close to the wound, to drain fluid away from the internal area where the operation has been done. A tube may be placed through the nose to drain the 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 because this encourages the bowel to begin working. We will start you on fluid drinks and food as soon as possible.

Normally, we use elastic stockings to minimise the risk of a blood clot (deep vein thrombosis) in your legs. A physiotherapist will come and show you some deep breathing and leg exercises, and you will sit out in a chair for a short time soon after your operation.

**Are there any side effects?**

Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction

**Common (greater than one in 10)**

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

**Occasional (between one in 10 and one in 50)**

- Blood loss requiring transfusions or repeat surgery
- Failure of the operation with leakage of urine through the vagina, requiring re-operation
- Scarring of the ureters requiring further surgery
- New bladder symptoms of frequency and urgency

**Rare (less than one in 50)**

- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
What should I expect when I get home?

When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment. This is particularly important if you need to consult another doctor within a few days of your discharge.

You will require pain-killing tablets at home for two or three weeks and it may take two or three weeks at home to become comfortably mobile.

You may go home with one or both catheters still 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 the drainage systems for them.

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

If you work, you will need a minimum of six weeks off, and it may be significantly longer if your work involves physical activity.

Heavy lifting should be avoided for six weeks

Sexual intercourse 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 via the catheters, which confirms that the catheters have not blocked. If the catheters both block this can put pressure on the suture line in the bladder, and so the catheters would need to be flushed and unblocked very promptly.

Are there any other important points?

Usually, three to four weeks after surgery, you will be readmitted to have an X-ray dye test (a cystogram) to check that the bladder has healed. At a later date, you may also have to re-attend hospital to have the ureteric stents removed. This is typically undertaken whilst you are awake using a flexible telescope into the bladder (flexible cystoscopy).

A follow-up outpatient appointment will be arranged at about six to eight weeks after surgery.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery.

You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.
Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.

Hair removal before an operation
For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?
There is no specific research in this area at the moment but all operative procedures performed in the department are subject to rigorous audit at a monthly audit and clinical governance meeting.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800

Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879
Patient Advice and Liaison Centre (PALS)
Telephone: +44 (0)1223 216756 or 257257
+44 (0)1223 274432 or 274431
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System ("type" system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature..............................................................Date........................................
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.infoformation@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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