

## 8 A SIMPLE FISTULA REPAIR, STEP BY STEP

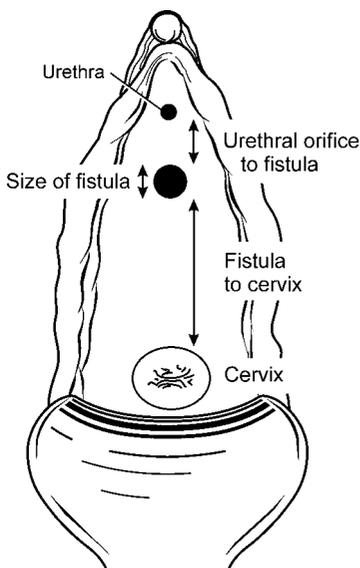
The first step is to suture the labia to the thighs and cover the anus with a swab (Figure 31).



**Figure 31** The labia are sutured to the thighs and the anus is covered with a swab.

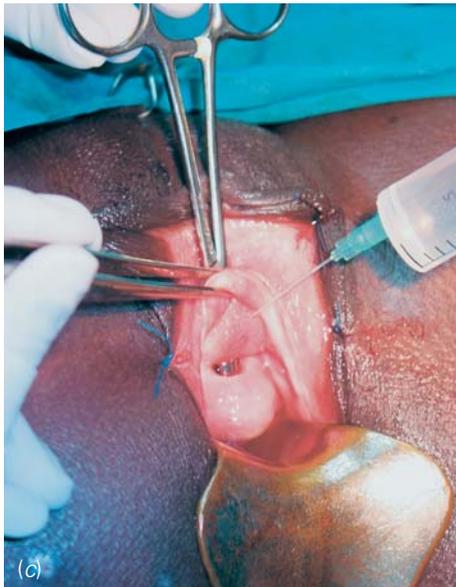
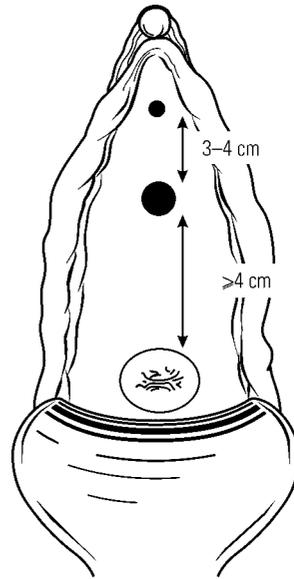
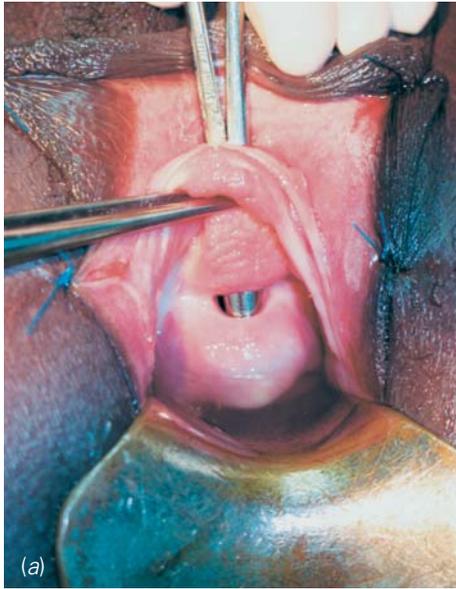
Initial assessment (Figure 32)

- Record the site and size of the fistula.
- Estimate the distance from the external urethral orifice to the distal fistula margin.
- Estimate the distance from the proximal fistula margin to the cervix.

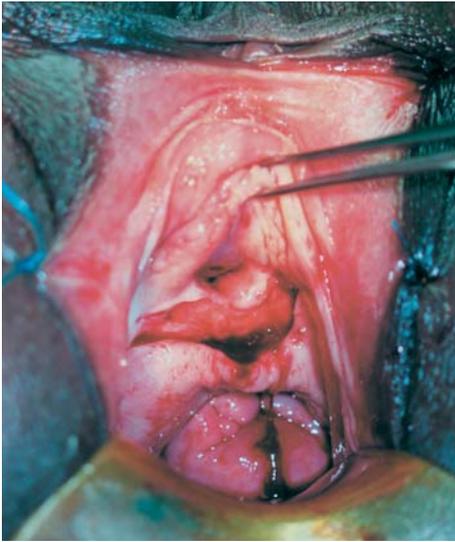


**Figure 32** The measurements to be made.

An ideal beginner's case: an easy small soft fistula at the urethro-vesical junction (Figure 33*a-t*)



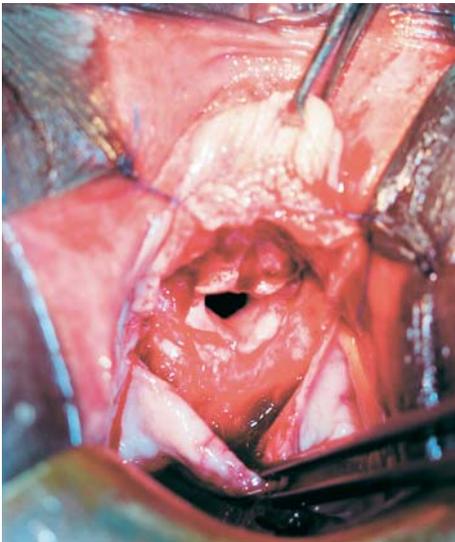
**Figure 33** (*a,b*) Artery forceps (usually a metal catheter is used) have been inserted through the urethra and held towards the operator to expose the fistula clearly. Normally, the interior of the bladder is explored with a metal catheter. The bladder size is noted and stones are felt for. Five percent of patients will have a stone in the bladder. The sensation and sound when tapping a stone is quite distinctive. (See Chapter 9 for management of bladder stones.) (*c*) Infiltration of a dilute adrenaline solution (1 ml of 1:1000 in 200 ml of saline) is optional. This may help in getting into the right plane between the vagina and bladder and will reduce bleeding (there should be very little anyway). (*d*) The forceps that are through the urethra are held towards the surgeon to steady the anterior vaginal wall, and an Allis forceps lifts up the mucosa over the urethra. The first incision is made on the posterior margin.



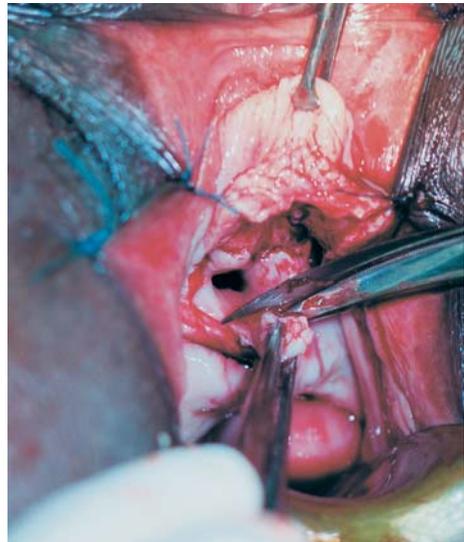
(e)



(f)

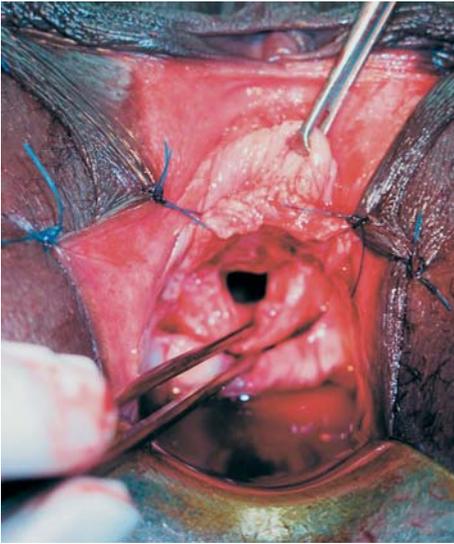


(g)

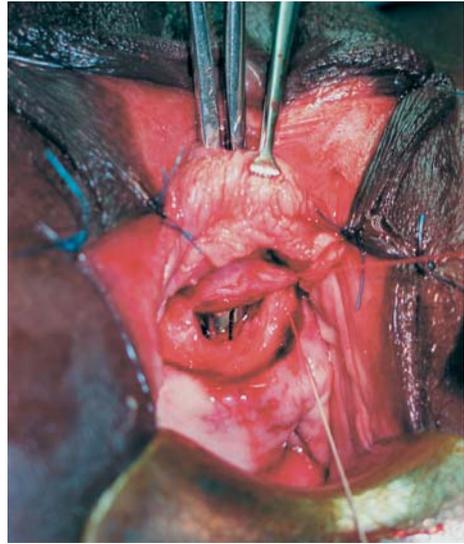


(h)

**Figure 33** (e) The correct plane between bladder and vagina is identified. (f) The posterior dissection has been continued round to the sides to mobilize at least 1 cm beyond the fistula. The anterior incision has been commenced. It may help to make a little vertical extension towards the urethra. (g) The dissection is finished and the right and left antero-lateral flaps have been sutured to the labia well up out of the way. (h) Next, the vaginal mucosa at the fistula margin and any scar (very little in this case) is trimmed away.



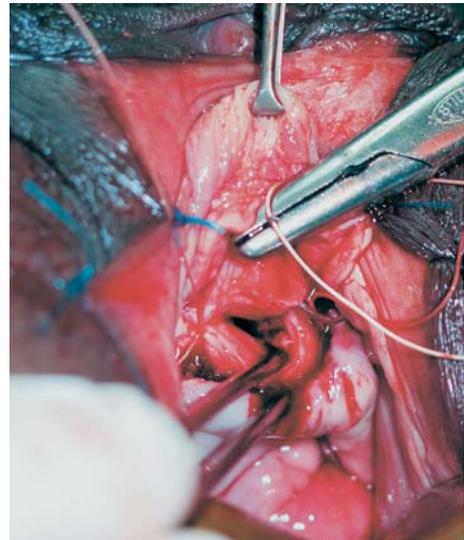
(i)



(j)

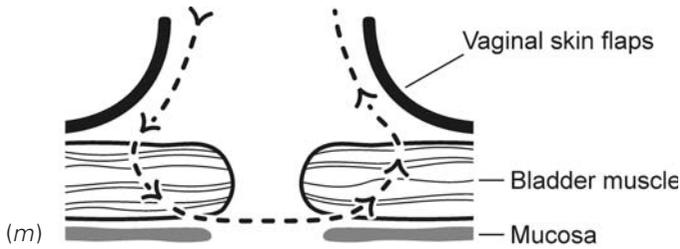


(k)



(l)

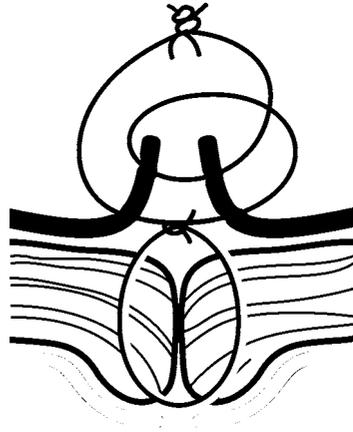
**Figure 33** (i) The freshened margins of the fistula are now nicely exposed ready for suture. Start with the corners. (j) The first corner suture has been inserted beyond the margin of the fistula. (k) Both corner sutures have been inserted, tied and clipped. (l) Three more interrupted sutures, placed about 4 mm apart, will be required. Note that 'big bites' of bladder are taken, traversing the full thickness of the bladder wall but barely picking up the mucosa.



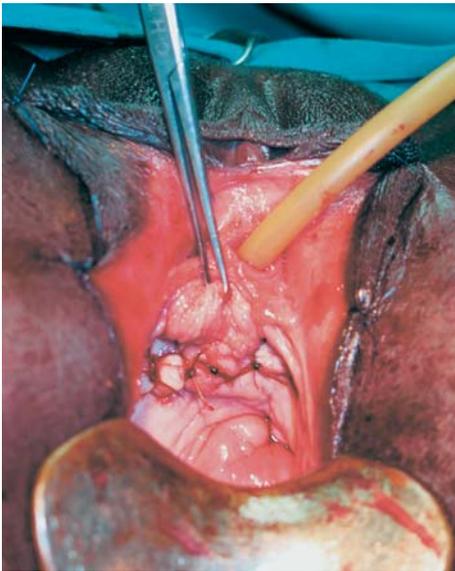
**Figure 33** (m) Take good 'big bites' of bladder wall at least 0.5–1 cm from the edge. (n) The last suture is being tied. *Note:* never hold any instruments in the hands while tying knots since this makes it difficult to judge tension and tie accurately. (o) The repair has been completed in one layer. This is quite sufficient provided that 'big bites' have been taken and sutures have been placed accurately. A dye test should now be performed to check that the repair is watertight: use 60 ml of *dilute* methylene blue (or gentian violet) introduced through a Foley catheter. (p) Press over the bladder or ask the patient to cough. In the unlikely event of a leak through the suture line, put in another suture. The main purpose of a dye test in a simple case is to exclude a second unsuspected fistula, especially an intra-cervical one if the patient has had a Caesarean section. This is rare but important to detect. It occurred in 4 out of the first 500 of my cases.



(q)



(r)



(s)



(t)

**Figure 33** (q) Complete the vaginal closure with a layer of interrupted everting over-and-over mattress sutures. (r) Bladder and vaginal mucosa are sutured. (s) The repair is completed. (t) An antiseptic pack (in this case Betadine) is placed in the vagina. The catheter is sutured to the top of the labia.