

9 PROBLEMS AND DIFFICULTIES

Difficult access

If access is difficult, the surgeon should not hesitate to perform an episiotomy, bilateral if necessary (Figure 34). These are easy to suture.



Figure 34 Bilateral episiotomies make access to this large fistula much better.

Blocked urethra

Sometimes a small fistula occurs at the urethro-vesical junction and the metal catheter will not pass through the proximal urethra due to a stricture. This indicates circumferential loss of tissue, even though the fistula appears small. Usually, gentle pressure will make the stricture give way. Then the fistula is repaired as described, remembering that it will be necessary to mobilize the fistula well beyond its lateral margins to release any scar.

This sort of fistula may be prone to develop a stricture some weeks after the repair, so it is important to insist on an early follow-up visit.

Bladder stones

These are uncommon, but can occur with small simple fistulae. It is essential to detect a stone at the start, as it should be removed and the repair postponed.

A metal catheter should always be used at the start, to sound out the bladder. The feel and sound on tapping a stone is quite distinctive. Sometimes a stone can be suspected during the examination, as this may be uncomfortable. The patient often has painful micturition and haematuria. The stone may be palpable bimanually.

Unless the stone is small or actually coming through the fistula (which is unusual), it should be removed by a separate generous suprapubic incision of the bladder (Figure 35). The bladder wall will be inflamed and thickened, and repair of the fistula should generally be delayed by at least 2 weeks.



Figure 35 This stone was half in the bladder and half in the vagina, and was easily pulled out. Most stones are large and entirely intra-vesical, associated with a small fistula. Therefore suprapubic removal is recommended.

Ureteric involvement

The nearer the fistula is to the cervix, the greater the risk of ureteric involvement. Provided that the fistula is small and midline, the surgeon should not encounter the ureters. (See the discussion of juxta-cervical fistulae in Chapter 10.)

Duration of operation

The case described in Chapter 8 should take an experienced surgeon under 30 minutes. A beginner taking more than an hour either has problems with his or her technique or has selected the wrong sort of case.