VESICO-CERVICAL FISTULA

(A Case Report)

by

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Introduction

Vesico-cervical fistula is one of the rare varities of genito-urinary fistula. We have come across a case, developed following obstructed labour. In view of rarity, it is reported here.

Case Report

Mrs. A. M., MRD No. 81349 Hosp. No. 1399 a 25 years old Hindu female parous woman was admitted to the Hospital on 3-4-81 with history of continuous dribbling of urine following caesarean section on 15-6-80 for obstructed labour with impending rupture of the uterus. A stil-born baby was delived. The dribbling started on the 7th postoperative day. Her menstruation after delivery was normal and L.M.P. was on 16-3-81. She had 2 full term normal labour at home, both children are well, 3rd pregnancy FT. caesarean section as stated.

On Examination

Per speculum, urine was seen to come out through the cervical canal, uterus and adnexae-N.A.D. except cervix was drawn up, had bilateral tear.

Examination under anasthesia: Uterus and adnexae-N.A.D. cervix drawn up, bilateral tear. Vesico-cervical fistula was confirmed by dye test and swab test. Following introduction of dye to the bladder through a catheter the dye was seen coming through the cervical canal. The smallest sized dilator cervix was passed through the urethra and under guidance of the finger could be brought through the cervical canal.

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Operation

On 25-4-81 local repair of fistula was done per vagina under spinal anaesthesia. A small rubber catheter was guided by a smal probe through the urethra to come out through the vervical canal into the vagina through the fistula and the probe removed. A right sided Schuchardt's incision was made. The catheter was palpated inside the cervical canal to locate the fistula and was found to be just below the internal os of cervix. Like anterior colporrhaphy the bladder was separated and mobilised and dissected off from the cervix till the catheter was visualised between bladder and the cervix. The bladder wall was dissected well off around the catheter and the fistula was found to be about ½ c.m. in diameter. The flap was mobilised and the bladder opening was repaired. Removing scar tissue around the cervical opening was removed and closed. The operation was completed just like anterior colporrhaphy. At completion of the operation the dye test was negative; Schuchardt's incision was repaired. Indwelling catheter was kept for 14 days the last 3 days having intermittent clipping; bladder irrigation as usual and a course of anti-biotics.

Following removal of the catheter her ailment disappeared and she was allowed home with usual advice.

On follow up examination she was found to have no complaints and pelvic examination was satisfactory.

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