

## MANAGEMENT OF VAULT FISTULA WITH SPECIAL REFERENCE TO COLPOCLEISIS

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### SUMMARY

There were 9 cases of vault fistula of all the cases of VVF during the last seven years. 5 cases were repaired by abdominal route, 3 desperate cases had PARTIAL COLPOCLEISIS which were otherwise inoperable and 1 patient had Ureteric Transplantation. There was 100% success rate alongwith the inference that the procedure of Partial Colpocleisis is good for large fistulae with poor tissues and it improves the quality of life of patient.

### INTRODUCTION

Large urinary fistulae developing after radical surgery, where chances of healing are poor, becomes a source of added misery to these patients and a nightmare for the surgeon. The importance of management of these fistula cases has been remarked upon by Sims as early as 1852 that "Whatever may be the cause of this distressing affliction it is a matter of serious importance to both surgeon and patient that it be rendered susceptible to cure". Partial Colpocleisis

was initially started by Latzko (1942) and later on Falk (1988) and Tancer (1980) have done repair of many large fistulae by this technique.

### MATERIAL AND METHODS

There were nine (9) cases of vault fistula out of all the fistulae cases managed in J.N. Medical College Hospital in our unit during the last seven years. (Table I)

In five (5) cases repair of fistula was done by abdominal route. PARTIAL COLPOCLEISIS was done in three (3) cases, who had large defect with either one or both ureteric opening near

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the fistula, Ureteric Transplantation was done in one (1) case.

Vault Fistulae	Abdominal Route (5)	Transvesical - 2.
		Transperitoneal-3.
	Partial Colpocleisis (3).	
	Ureteric Transplantation (1).	

In the present series of vault fistulae 5 cases were operated by Abdominal route, 3 cases by TRANSPERITONEAL route

and 2 cases by TRANSVESICAL route. Bladder being separated by the vaginal mucosa repair of the bladder was done in two (2) layers and the vagina closed by non-absorbable sutures in single layer. The results were good in all the cases as the exposure of high fistula was better with Abdominal route. In one case Ureteric Transplant was done as she had a very big fistula developed after radiation and she died after six months due to uraemia. (Table II).

**Table I**  
Etiology of vault fistula in this study

Causal Factor	No. of Cases
Caesarian Hysterectomy	4
Werthiems Hysterectomy	3
Total Abdominal Hysterectomy	1
Post-Radiation Exposure	1
<b>Total</b>	<b>9</b>

**Table II**  
Outcome of various techniques

Technique	No. of cases	Cured	%
Transperitoneal	3	3	100
Transvesical	2	2	100
Partial Colpocleisis	3	3	100
Ureteric Transplant	1	1	100
<b>Total</b>	<b>9</b>	<b>9</b>	<b>100%</b>



### Partial Colpocleisis

Procedure of Partial Colpocleisis used  
: Fig: 1, 2.

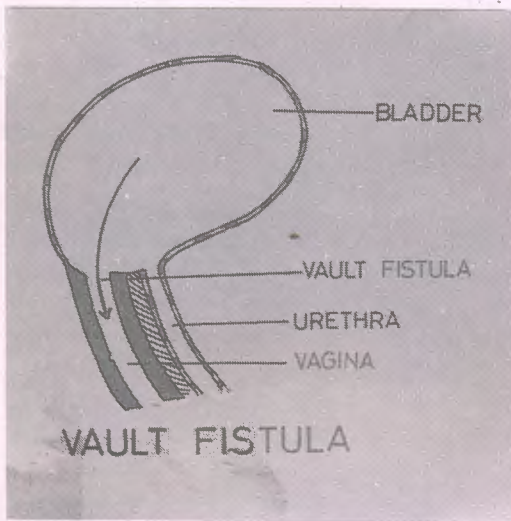


Fig. 1

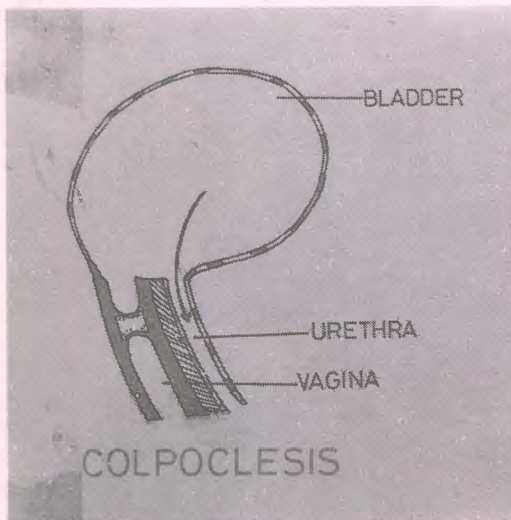


Fig. 2

- A circular incision was made in the healthy vagina 1.5 to 2.0 cm below the opening.

- The vaginal flap was dissected on both sides.

- The upper part was approximated in the centre by vicryl 00.

- Obliteration of the intervening space was done by chromic catgut 000.

- Closure of the lower flap was done by vicryl 00.

- Indwelling catheter kept for 10 days post-operatively.

- On healing the vaginal portion acted as posterior wall of the bladder, thus patient passing urine through normal passage.

### OBSERVATIONS AND DISCUSSION

There has always been a controversy between the urologists and gynaecologists regarding the route of repair i.e. abdominal or vaginal. Urologists are in favour of abdominal route while the Gynaecologists are in favour of vaginal route.

Partial colpocleisis was the third method employed for repair of vault fistulae. It was performed in three (3) patients with big vault fistulae following Wertheim's hysterectomy who were otherwise inoperable due to poor tissues of the bladder and fibrosis, and had 100% success (although the number of cases was very small). In this partial colpocleisis results were found better than the ureteric transplant as there was no electrolyte imbalance and the patient was passing urine through normal passage. In all the 3 cases there was no significant vaginal shortening. Tancer (1980) also did not report any perceptible shortening of the vagina.

Partial colpocleisis was first described by Latzko in 1914. He operated on 31 cases, 29 patients were cured (93.5%). The procedure was popularized by Henry C. Falk (1988). It is a simple procedure having minimal blood loss and post-operative

complications. It has got a definite role in desperate cases of radical surgery for malignancy where chances of healing are poor. Tancer (1980) employed this technique in a large number of cases of vault fistula, 93% were cured at first attempt and 7% required repeat operation.

#### CONCLUSION

By this we can infer that vault fistula can be better repaired by abdominal route, Partial colpocleisis is a good procedure for

treating large fistulae with poor tissues as in malignancy where otherwise repair is difficult and impossible, as it is safe and simple method which improves the quality of life of the patient.

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