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PICTORIAL ESSAY

Ureteroneocystostomy for Ureterovaginal Fistula

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A patient had undergone total laparoscopic hysterectomy for abnormal uterine bleeding. After 14 days, the patient had complaint of urinary leak per vaginum. This pictorial assay describes the procedure of ureteroneocystostomy by the psoas hitch method for ureterovaginal fistula. Post-repair patient recovery was uneventful. The DJ stent was removed after 6 weeks (Figs. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12).

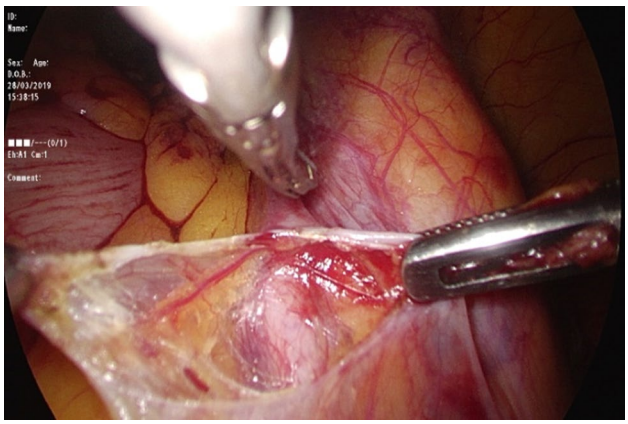

Fig. 1 Stay suture at proximal ureter stump

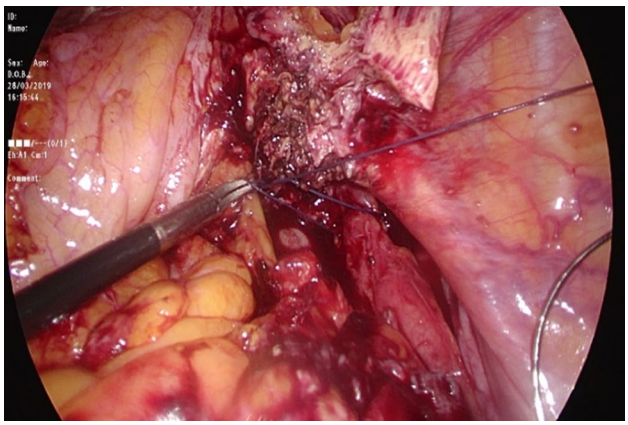

Fig. 2 Ureter exposed by dissecting overlying peritoneum

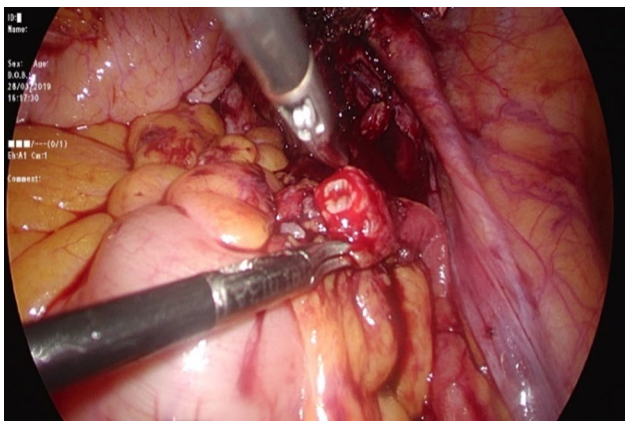

Fig. 3 Proximal ureteric opening freshened

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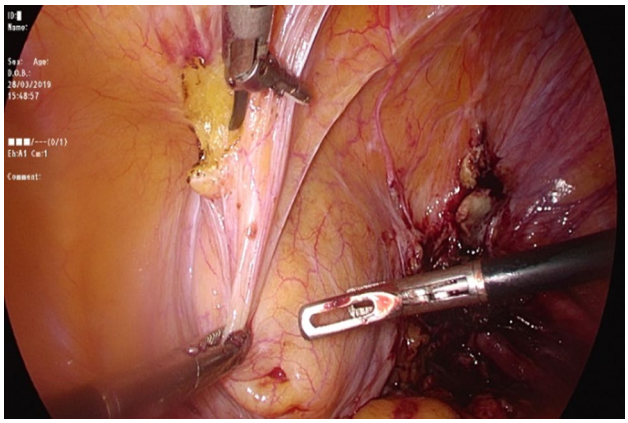

Fig. 4 Pubocervical fascia dissected

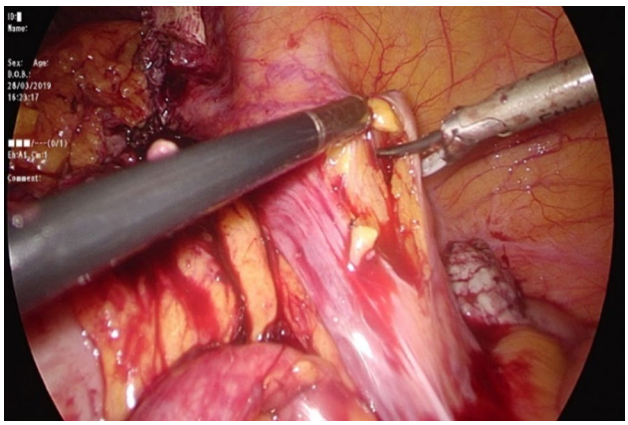

Fig. 5 Ipsilateral psoas muscle exposed

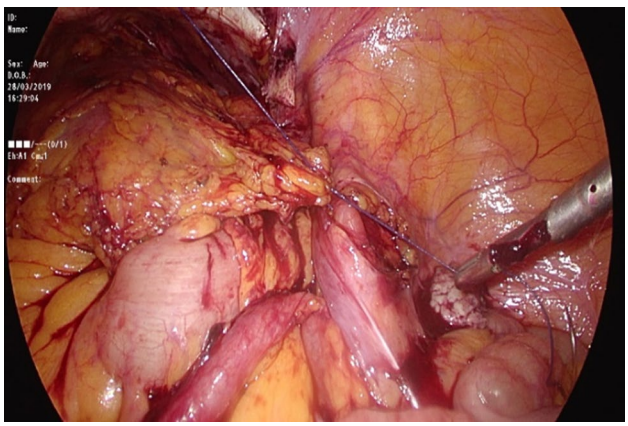

Fig. 6 Bladder fixed to ipsilateral psoas muscle

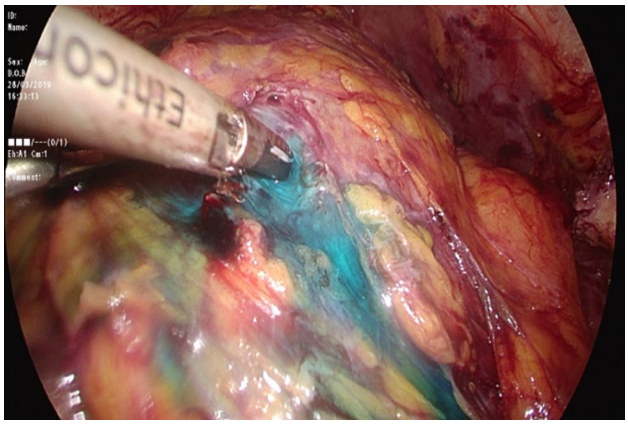

Fig. 7 New ureteric opening made in bladder

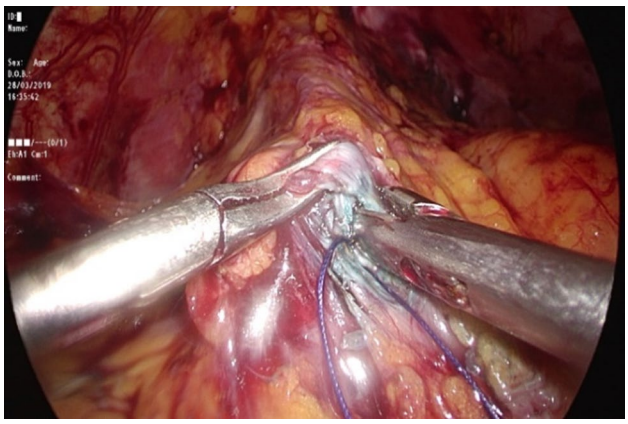

Fig. 8 Stay suture placed in bladder

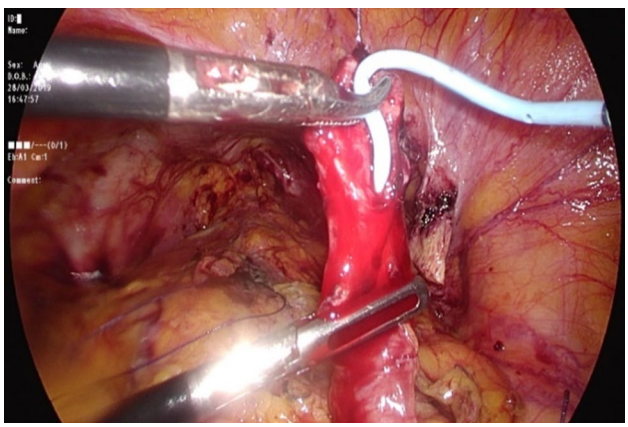

Fig. 9 DJ stent introduced into proximal ureteric stump

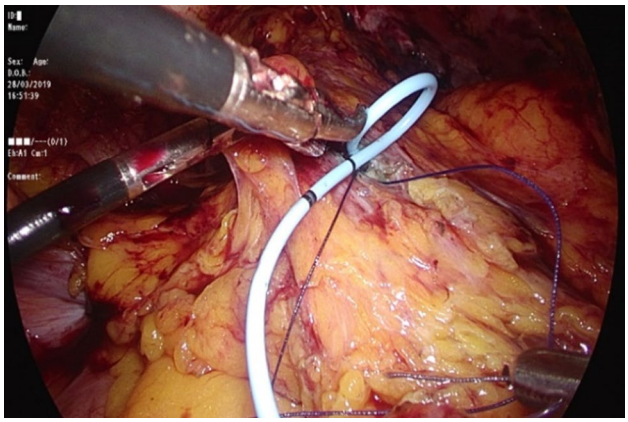

Fig. 10 DJ stent introduced in bladder

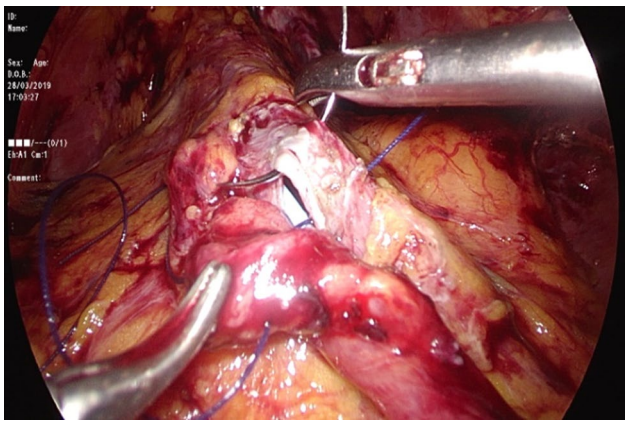

Fig. 11 New ureteric opening in bladder sutured to ureter

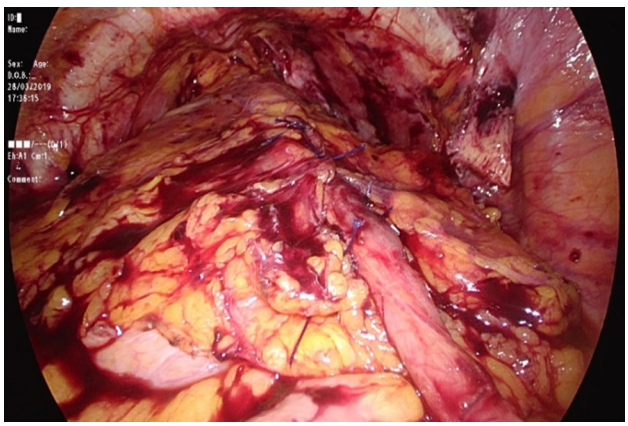

Fig. 12 Omental flap placed

Compliance with Ethical Standards

Conflict of interest Authors declare that they have no conflict of interest.

Informed Consent Patient's consent was taken and attached.

Human and animal rights Research did not involve animals. Research complied with ethical standards of study on human subjects. Permission was taken from Dr Ramesh Hospital ethical committee.

About the Author

Dr. Ramesh is a pioneer in Laparoscopic gynecological surgeries in India with a significant presence in clinical and academic circles all over India. He has conducted live surgical workshops and possesses expertise in the treatment of severe endometriosis, laparoscopic vesicovaginal fistula repair, laparoscopic tubal recanalization, removal of a submucous fibroid, septum resection, TCRE, and hysteroscopic adhesiolysis. He is specialized in urinary incontinence treatment, SUI surgeries like a TOT, TVT, MiniArc, vaginal vesicovaginal fistula repair, and laparoscopic sacrocolpopexy for vault prolapse. He has performed 25,000 major gynec laparoscopic surgeries and more than 4000 laparoscopic hysterectomies. He has expertise in various laparoscopic sling procedures for nulliparous prolapse, hysteroscopic surgeries for the uterine septum, tubal cannulation, adhesiolysis, and all methods of endometrial ablation including TCRE and laser ablation, as alternatives to hysterectomy.