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Introduction & Objectives: Vesicovaginal fistula is a bothersome complication after gynecological surgery. The robot-assisted approach represents a viable alternative to laparoscopy for complex cases. In this video we present a step by step surgical approach for the treatment of complex vesicovaginal fistula with the DaVinci Xi robotic system.

Materials & Methods: We describe the case of a 65 years old female who came to our attention for vaginal leakage 2 weeks after a laparoscopic radical hysterectomy. The CT scan clearly showed a vesicovaginal fistula and the cystoscopy confirmed the diagnosis. Before surgery, two ureteral catheters were placed. A 4,2 Fr catheter was placed into the fistula coming out of vagina. The patient was placed in 30° Trendelenburg position. Four 8 mm robotic and two 12 mm assistant trocars were placed with the classical configuration for pelvic surgery. The posterior bladder wall was dissected under flexible cystoscopy guidance using the Firefly mode and the fistula tract was identified and excised. The plane between the posterior wall of the bladder and the anterior wall of the vagina was carefully dissected distally. The vagina was horizontally closed in double layer. The bladder was repaired vertically with a double layer 3-0 Vicryl suture. A water tightness test was performed and showed no leaks. An omental flap was pulled down and fibrin sealant was applied to protect the sutures. A vaginal swab was left in place.

Results: No perioperative complications occurred. The ureteral catheters were removed on 8th post-operative day. The urethral catheter was removed 15 days after surgery. At 3 months follow-up the patient is dry and asymptomatic.

Conclusions: Robot-assisted surgery allows an effective treatment of complex vesicovaginal fistulas with good perioperative outcomes.