

Fistula Repair

What is a fistula repair operation?

A fistula is a hole or an abnormal tract between 2 organs. The fistulas that the urogynaecology department deal with are between the bladder and vagina, and between the bowel and the vagina. A fistula repair operation involves a closure of the abnormal connection between these two areas. The main causes of a fistula are childbirth or previous pelvic surgery. The surgery is usually performed through the vagina, but in some cases may have to be performed abdominally (this will be discussed prior to surgery). Success rate of this procedure is between 80 to 90%.

What is involved?

The procedure is performed under general anaesthesia but may be done under a spinal. Your anaesthetist will discuss these options with you.

IF YOUR SURGERY IS PERFORMED VAGINALLY:

Although there will be no visible wound, there will be surgical incisions and stitches inside the vagina. The vaginal skin over the fistula will be excised along with the tract, and closure of the fistula will occur independently using the healthy tissues. These sutures dissolve over the next 6 to 10 weeks.

IF YOUR SURGERY IS PERFORMED ABDOMINALLY:

An incision will be made on your abdomen (tummy) just above the pubic bone (either horizontally or vertically) and the tract will be removed, before suturing together the healthy tissue. The incision is closed with sutures (stitches); these may be dissolvable (these take 5 days to 2 weeks to dissolve) or if non absorbable they will be removed on day 7.

What can go wrong?

As with any operation there can be infection of your wound but this is usually treatable with antibiotics.

As with all abdominal and vaginal procedures there is a very small risk of bladder, bowel or major blood vessel injury.

If the surgery fails, obviously there will be a repeat surgery required but the surgeon will discuss this with you.

Anaesthesia is not without risks and these are outlined in the consent forms.

The Operation:

You are usually admitted the day of surgery and you may be

given a gentle enema to clean out your bowel. Your stay is usually between one and five days at the most after surgery.

The success rate of this operation is good and under continuing evaluation.

After the Surgery

When you go home you must not lift heavy objects or do strenuous work for about six weeks. With this procedure you will need the full 6 weeks off work.

You will be seen after the operation in the clinic between 6 to 12 weeks depending on the type of surgery you are having where follow up investigations may be arranged for you. If everything is well the success of your operation should be permanent.

With abdominal surgery you need to keep your wound clean and dry till healed. Some vaginal bleeding may occur during the first week or so, this is the stitch coming away – this is quite normal provided it is 'pinkish' coloured discharge.

Tips for Success

Following these simple measures will significantly increase the chance of a successful operation:

- Weight loss if overweight,
- Reducing or quitting smoking,
- Improving pelvic muscle tone by doing pelvic muscle exercises and continuing to do them after surgery.

We recommend you are not to self examine or self assess your operative site till you have been examined by the doctor post operatively.

Do not drive an automatic car for	1 week
Do not drive a manual car for	2 weeks
Do not make a bed for	2 weeks
Do not hang out washing for	4 weeks
Do not use your vaginal oestrogen for	4 weeks
Do not stretch upward for	6 weeks
Do not do any lifting for	6 weeks
Do not have sexual intercourse for	6 weeks

Remember to **rest**. If you are tired and uncomfortable you have been doing too much and need to slow down.

When emptying your bladder, sit on the toilet, feet flat and lean forwards.

Drink 6-8 glasses of fluid per day; limit your caffeinated drinks to 3 per day. Ensure your fibre intake is 30g per day.

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urogynaecology patient
information

If constipation is a problem, Lactulose, which you can buy from the chemist, or another stool softener should be used.

Contact your GP or Emergency Department if you experience any of the following:

- pain not relieved by painkillers
- burning or difficulty passing urine
- increased vaginal bleeding or passing clots
- smelly or offensive vaginal discharge
- fever or feeling unwell

Your doctor will be happy to discuss any concerns that you may have regarding this operation.

I have read this information leaflet and understand its contents.

Signed: _____

Name: _____

Date: _____

**PLEASE BRING THIS DOCUMENT WITH YOU AT THE
TIME OF ADMISSION FOR YOUR OPERATION**

*It is important to check with your insurance company, re driving your car as each company has different policies on driving and surgery.