

VESICO VAGINAL AND URETERO VAGINAL FISTULA

WHEN TO SUSPECT / RECOGNIZE

- When woman presents with continuous watery vaginal discharge smelling of urine
- History of prolonged or obstructed labour / pelvic surgery / radiotherapy / trauma
- Sodden appearance of external genitalia with or without excoriation
- Demonstration of watery discharge per vaginum with characteristic ammoniacal smell
- Demonstration of fistulous communication between the urinary bladder and vagina on speculum examination
- Other causes of incontinence
 - Stress urinary incontinence
 - Urge incontinence
 - Urinary retention with overflow

DIFFERENTIAL DIAGNOSIS

Level 1 : AT SOLO PHYSICIAN CLINIC:

Clinical diagnosis:

- Continuous watery vaginal discharge with uriniferous smell

Investigations:

- Speculum examination

Treatment:

Bladder to be catheterized with indwelling Foley's catheter and patient referred to LEVEL 4

Referral Criteria:

- Suspicion of urinary fistulas

LEVEL 2: AT 6- 10 BEDDED PRIMARY HEALTH CENTRE:

- Same as at LEVEL 1: (Solo Physician Clinic)

LEVEL 3: AT 30- 100 BEDDED COMMUNITY HEALTH CENTRE

Clinical diagnosis:

- Continuous watery vaginal discharge with uriniferous smell

Investigations:

- Speculum examination
- Three swab methylene blue test
- Biochemical tests for renal function

Treatment:

- Confirmation of uretero / vesico vaginal fistula by gynaecologist.
- Detailed gynaecological examination to be performed.
- Care of excoriated skin around the vulva by use of emollients.
- Biochemical tests for renal function
- Transfer the patient to tertiary hospital for further management with indwelling catheter

Referral Criteria:

- Post radiotherapy fistulas
- Vesico Vaginal fistulas
- Uretero vaginal fistulas
- Failure of fistula repair surgery

LEVEL 4: AT 100 OR MORE BEDDED DISTRICT HOSPITAL**Clinical diagnosis:**

- Same as at Level 3

Investigations:

- Speculum examination
- Three swab methylene blue test
- Cystoscopy
- Biochemical tests for renal function
- Hb, TLC, DLC, BT, CT
- IVP
- USG abdomen & pelvis

Treatment:

- Urological evaluation to be carried out and fistula managed jointly by gynaecologist and urologist for optimal cure by surgery.

SUGGESTED READING

Te Linde's Operative Gynaecology.(Eds) Rock JA, Jones III H W. Ninth edition. 2003