



Update on vesicovaginal fistula: A systematic review

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Abstract:

Objective: To conduct a systematic review of the literature on vesicovaginal fistula (VVF), including reporting on the aetiology, in both developed and underdeveloped countries; diagnosis; intraoperative prevention; and management. **Methods:** We conducted a systematic review of the literature on VVF through the PubMed and the Cochrane Library according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. The search was conducted from 1985 to 2018 in English, using the keywords "fistula" and "vesicovaginal fistula". Prospective studies were preferred; however, retrospective studies and case reports were used when no prospective studies were available. All authors extracted relevant data related to the proposed review of VVF and carefully examined collected articles. **Results:** In all, 116 relevant articles were identified and 43 articles were included in this systematic review. The outcome of surgical reconstruction was >90%, but the outcome may be suboptimal in radiotherapy (RT)-induced VVFs. Absolute indications for an abdominal approach included: ureteric involvement, the need for concomitant bladder augmentation, severe vaginal stenosis, and an inability to tolerate the dorsal lithotomy position (e.g. due to muscular spasticity). Typically, it was recommended to wait at least 3 months to allow the inflammatory response to subside before definitive surgery. Early fistula repair can be performed in the absence of infection and in patients who have not received pelvic RT. **Conclusion:** VVF is rare in developed countries. Surgical treatment is the primary method of repair. The outcome of surgical reconstruction exceeds 90%, but the outcome may be suboptimal in RT-induced VVFs. **Abbreviations:** PRISMA: Preferred Reporting Items for Systematic Reviews and MetaAnalyses; RT: radiotherapy; (S)UI: (stress) urinary incontinence; UVF: ureterovaginal fistula; VVF: vesicovaginal fistula

Keywords:

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