



# The British Association of Urological Surgeons

## Abdominal repair of a fistula between the bladder and vagina

### Repairing a hole between the bladder and vagina

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This leaflet gives you simple, easy-to-read details. Expert doctors in the UK have written it. Please also remember the advice your own doctor or nurse has already given you.

#### Key points

- This operation fixes a hole between your bladder and your vagina. We call this hole a fistula.
- The surgeon gets to the area through a cut in your tummy.
- They can also do it by keyhole surgery. This uses small cuts and special tiny tools.
- The doctor will put a soft tube into your bladder. We call this a catheter. It helps drain your pee.
- The catheter stays in for a few weeks while you heal.
- Sometimes, the fistula can come back, or the repair may not work.

#### What does this operation involve?

A vesicovaginal fistula is a small hole between your bladder and your vagina. This hole can make you pee without control.

This operation is done to close the hole and stop the leaking. Sometimes, the surgeon gets to the area through a cut inside your vagina. Other times, they go through your tummy. We call this your abdomen.

This leaflet explains the operation done through the abdomen.

#### What are your other options?

There are some other choices. You can talk to your doctor about which is the right one for you.

- **No treatment.** If the hole is small, it may not need treatment. You can use pads to soak up the leaks. This is a good choice if the leaking does not bother you.
- **Bladder catheter.** The doctor can put a soft tube into your bladder to keep it empty. We call this tube a catheter. The tube goes through the tube that carries your pee out of your bladder. This tube is called the urethra. If the catheter stays in for a few weeks, the fistula may heal on its own.

- Vaginal repair. Some fistulas can be fixed through a small cut inside your vagina. This is a different type of operation. You can find out more information [here](#).
- Kidney drainage tubes. We call these nephrostomy tubes. For some people, the doctor puts small tubes directly into their kidneys. You can find out more about this [here](#).

## What happens on the day of the operation?

- Your doctor will talk to you about your medical record. They will also make sure that you understand and agree to the treatment. You will hear this called “giving your consent”.
- You’ll meet the anaesthetist. They will talk to you about what type of anaesthetic you will have.
- You may have a general anaesthetic. This is where the operation is done whilst you are asleep.
- You may have a spinal anaesthetic. This is when the doctor makes you numb from the waist down.
- The anaesthetist will talk to you about pain relief.
- The nurse may give you special stockings and an injection to stop blood clots. Some people might need to use these stockings at home, after the operation. Your medical team will tell you if you need to do that.

## What happens during the operation?

- You may be asleep during the operation.
- The doctor puts a thin camera through your urethra. They use the camera to look inside your bladder. The camera is called a cystoscope.
- They may pass a soft wire or tube into the ureters. The ureters are the tubes that carry pee from your kidneys to your bladder. This will protect them during surgery.
- The doctor will make a cut in your lower tummy near to your bladder.
- You may have keyhole surgery instead. If you have keyhole surgery, you will have more cuts. These cuts will be tiny.
- The doctor will make a small cut in your bladder to reach the fistula.
- They will gently separate the bladder from the vagina. They will close the fistula with stitches. These stitches melt away after a few weeks.
- The doctor will put a small piece of your own body tissue between your bladder and vagina. This will help the area heal.
- They will close the bladder with stitches. These stitches melt away after a few weeks.
- The doctor will put a soft tube into your bladder. We call this a catheter. It helps drain your pee.
- Your doctor will tell you when the catheter can be removed.
- Sometimes, they will also place another catheter through your tummy. This also helps drain your pee. This is called a suprapubic catheter.
- A small gauze pack may be put in your vagina. This will help with healing. This usually stays in for about 2 days.

You may have some bleeding from your vagina. This usually goes away after a few days.

The catheters stay in for at least 3 weeks.

You can go home with the catheter in place. You'll come back to hospital to have them removed.

Before the doctor takes the catheters out, they may do a dye X-ray. This will check that your bladder has healed properly.

## Possible after-effects of the procedure

Most people recover well, but there are some things that can happen. Everyone is different. Your doctor will talk with you about what these risks might mean for you.

### Almost all women:

- You may see some blood in your pee. This should go away after about 2 days.
- You may feel some pain where the doctor made the cut. This usually lasts a short time. Simple pain medicine can help.

**Common problems.** These happen to more than 1 out of every 20 people:

- The fistula may not heal and you might still leak pee.
- You may have long-term pain in your vagina or pelvis.
- You may have wound problems. This might be an infection. We treat this with antibiotics.
- Some people get a lump on the wound. We call this a hernia.
- Some people get pain. You can have pain killers to help.
- You may need to pee more often. You may feel the need to pee urgently. This may last forever.
- You may leak pee when you cough, sneeze or strain. We call this stress incontinence.

**Occasional problems.** These happen to about 1 out of every 50 people:

- You may have scarring of the ureters. These are the tubes that connect the kidneys to the bladder. If this happens, you will need more surgery.
- Your bowel may get tight and narrow after the operation. If this happens, you will need more surgery.

**Rare problems.** These only happen to about 1 out of every 250 people:

- You may bleed a lot during surgery. If this happens, you may need another operation to stop the bleeding.
- You may have problems after the anaesthetic. This might be a stroke, chest infection or heart attack. This might need treatment in the Intensive Care Unit. Some of these problems may cause death.

## Risk of getting an infection in hospital

About 6 out of 100 people get an infection whilst they are in hospital. This includes MRSA or C. difficile infections. The risk is higher if you:

- have a tube in place for a long time
- have had your bladder removed
- stay in hospital for a long time
- have been in hospital many times

## Before you go home

Your medical team will tell you how the operation went. You should:

- ask questions. You should know what has been done
- ask the surgeon if everything went as planned
- let the staff know if you have any pain or discomfort
- ask what you can and cannot do at home
- make sure you know what happens next
- get advice about how to look after yourself at home
- be told what to look out for when you get home
- ask when you can start doing the things you normally do
- be told who to contact if you have problems

## What to expect when you go home

- You will get a summary of your hospital stay. Your GP will get a copy too.
- Any medicines you need will be provided.
- You may get some pain in your wound. Simple painkillers will help.
- You will go home with the soft tube in your bladder. This is called a catheter. The nurse will show you how to look after it at home.
- You will get an appointment to come back into hospital to have your catheter taken out.
- Sometimes the doctor will do a special X-ray with dye when they remove your catheter. This is to check that your bladder has healed.
- Your wound will take at least 6 weeks to heal. It may take up to 3 months before you feel fully better.
- You should take at least 3 weeks off work.
- You can go back to work when you feel ready and your GP agrees.
- Call your GP straight away if you get:
  - a fever or high temperature
  - redness, throbbing or leaking from the wound
- Do not do any hard work or lift anything heavy for the first 6 weeks. As a guide, do not lift more than 2 full 4-pint milk cartons.
- You can return to your usual daily tasks after 6 weeks.
- If you want to do harder exercise like running or gym work, wait a few weeks longer. Then slowly start again.
- Wait 6 weeks to go back to work if your job is physical.
- You should not have sex for 6 weeks after the surgery.

## Other things you should know

### Before your operation

- Tell your team if you have implants. These are things like:
  - a pacemaker
  - a joint replacement
- Tell your doctor if you take blood-thinning tablets.

- If you have ever had MRSA, you should tell your doctor.
- You should tell your doctor if you may be at risk of variant-CJD. This might be if you have had:
  - a corneal transplant
  - a neurosurgical dural transplant
  - human growth hormone treatment
- You can ask your doctor about their own results and experience with this operation.

### Smoking and surgery

Smoking makes surgery riskier. Stopping before your operation helps. For help to stop smoking, call the NHS Smoke-Free Helpline: 0300 123 1044.

### Driving after surgery

You must make sure that you are well enough before driving again. Talk to your doctor about this. If you cannot drive for more than 3 months, [tell the DVLA](#). You should also check with your insurance company before driving again.

## Important

We have worked hard to make this leaflet clear and correct. But it cannot replace advice from your own doctor or nurse. Always ask them if you are worried or unsure.

## What should you do with this leaflet?

You can keep this leaflet. If you have more questions, ask your doctor or nurse. They can explain more.

### Online access

You can see this leaflet on the internet.

Scan the special picture (QR code).



<https://rb.gy/hawro4>

### Feedback

We'd love to know what you think! You can share your thoughts by emailing us at [admin@baus.org.uk](mailto:admin@baus.org.uk)

1. **Identify the problem.** The first step in the problem-solving process is to identify the problem. This involves recognizing the issue, understanding its scope, and determining the impact it has on the organization.