



The British Association of Urological Surgeons

Vaginal repair of a fistula between the bladder and vagina

Closing a hole between the bladder and vagina

This leaflet gives you simple, easy-to-read details about your operation. 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 closes a hole between the bladder and vagina.
- The doctor makes a cut inside the vagina to reach the hole.
- You will have a tube in your bladder to drain pee for a few weeks.
- Sometimes the hole does not heal. Sometimes the hole comes back later.

Why do you need this treatment?

A fistula is a hole between your bladder and vagina. It can cause pee to leak from the bladder into the vagina. The operation helps stop the leaking.

What does this operation involve?

- This leaflet explains the operation done through the vagina.
- Sometimes doctors do the operation through the tummy or using keyhole surgery.

What are your other options?

- **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. You can find out more about this [here](#).
- **Abdominal fistula repair.** The hole can be closed through a cut in the tummy or with keyhole surgery. You can find out more about this [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 will meet the anaesthetist. They will talk to you about what type of anaesthetic you will have.
- This operation is usually done using a general anaesthetic. This is where the operation is done whilst you are asleep.
- 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.
- Antibiotics are often given before surgery to avoid infection.
- The nurse will check to make sure you don’t have any allergies.

What happens during the operation?

- You will normally be asleep during the operation.
- The doctor looks inside the bladder and the tube that carries your pee out of your bladder. We call this tube the urethra. The doctor uses a small camera to see.
- A soft wire or tube may be put into the kidney tubes to protect them.
- The doctor makes a cut inside the vagina.
- The bladder is gently moved away from the vagina.
- The hole is closed with stitches that melt away after a few weeks.
- A small piece of fat from your body may be placed between your bladder and vagina to help healing. This is called a Martius fat pad.
- If fat is used, a small drain may be placed to stop blood build-up. It is removed after a day or two.
- Stitches in the vagina and labia melt away after about 3 weeks.
- A small pack may be placed inside the vagina to soak up the blood. The doctor will take it out the next day.
- The doctor puts 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, the doctor also places another catheter through your tummy. This also helps drain your pee. This is called a suprapubic catheter.

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 everyone:

- You may see a small amount of blood in your pee for about 2 days after the operation.
- You may feel some pain where the cuts were made. This usually gets better with pain medicine.

Common problems. These happen to more than 1 out of every 10 people:

- The hole may not close. Your pee may still leak after the operation.
- You may have ongoing pain in your lower tummy or vagina.
- You may need to pee more often. You may feel the need to pee urgently. This may last forever.

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

- The cut may get infected and need treatment.
- You may leak pee when you cough, sneeze, move quickly or strain.
- The vagina may become tighter or stick together inside.
- The tubes that carry pee from your kidneys may become narrow or blocked. This can stop pee from flowing properly. If this happens, you may need more surgery.
- The shape or look of the vaginal lips may change.

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.
- 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

What happens 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 should you expect when you get 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 nurses 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 have removed 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.

General information about your operation

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 some bladder and pee problems worse. Smoking makes some surgery riskier. Stopping before your procedure 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).

Feedback

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



or

<https://rb.gy/11tw0x>

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 goal of the solution.

