The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

Royal Victoria Infirmary
Urogynaecology Unit

Vesico Vaginal Fistula Repair

Information for patients

Introduction

This booklet provides some information about fistulae, the investigations that need to be carried out before the fistula is repaired and what to expect during your stay in hospital. Information about the ward and accommodation is enclosed. Discharge advice and contact numbers are also included.
If you would find it helpful we may be able to arrange for you to speak to someone who has had a fistula repair and might be able to answer some of your questions.

What is a Fistula?

A fistula is the term used to describe an abnormal opening/ connection between two areas. A vesico vaginal fistula occurs between the genital tract, vagina, cervix (or neck of the womb), and uterus (or womb) and the urinary tract. This then causes urine to leak from the vagina. Your doctor will already have explained the cause of your fistula to you.

Hospital Stay

You should expect to stay in hospital for approximately 3 weeks. A number of tests are usually carried out during the first three days to show the size and site of the fistula, before proceeding to surgery for repair of the fistula.

Successful treatment of the fistula

Following the operation to repair your fistula it is important to allow the urine to drain continuously from the bladder. During your operation, one or two catheters are placed in your bladder. These are plastic tubes, which drain urine from you bladder into bags usually for the first 12 days after your operation, although occasionally longer may be required. This prevents pressure building up on the repair and allows the tissues time to heal, giving the maximum chance for success. To make sure the catheters do not become kinked or twisted which prevents the flow of urine, it is our usual practice in Newcastle to keep you on continuous bed rest for 12 days. To prevent boredom it’s a good idea to bring lots of books, magazines, needlework, personal stereo, and your laptop to help pass the time.

Investigations

Urine Culture

This investigation will be requested to check for infection. You will be asked to provide a mid stream specimen of urine.

EUA (Examination under Anaesthetic) and Cystoscopy

This investigation is usually carried out on the day after admission. It involves a short anaesthetic. A specially adapted camera is used to look at the tissues on the inside of the bladder and at the urethra or bladder outlet pipe. The tissues of the vagina and the site and extent of the fistula are examined and checked for infection
Mr Hilton can then determine when it is best to carry out the repair and whether this will be done through an abdominal incision or through the vagina

Urodynamic Investigation (bladder function test)

These investigations are carried out in the out - patient department to check bladder function, and can be carried out on admission before your fistula repair. A booklet describing the investigation will be provided if required.

X Rays

It may be necessary to check your kidneys and ureters (pipes taking urine from the kidneys to the bladder), before your operation.

Risks

Infections

The most common problems are associated with chest, wound or urine infections. Chest infections are most likely to occur if you are already prone to chest infections or if you smoke. It is advisable to reduce or give up smoking before you come into hospital. Help is available from your GP and other organisations if you are finding it difficult to quit. If you have any respiratory problems, (e.g. asthma or bronchitis), please see your G.P., as an anaesthetic and reduced exercise following an operation can make an existing chest problem worse.
Urine infections may occur after the surgery and can easily be treated with antibiotics.

Thrombosis

Thrombosis (a blood clot) can occur due to reduced mobility. You will be provided with support stockings, which aid circulation, and advised about leg and breathing exercises. A course of injections of an anti coagulant, which helps prevent blood clots forming, may be prescribed.

Compression boots are worn while you are in bed. You will return form theatre wearing boots which inflate and deflate at intervals to assist circulation. The boots remain in place for 24 hours. When they are removed you continue to wear the support stockings

The risk of chest infection and thrombosis increases if you are overweight, so if possible try to lose any excess before admission.
Help is often available from the Practice Nurse at your GP surgery

Admission to Hospital

- Cystoscopy and EUA are usually carried out on the day after admission and repair of the fistula takes place a few days later.

- You should bring with you nightwear, dressing gown and slippers, toiletries and towels. As mentioned earlier it's useful to bring books etc plus a small amount of money in change for the telephone, newspapers and magazines. You should also bring any tablets, which you take regularly at home.
- Please let the nursing staff know if you require a special diet.
- The nursing staff will complete an assessment and discuss your planned care.
- The ward doctor will see you following your arrival to examine you and take some blood specimens. You may require a chest x-ray or an electrocardiogram, (a tracing of your heart). Mr Hilton your consultant will see you.
- The physiotherapist will visit and discuss the exercises you need to carry out after the operation. You will be advised not to carry out pelvic floor exercises immediately after the fistula repair
- An anaesthetist will visit to make sure you are as fit as possible for your surgery.
- Before your fistula repair a premedication may be prescribed, which helps you feel relaxed before going to theatre.

Preparation for theatre for repair of fistula.

Support stockings may be provided which help circulation while you are less mobile. These are worn immediately before going to the operating theatre, usually after your bath or shower.

To ensure that your bowels are empty and to rest the bowel after the operation a small enema is usually given on the evening prior to surgery.

To avoid being sick during the operation, which can be dangerous, nursing staff will advise you to stop eating and drinking a few hours before the planned time of your operation.

On the day before your operation you will need to have a full pubic shave.

On the morning of surgery you will need to have a bath or shower, remove make-up and nail varnish before putting on the theatre gown and support

stockings. You will usually also be given an antibiotic (to help prevent infection), and an injection of Tinzaparin, (to reduce the risk of thrombosis).

Your operation

Repair of the fistula may be carried out through the vagina or through an abdominal incision. The damaged tissue is removed and the opening between the genital tract and urinary tract is closed with sutures (stitches). If your operation is done vaginally, a graft of fat may be taken from the labia (fold of skin surrounding the vagina and urethra or bladder outlet pipe), to help support the fistula repair. You will therefore have stitches in the labia, which are usually removed approximately 5 days after the operation.

After the Operation

After the operation you will be transferred to the recovery unit where you will stay for an hour or so. Nursing staff will record your blood pressure and pulse regularly whilst you are there and also on your return to the ward. You may be attached to:

- An oxygen mask for a few hours
- Intravenous therapy (drip, I.V.T.) for a couple of days
- Patient controlled analgesia pump, (PCA). This is used if the fistula repair has been carried out through and abdominal incision. This administers pain-relieving drugs into a vein when you press a hand held button. It usually stays for a couple of days until you can tolerate tablets
- A urethral catheter and usually a supra pubic catheter.
- Following operation to repair the fistula it is important to allow urine to drain continuously from the bladder. To ensure that there are no problems with the flow of urine the nurses measure urine drainage into the bags every hour, for the first 12 days

It is important to do your deep breathing exercise whilst you remain in bed. This involves taking deep breathes slowly in and out. This helps to increase the flow of oxygen and helps to move any secretions from the lungs to the throat. Try to perform these exercises 5 times every hour.
To help prevent circulatory problems while you are in bed you should not cross your legs when lying or sitting. Exercises such as moving your feet up and down at the ankles, circling your feet, and bending and straightening your knees are also helpful if you carry them out regularly approximately ten times per hour until you are mobile.

You can have sips of water to drink initially.

- On the day of your operation after returning from theatre, you will be assisted to freshen up and brush your teeth.
- On the first day following the operation you will be assisted with a wash.
- On the second day the drip and PCA will be taken down. The catheters will continue to drain urine into the bags. You will be able to have light meals if you feel like it. To keep the catheters draining, try to drink at least

1.5 litres in 24 hours. When you can manage you will be provided with a wash bowl and so on for washing.

Since you are expected to remain in bed for at least 12 days, nursing staff will be happy to help with hair washing and personal hygiene needs. If you have stitches in the labia as described above, nurses will show you how to keep this area clean and dry using gauzes and sterile water.

You will probably not have had a bowel movement at this stage. A mild laxative can be given if necessary. If you feel unable to use a bedpan then nursing staff can usually wheel you to the bathroom. However it is very important that the catheters do not become kinked or twisted, and care must be taken if transferring onto the wheelchair.

Mr Hilton will decide when you can get out of bed for the first time; you will probably feel quite wobbly on your feet when you first get out of bed. Nursing staff will accompany you when you do get up and assist you with a shower.

Passing urine

Approximately 10 days after your fistula repair the catheter in the urethra or bladder outlet pipe will be removed. Usually on the 12th day the supra pubic catheter which is inserted through the abdominal wall just above the pubic bone at the time of your operation, will be closed by a clamp to allow your bladder to fill and allow you to pass urine normally. The amount of urine left in your bladder after trying to pass urine yourself is known as the **residual** volume and this will be checked on a few occasions after your operation. The residual urine decreases quite quickly after the bladder has had a chance to settle down after the operation. When several low residual volumes have been recorded then the catheter can be removed.
If as occasionally happens the residual urine remains high, then you may go home with the catheter in place, and continue the clamping regime at home. Most women pass urine satisfactorily after this extra time and the catheter is then removed. You will have support from the District Nurse and you will be given a contact number at the hospital. If you are unable to pass urine after this extra time

Very rarely after this time if the residual remains high the catheter can stay in place and you will be reviewed in hospital by Mr Hilton. It may be necessary to teach you how to insert a catheter yourself as and when you need it, so that the permanent catheter can then be removed.

Discharge Information

- You may experience some frequency of passing urine. This should lessen with time. When you pass water try to empty your bladder completely. This will help reduce the risk of infection

- Either shower or have a shallow bath each day following your discharge home.

- Too much tea or coffee is not a good thing for the bladder. No more than 3-4 cups should be taken unless decaffeinated. It is not necessary to drink more than 1.5litres in 24 hours

- Gradually increase your mobility during the six weeks following discharge. You should continue with the exercises given to you by the physiotherapist.

- Avoid constipation by eating a high fibre diet including plenty of fresh fruit and vegetables, bran, brown bread etc.

- Sexual intercourse should not be resumed until you have had your follow up appointment in the out-patient department when healing of the vagina can be checked. Similarly you should not use tampons, pessaries or vaginal douches until advised.

- You should be able to drive again four to six weeks after your operation, when you are pain free, able to wear a seat belt comfortably and able to carry out an emergency stop. Please check your motor insurance policy as it may stipulate a minimum time span before being able to drive after an operation.

- You may resume gentle exercise 6 weeks following surgery, although aerobics, keep fit and competitive sport should be left until three months following surgery.

- Take a minimum of eight weeks off work. Sick notes will be issued by your G.P. or from the ward.

- The staff on the ward will arrange an out-patient appointment. This will be approximately 2 months following the operation.

- If you have any problems when you get home, please contact Ward 43 for advice.

Ward 40 Telephone: Direct line: 0191 2825640
Open Access

Liz Dixon Nurse Consultant: Telephone: Direct line: 0191 2825670
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Voice mail facility available

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Bladder Function Tests & Prolapse

This leaflet explains why you have been asked to attend for bladder function tests before having surgery for prolapse, when you may not have problems with your bladder.

The prolapse can cause a kink in the bladder outlet pipe (urethra), which may hide stress incontinence. Some women, who have surgery for their prolapse, may then find they have new symptoms of stress incontinence and difficulty with emptying the bladder afterwards. It is recommended that bladder function tests are carried out before your operation to decide whether your operation needs to be modified, to correct these other abnormalities.

When carrying out bladder function tests for women with prolapse, a ring pessary is fitted in the vagina. This supports the bladder and the womb or top of the vagina, to keep the prolapse out of the way. It is then possible to carry out the tests in the same way as described in the information booklet. This may then reveal how your bladder might behave following surgery. If the investigation indicates a problem with stress leakage, then your Consultant will be able to discuss an operation to correct this at the same time as the prolapse repair.
If the investigation indicates a problem with bladder emptying then these risks can be discussed with you in more detail.

Ring Pessary

The ring pessary is a ring of plastic, and you should not be able to feel it inside the vagina.
The ring pessary is usually removed at the end of the test. However if you would like to have a trial period with the ring then it can be left in place. Arrangements for follow up will be made to have the ring changed or to review how you have managed with the ring.
Sexual intercourse may be possible with the ring in place but may be uncomfortable for you husband or partner.
If you decide to keep the ring, then it should be changed every 4- 6 months, to prevent infection. This can be arranged with your G.P. or in the Gynaecology clinic at the R.V.I.

Choosing the correct size of ring often relies on trial and error. Sometimes the ring falls out. This is nothing to worry about and may mean that the ring is either too large or too small. An appointment can be arranged with your G.P. to have a different size ring fitted, if you wished to continue with it. If you have any queries arising from this leaflet please do not hesitate to contact

Liz Dixon Nurse Consultant on Direct line (0191) 2825670
Or
Cystometry Secretary on Direct line (0191) 2820456