

# AB029. SOH22ABS151. Robotic transabdominal transvesical vesicovaginal fistula repair: our technique

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**Background:** Vesico-vaginal fistulae (VVF) are rare but debilitating iatrogenic complications of utero-vaginal surgery. Conventional open repair can have significant morbidity which can potentially be minimised with minimally invasive surgery (MIS) with the use of robotic platform. We report our techniques and experience in a case of iatrogenic VVF which was repaired using a dual console da Vinci Xi surgical system.

**Methods:** A 55-year-old lady who developed a VVF following an iatrogenic bladder injury during an abdominal hysterectomy for a uterine leiomyoma. Perioperatively, gynaecologist noticed inadvertent bladder injury which was repaired. However in the postoperative period she developed continuous urinary incontinence (UI) from VVF which was severely affecting her quality of life. Imaging studies and cystoscopy confirmed supra-trigonal VVF with two communications between posterior bladder wall bladder and vaginal vault. She was counselled for robotic repair of VVF. We describe operative details and our technique in video.

**Results:** Following pre-stenting of both ureters, Xi robotic platform was utilised and a transperitoneal, transvesical approach was used. Two fistulae were identified in the posterior bladder wall, both excised and a 2-layered repair was performed. Omentum was mobilized and interposed to cover the bladder repair. A Robinsons drain and catheter left *in-situ*. The patient made an uneventful recovery.

Cystogram at 2 weeks post-op demonstrated no leak and catheter was removed. At 3 months post-operative, patient had complete resolution of UI.

**Conclusions:** Robotic transabdominal transvesical VVF repair is a safe and highly effective technique in the management of these complex iatrogenic injuries with all the advantages of MIS.

**Keywords:** Minimally invasive surgery (MIS); morbidity; robotic surgery; urinary incontinence (UI); vesicovaginal fistula

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#### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

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