

## Managing ureterovaginal fistulas following obstetric and gynecological surgeries: A case report

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### Abstract

**Background and Aim:** A ureterovaginal fistula (UVF) is an abnormal channel between the ureter and vagina, which is a severely disabling complication resulting in incontinence, infection, and discomfort. UVF occurs in 0.5–2.5% of major gynaecological surgical procedures. In recent years, minimally invasive treatment has been widely used for this disease.

**Methods:** A 54-year-old female was admitted to our hospital with the chief complaint of vaginal discharge of urine. She had undergone radical hysterectomy due to uterine cancer at another hospital by a gynecologic surgeon a week earlier. IVP showed a small fistula at the end of left ureter with hydronephrosis.

**Results:** Under spinal anesthesia, the patient was placed in lithotomy position for retrograde ureteroscopy. We inserted an 8-9.5 F ureteroscope into the bladder through the urethra. First, we made an ureteroscopic observation to again rule out vesicovaginal fistula. Then, ureteroscope was introduced into left ureteral meatus and Zebra urological guide wire was inserted as far as the injury site. The ureteric injury was only fistulas, the ureteral mucosa was continuous, and the Zebra urological guide wire could be uplinked into the renal pelvis along the ureteral mucosa. A double-J (D-J) stent was indwelled over the injury through the Zebra guide wire, which uplinked into the renal pelvis along the ureteral mucosa. The stent was confirmed to be in its appropriate position during the operation with fluoroscopy. Urine leakage decreased significantly and no obvious leakage became evident within 48 h postoperatively.

**Conclusion:** In carefully selected patients, ureteral stenting results in high cure rates for posthysterectomy ureterovaginal fistulas and should be considered first-line therapy. Complicated ureterovaginal fistulas may be best managed by primary ureteral reimplantation.

**Keywords:** Ureterovaginal fistula; Manangement; Ureteroscopy