

Robot-Assisted Laparoscopic Fistula Repair: Case Report and Technical Considerations

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Introduction and Objectives

• The aim of our study is to highlight our institution's recent experience with RAL UTF repairs and to highlight our surgical technique.

Case Presentation

- 33 year old female with hx of laparoscopic hysterectomy
- Readmitted 4-5 days after hysterectomy with fevers, pelvic pain, and vaginal drainage.
- Found to have an infected urinoma at vaginal cuff on imaging
- Treated with abx and drainage, but vaginal leakage persisted.
- CT urogram revealed right ureterovaginal hysterectomy

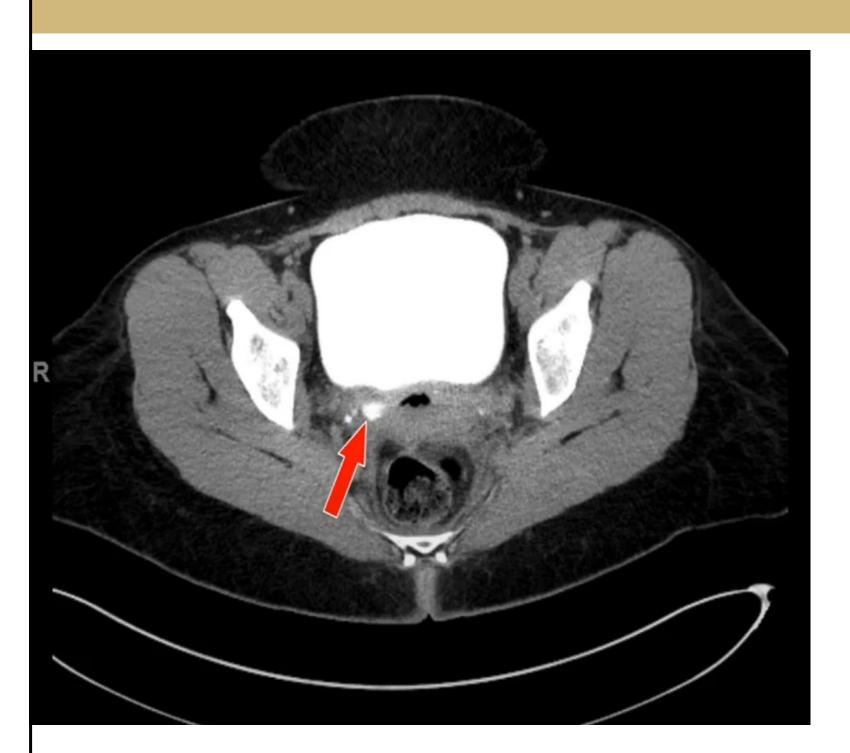
Disclosures

The authors have no financial disclosures to report

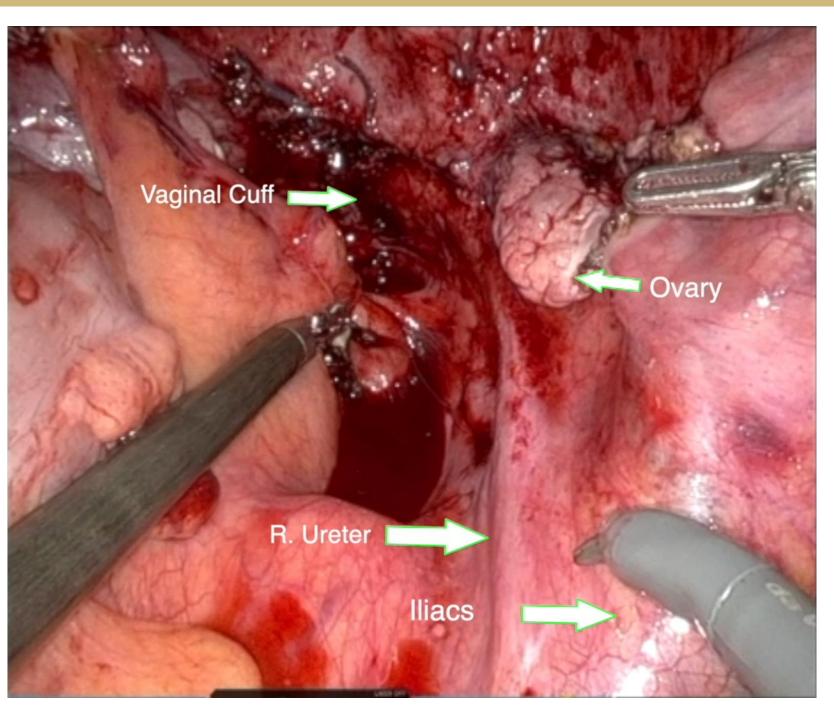
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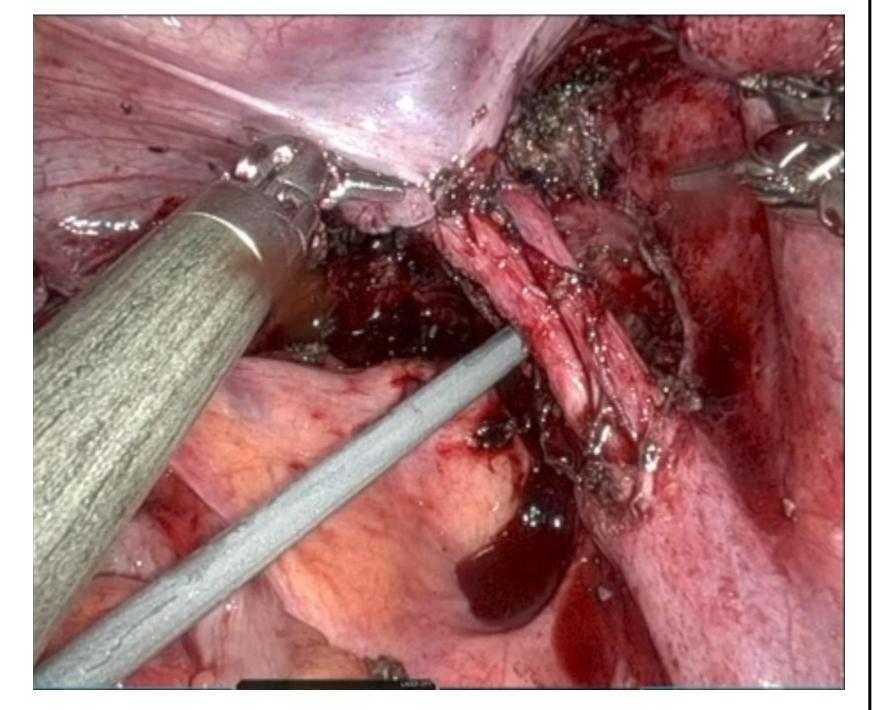
Intra-Operative Images







Site of Fistula / Anatomy



Final Outcome

Characteristics

Characteristic	Median (Range) or Number (%)
Age, yrs	52 (26-83)
BMI, kg/m2	28 (18-39)
Hx of tobacco use	7 (41%)
Hx of DM	2 (12%)
Prior repair attempts	2 (12%)
Cause of fistula:	
Oncologic cause	1 (6%)
latrogenic cause	16 (94%)
Hysterectomy	7 (44%)
Mesh removal surgery	4 (25%)
Prolapse procedure	3 (19%)
C-section	2 (13%)
Fistula type:	
Vesicovaginal	7 (41%)
Vesicocervical	1 (6%)
Vesicouterine	1 (6%)
Rectovaginal	2 (12%)
Colovaginal	2 (12%)
Ureterovaginal	4 (24%)

Operative Outcomes

Hospital LOS, days	1 (1-6)
Fistula recurrence	5 (29%)
Length of follow-up, mo	5 (1-88)
Concomitant procedures:	
SPT placement	7 (41%)
Mesh excision	3 (19%)
Ureteral reimplantation	6 (35%)
Stent placement	2 (12%)
Fascial sling	4 (24%)
Omental interposition	4 (24%)

Follow-up

- Patient was discharged on POD 2 without foley or JP drain
- Dual right stents were removed in clinic at 6 weeks
- No fistula recurrence to date.

Conclusions

- No aborted to converted procedures
- 1 intrao-operative complication (ureteral injury)
- All procedures involved 1 concominant procedure
- Median length of follow-up in our study was ~4.5 months.]
- 5/19 (26%) of patients had recurrences with onset occurring between 2 days and 5 months
- Robotic fistula repair offers a feasible, safe and effective alternate to traditional open fistula repair.

Selected References

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