Gil-Vernet technique for the treatment of complex vesicovaginal fistula

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Objectives
To analyse our long-term surgical results with the Gil-Vernet technique (JM Gil-Vernet et al, J Urol 1989, 141:513-516.) for the closure of the complex vesicovaginal fistulas.

Material and methods
We performed 57 procedures to patients aged between 28 and 80. We considered the fistula as "complex" in cases where previous surgical approach failed to close the fistula, when it was multiple, depending on location and size, and the ones induced by radiotherapy. Etiology was: 40(71%) had a previous hysterectomy (6 vaginal and 34 laparotomy), 14(24%) from an obstetrical cause and 3(4%) secondary to irradiation.

Results
A vesical autoplasty with a flap obtained from the posterosuperior wall was performed as proposed in 1989 by Gil-Vernet et al. No tissue interposition is needed. Immediate closure was obtained in 100% of the patients, and no complementary treatments were required, except for temporary irritative bladder symptoms in 25(40%), treated with anticholinergics.

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<thead>
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<th>Nº of patients</th>
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Conclusions
This autoplasty has an excellent 100% closure rate in complex cases without any tissue interposition, so we recommend this technique in all vesicovaginal fistulas.

References