Bladder fistulectomy

**Item Number:**

Why is it done?

 Bladder intestinal fistula is an abnormal communication between bladder and bowel.

 Many causes:

 Previous surgery

 Diverticular disease

 Colonic cancers

 Radiation

 This procedure is performed when all other treatment options are exhausted with recurrent symptoms and persistent Pnematuria and fecaluria due to a colonic-vesical fistula

 Symptoms include: Pneumaturia (air in urine), Faecaluria (stool in Urine, recurrent bladder infections.

 This surgery is usually done with a Colo-rectal surgeon and may involve a partial bowel resection, possibly a temporary loop ileo/colostomy (diversion of bowel with an external bag)

 

How is it done?

 Patients will receive a general anaesthesia, unless contra-indicated.

 Prophylactic anti-biotics is given.

 An indwelling catheter is placed and the bladder is filled with saline.

 A lower midline incision is made.

 The retropubic space of Retzuis is entered

 The bladder is resected away from the bowel.

 The affected piece of bowel may be resected with either a temporaru diversion of bowel to a bag, or a primary anastomosis depending on the colo-rectal surgeons findings

 The affected part of the bladder may be resected. Bladder is closed in 2 layers over a 3 way irrigation catheter

 Omentum will be placed between bladder and bowel where at all possible to limit recurrences

 A drain is left for a couple of days

 You may have continuous Antibiotics over the next few days.

 You have a few days stay in ICU or high care facility

 

Complications

**Side–effects**

 Rarely blood loss requiring blood transfusion.

 Infection/ sepsis

 Prolonged hospital stay.

 Urine leak requiring prolonged catheterisation.

 Bowel leak etc

 NB! Each person is unique and for this reason symptoms vary!. 

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