

Uterovesical Fistula

Introduction and Objective: The patient was a 37 Y/O female, G2L2 with 2 previous C/S. The patient had Amenorrhea after the last C/S (2 years ago) and lactation for 2 years with no symptoms of Estrogen deprivation. Then, she had monthly gross hematuria (4-5 days), urinary frequency and continence. In the physical examination, the patient had normal digital pelvic exam and there was no sign of Estrogen deprivation. The lab test results showed normal levels of FSH, LH, TSH, E2, T4, Cortisol and negative urine cytology.

Materials and Methods: The procedures performed for the patient include HSG, Cystogram and Cystoscopy.

Result: The resulting diagnosis was HSG & Cystogram: Vesicouterine fistula. At first, the uterus and bladder were sharply dissected. Then, the hole between them was specified by a Hegar dilator. The bladder was lifted by Alice and the uterus hole is secured by two oblique sutures. The Hegar dilator is sent into the bladder and the defect is repaired after being observed. After this, the bladder and uterus sutures are made in two different lines. Omentum is placed between the bladder and the uterus in order to expedite the process of healing and prevent infections. At last, the incision was regularly closed.

Conclusion: After the surgery, the patient had normal (4-5 days) cyclic menstrual pattern and no microscopic or gross hematuria was observed.

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