

## **The Interest of the Use of the Vaginal Ruffle in the Cure of Obstetric Vesico-Vaginal Fistulas**

**Introduction and Objective:** The obstetric vesico-vaginal fistula is a communication between the bladder and the vagina due to a prolonged labor. The surgical care of these women is confronted with two major problems: their extreme poverty and the difficulty of access to the best healthcare. The objective of this work is to improve this surgical care by reducing not only the cost, but also the risks related to the surgery

**Materials and Methods:** We had operated 76 patients affected by obstetric vesico-vaginal fistulas from 17 to 48 years old with an average of 26 years. We noted that 15 (19.73%) patients had been operated at least once previously. Only were taken care of by this technique, fistulas trigonales and retrotrigonales of the type I classification of Ouattara. The patient is installed in the gynecological position, hanging buttocks on the edge of the table, a valve with weight opens the vaginal cavity exposing the fistula which is localised. A circular incision about 0.5 cm of the edge of the fistula is realized. The cleavage of the bladder of the vagina is made on both sides of the vaginal incision. The ruffle returned to the bladder constitutes a neo-bladder mucosa. It is stitched edge to edge with the absorbable thread 3/0. The closure of the bladder muscular is done by the absorbable thread 2/0 in separate points

**Results:** We operated on 76 patients under locoregional anesthesia. Seventy-four (97.36) were completely cured of their fistula at the end of 3 months. We noted two failures among which a patient was HIV-positive and one having walked on her probe and having extracted it. The most frequent complaint met in 7 (9.45) patients, was the leakage by mictional urgency treated successfully by anticholinergic. The average duration of the surgical operations was of 50 minutes, the average of the bleeding was of 150cc

**Conclusion:** It is about a reliable, economic, simple surgical technique for a surgeon working in difficult conditions, even in case of uretral meatus located near the edge of the fistula. It does not apply to the complex cases requiring more important means and greater expertise.