

Fibrin glue versus martius flap interpositioning in the repair of complicated obstetric vesicovaginal fistula. A prospective multi-institution randomized trial.

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Abstract:

Aims: To examine the efficacy of using fibrin glue (FG) as an interpositioning layer in the repair of complicated vesioovaginal fistulae (VVF_e) as compared to the classical repair using martius flaps (MI'). **Methods:** The study was conducted in 3 African institutions. Forty female patients with complicated VVFs were randomized into 2 groups. Group A were repaired anatomically using PG as interpositioning layer. Group B were repaired anatomically using MF as an interpositioning layer. FG used in this study was prepared from patients own blood. Complicating factors were recurrence, local moderate to severe fibrosis, fistula location involving the bladder neck, and or size of the fistula being more than 1.5 cm in its largest diameter. Patients were evaluated after 2 weeks, one month and 3 months postoperatively. **Results:** Thirty eight patients were evaluable as 2 patients, one from each group, lost to follow-up. Patient demographics were not different between the two study groups. The frequency of occurrence of complicating factors was not different between the 2 groups. Thirteen of group A and eleven from group B were rendered dry and that was maintained for as long as they were followed-up. The difference in the outcome was not statistically significant. **Conclusion:** The use of FG as an interpositioning layer during the vaginal anatomical repair of complicated VVF appears to be of great value as an alternative to the use of MF interpositioning. Decreasing the operative time and adding simplicity to the already complicated procedure are additional values of using this procedure. © 2009 Wiley-Liss, Inc.