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### FACTORS ASSOCIATED FOR FAILURE IN VVF SURGERY

#### Hypothesis / aims of study

To assess factors associated with success or failure of VVF repair.

#### Study design, materials and methods

A prospectively acquired institutional database of all women referred with VVF was reviewed to determine factors important for success or failure of VVF repair. Data was gathered on patient demographics and co-morbidity, fistula aetiology, and characteristics, and finally route of surgery and surgeon

#### Results

91 consecutive women of mean age 50.2 years (range 21-88) referred with VVF between 2002 and 2014 were included. During this time 2 women (2.2%) had spontaneous resolution, 4 (4.4%) had primary diversion and 85 (93.4%) had surgical repair. Details of all patients having surgical repair of VVF are listed in the table below.

	Success 1 <sup>st</sup> Repair	Failed 1 <sup>st</sup> Repair	Success 2 <sup>nd</sup> Repair	Failed 2 <sup>nd</sup> Repair
<b>Patient Factors</b>				
Mean Age (years)	48.4	55.3	49.6	46
DM	5	0	0	0
Previous failed VVF repair	8	2	11	1
<b>VVF Aetiology</b>				
Surgery for benign disease	60	10	7	1
Surgery for malignant disease	12	3	3	0
Radiotherapy	0	1	1	0
Tape/Mesh Related	2	1	1	0
<b>VVF Characteristics</b>				
Mean VVF size (cm)	1.4	3.0*	1.2	2.5
Mean Distance from EUM (cm)	6.7	8.8	7.2	8.0
<b>Surgery Characteristics</b>				
Vaginal Repair	46	5	1	0
Abdominal Repair	26	8	10	1
Tissue Interposition	72	13	10	0
<b>Surgeon Characteristics</b>				
Surgeon A	57	6	5	0
Surgeon B	2	1	1	0
Surgeon C	13	5	4	1

#### Interpretation of results

Whilst there was a trend towards those patients with older age and deeper fistula to have worse outcomes however the only factor significantly affecting outcome of VVF repair was size of fistula. Those patients presenting with larger fistula had a significantly higher chance of failure than those who did not.

#### Concluding message

Those patients presenting with larger fistula had a significantly higher chance of failure than those who did not.

#### Disclosures

**Funding:** nil **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** University College London Hospitals **Helsinki:** Yes **Informed Consent:** Yes