

570 PATIENT-REPORTED URINARY AND SEXUAL FUNCTION OUTCOMES, SATISFACTION AND MENTAL WELLBEING, POST FISTULA REPAIR: A CROSS-SECTIONAL STUDY

Ochoa C¹, Alford N², Smith T¹, Perrouin-Verbe M¹, Hashim H¹
1. Bristol Urological Institute, 2. University of Bristol

INTRODUCTION

Urinary fistula can have a devastating consequence on the patient's quality of life (QoL) (1). Although previous reports documented the surgical success and post-operative complications of fistula repair (2,3) these have not fully assessed the multifaceted impact on the patient's QoL and surgery satisfaction.

This study aims to assess long-term patient-reported functional and quality of life outcomes after fistula repair.

OBJECTIVES

1. Evaluate the long-term post-operative quality of life
2. Identify new onset urinary symptoms; sexual outcomes post fistula repair.
3. Describe satisfaction with the surgery
4. Estimate depression rate related to fistula and its improvement after repair.

MATERIAL AND METHODS

Retrospective analysis of female patients who underwent fistula repair in the last ten years. Patient records included preoperative, intraoperative, and post-operative details from the electronic data software at a single centre.

Preoperative data included fistula aetiology, WHO classification, naïve or recurrent cases and the number of previous surgical attempts. Surgical aspects include approach, flap usage and type. Post-operative outcomes included complications according to Clavien-Dindo classification, success and persistence rate.

Functional outcomes, quality of life, satisfaction and mental health were assessed using the Urogenital Distress Inventory (UDI-6), modified European Quality of Life 5 Dimensions 5 Level Version (EQ-5D-5L), International Consultation of Incontinence Questionnaire-Satisfaction (ICIQ-S), and Patient Health Questionnaire 9 (PHQ-9), respectively. We also reviewed sexual function. The patients were interviewed in a structured telephone interview using the questionnaires.

RESULTS

Sixty-two patients underwent fistula repair; type, aetiology and WHO classification are detailed in Table 1. The most common approach was transvaginal in 65%, and a flap was used in 89% of the cases (Table 2). Twenty patients (32%) had previous failed repairs. Success defined as complete fistula closure without recurrence was 88% (55/62). The rate of complications was low (Table 3).

Variable	Frequency (%)
Aetiology	
Obstetric	7 (11.2)
Post-hysterectomy	32 (50.8)
Post-radiotherapy	3 (4.8)
Post-surgical other than hysterectomy	17 (27)
Traumatic	2 (3.2)
Idiopathic	1 (1.6)
Type of fistula	
Vesicovaginal	53 (85.6)
Urethrovaginal	4 (23.4)
Ureterovaginal	2 (4.7)
Vesicouterine	2 (3.1)
Vesicocutaneous	1 (1.6)
WHO Classification	
Simple	47 (73.4)
Complex	17 (26.6)

Variable	Frequency (%)
Approach	
Transvaginal	40 (64.5)
Open transabdominal	16 (25.0)
Combined approach	6 (3.1)
Other (electrocautery, tissue gels)	2 (3.1)
Flap	
Martius	21 (33.8)
Omentum	13 (20.9)
Vaginal tissue flap	19 (30.6)
Flap not used	7 (11.2)
NA's	2 (3.2)

0	55 (85.9)
1	3 (4.7)
2	5 (7.8)
3b	1 (1.6)

Fifty-four patients (87%) completed follow-up questionnaires, follow-up time of 62 months (4 – 120). De novo urinary incontinence (urgency and SUI), voiding dysfunction, and pain are detailed in Figure 1. Sexual function was measured considering (dyspareunia, reduced sexual desire and climax-reaching difficulties). 52% of patients were diagnosed with sexual dysfunction (Figure 3)

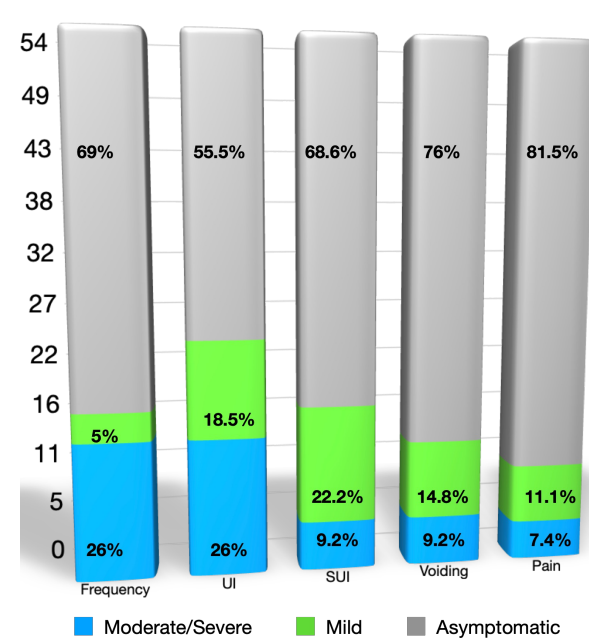


Figure 1. UDI-6. Urinary Symptoms

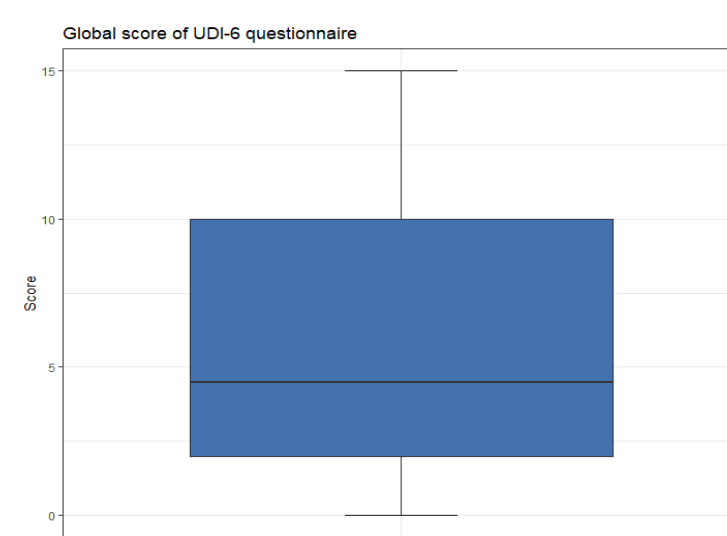


Figure 2. UDI-6 Global score distribution

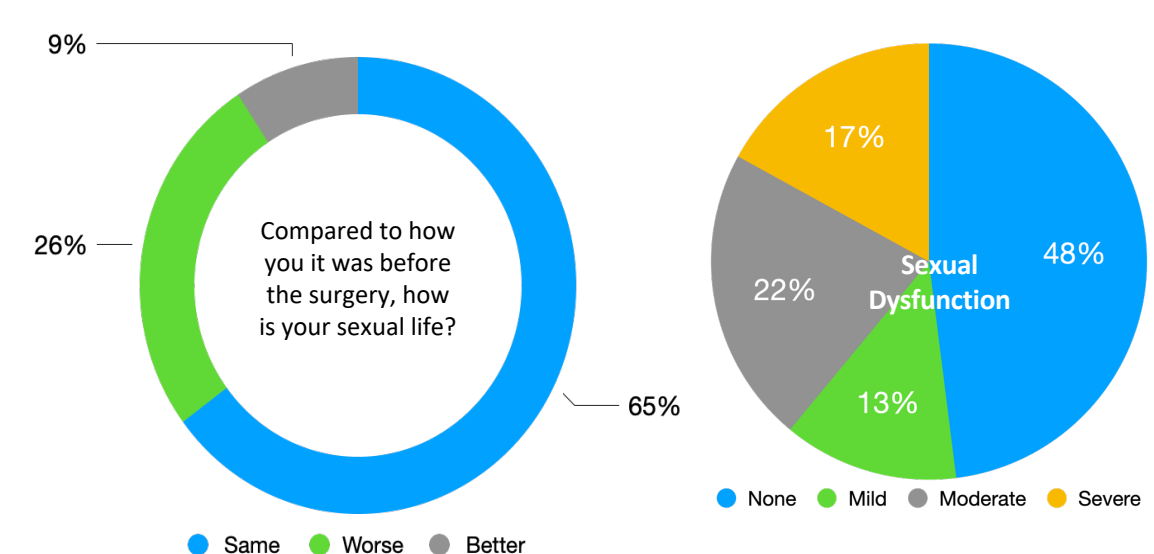


Figure 3. Sexual Function

The satisfaction rate was high; 80% (n=43) considered the surgery successful, 72% (n=39) felt better or much better, 89% (n=48) would still have the surgery if they were in the same situation again, and 85% would recommend this surgery. The mean ICIQ-S and ICIQ-SS were 18.2/24 and 7.7/10, respectively (Table 4). Quality of life improved significantly after the surgery (Table 5).

ICIQ S	Count	54
NA's	10	
Mean ± SD	18.2 ± 6.2	
Score		
Min	1	
Max	24	
Median (IQR)	19 (16.3-23.0)	
ICIQ SS	Count	54
NA's	10	
Mean ± SD	7.7 ± 3.2	
Min	0	
Max	10	
Median (IQR)	9 (6.3-10.0)	

Table 4. ICIQ S – ICIQ SS Distribution analysis

EQ-5D-5L		p
Before	After	
Count	54	54
Mean ± SD	49.4 ± 26.4	73.2 ± 22.4
Min	0	10
Max	100	100
Median (IQR)	50 (30-70)	80 (60-90)
* Wilcoxon signed rank test to paired data		

Table 5. Quality of life before and after surgery

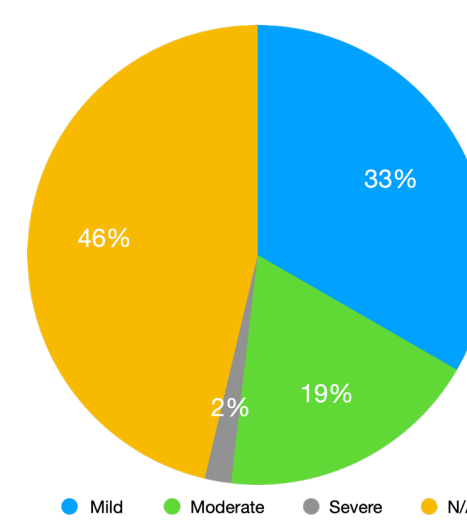


Figure 4. Depression distribution

Before	After	p
21 (38.9)	25 (46.3)	
33 (61.1)	29 (53.7)	0.55

* Z test to proportions

Table 6. Depression before and after surgery

PHQ-9 was answered by 29 patients (53%). Of them, 21 % were considered to have moderate to severe symptoms of depression (Figure 4). Depression was also analysed before and after surgery, and there was no significant change in depression before and after surgery (Table 6)

Conclusions

Long-term postoperative quality of life improved significantly after fistula repair even though patients may develop new-onset urinary symptoms and sexual dysfunction.

The satisfaction rate after fistula repair is high.

Depression is prevalent among patients with urinary fistula. However, we could not demonstrate that surgery improves depression symptoms.

References

1. Cromwell D, Hilton P. Retrospective cohort study on patterns of care and outcomes of surgical treatment for lower urinary–genital tract fistula among English National Health Service hospitals between 2000 and 2009. *BJU International* 2013;111:E257–62. <https://doi.org/10.1111/j.1464-410X.2012.11483.x>.
2. Hilton P. Urogenital fistula in the UK: a personal case series managed over 25 years. *BJU International* 2012;110:102–10. <https://doi.org/10.1111/j.1464-410X.2011.10630.x>.
3. Núñez Bragayrac LA, Azhar RA, Sotelo R. Minimally invasive management of urological fistulas. *Current Opinion in Urology* 2015;25.