

STAGING RECTOURINARY FISTULAE AFTER RADICAL PROSTATECTOMY

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Objectives: To analyze the anatomical and radiological features of acquired rectourethral fistula (RUF) after radical prostatectomy and suggest a new specific classification of RUF, considering their anatomical relationship with urethrovesical anastomosis, size and the association of complexity factors to orient the election of the best treatment option.

Patients and methods: From January 2000 to June 2010, 12 patients with acquired RUF post-RP, mean age:64 years (range: 56-74 years), were treated at our centre. Aetiology was post-open surgery in 2 cases and post-laparoscopic surgery in 10. RUF became apparent within a range of 4-60 days.

Following a review of the literature, we proposed a classification system based on three types of RUF according to their anatomical relationship with urethrovesical anastomosis, size and existence of associated complexity factors. In all cases, after case history and physical examination, the RUF was confirmed by urethrocytography, opaque enema and urethrocytostcopy.

Results: In this study endoscopic and radiological findings showed a good correlation. Initial conservative management led to spontaneous closure of RUF classified as type I while types II and III required open reconstructive surgery (York-Masson approach). We advocate the indication of early reconstructive surgery in these cases.

Conclusion: The proposed RUF classification may help to guide the management of post-RP fistulae.

THE POSTERIOR TRANS-SPHINCTERIC-TRANSRECTAL APPROACH (YORK-MASON TECHNIQUE) FOR REPAIR OF RECTO-URINARY FISTULAS AFTER RADICAL PROSTATECTOMY: A SINGLE INSTITUTION EXPERIENCE

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Introduction & Objectives: Recto-urinary fistula represents a rare complication following treatment for prostate cancer (surgery, ablative and ionizing therapies) or pelvic traumas. The reported incidence after radical prostatectomy is 0.4-1.8%.

Spontaneous resolution rarely occurs and many reconstructive procedures have been proposed, successful repair is often difficult.

We report our experience with trans-sphincteric-transrectal approach (York Mason Technique) for rectourinary fistula repair after radical prostatectomy.

Material and Methods: Between September 2002 and June 2010, in our Institute, repair of rectourinary fistulas with the posterior York Mason approach was performed in 10 patients. The fistula repair was performed between 5 and 10 months after diagnosis. All patients had a pre-operative voiding cystogram, and cystoscopy which documented the recto-urinary fistula. Initial faecal diversion with sigmoid loop colostomy was performed in 4 cases, whereas in the other 6 patients a loop of ileostomy was performed at the time of definitive surgical repair.

Results: Successful fistula closure was achieved in all cases with complete faecal continence. No recurrence has been observed after a mean follow-up of 46 (2-90) months.

Conclusions: The York Mason Technique provides easy identification of recto-urinary fistulas and excellent surgical exposure with minimal postoperative morbidity and no impairment of continence.