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Minimally invasive treatment of rectovesical fistula following radical prostatectomy by OTSC

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Objective: Rectovesical fistula following radical prostatectomy is rare but serious complication. The OTSC device was primarily proposed for the treatment of the complications of a gastroscopy or colonoscopy. The principle of this method is grasping surrounding tissue and closing lumen of vessels or perforation closure. The aim of the study is to present experience with OTSC endoscopic method as a minimally invasive method in the treatment rectovesical fistula in two patients.

Method: Two patients with small rectovesical fistula were treated by OTSC device. The first 62-year-old male underwent laparoscopic radical prostatectomy for prostate cancer cT2cN0M0. In the fifth postoperative days had water diarrhea and small rectovesical fistula was diagnosed. The second 72-year-old man underwent open retropubic radical for high risk prostate cancer cT4a N0M0. During prostatectomy rectal wall was sutured due to resection of rectal wall as prevention of positive surgical margin. Recurrence of rectal fistula was diagnosed after 4 months. The second open abdominal surgery with fistulorhaphy was unsuccessful with relapse of small rectovesical fistula. The OTSC placement of performed.

Results: In the first patient, rectovesical fistula detected shortly after prostatectomy the OTSC method was successful. In the second patient with more complex fistula with history of more abdominal surgery, the OTSC placement failed. York Mason surgery was eventually successful.

Conclusion: According to the first and minimal experience of this method is OTSC method of minimally invasive treatment useful for small fistula forming shortly after prostatectomy. For small but long-term lasting rectovesical with history of unsuccessful open fistulorhaphy is higher risk of failure of OTSC device.

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