Currently there is no universally accepted scientific classification system for fistulas.
International Staging System

• Allows health care workers from many nations to speak the same language
• Allows comparisons of outcomes of various surgeries and treatments.
• Should predict success rates
• Required for long term scientific study of fistulas

Staging System

• Simple but complete
• Low Tech
• Location
A. Benchekroun, M.D.

- I Urethrovaginal fistula
- II cervicovaginal fistula
- III vesicovaginal fistula

Based on location with increased success rate with increasing number

J. Urol (Paris) 1987

T. E. Elkins, M.D.

A) Vesicocervical
B) Juxtacervical
C) Midvaginal Vesicovaginal
D) Suburethral Vesicovaginal
E) Urethrovaginal

Based on Location
Kees Waaldijk, M.D., Ph.D.

- **Type I** - not involving closing mechanism
- **Type II** - involving the closing mechanism
  - A) without (sub)total urethral involvement
    - a) without circumferential defect
    - b) with circumferential defect
  - B) with (sub)total urethral involvement
    - a) without circumferential defect
    - b) with circumferential defect
- **Type III** - miscellaneous

*International J Gynecol & Obstet, 1995*

Based on Location
Staging System

• Simple but complete
• Low Tech
• Location
• Size

C.R. Wheeless, M.D.

• Stage I - <2cm fistula above the trigone (not involving the urethra, trigone, or ureteric ridge)

• Stage II - 2-4cm fistula above the trigone

• Stage III - 4-6cm fistula above the trigone or any size fistula which involves the continence mechanism of the proximal urethra, urethrovessical junction (UVJ), trigone or ureteric ridge

• Stage IV - 6 cm or greater fistula
## Surgical Results

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>87 pts (39%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Surgery</td>
<td>8pts (9%)</td>
</tr>
<tr>
<td>Lost to F/U</td>
<td>20 pts (23%)</td>
</tr>
<tr>
<td>Fistula</td>
<td>5 pts (6%)</td>
</tr>
<tr>
<td>Urinary Inc</td>
<td>8 pts (9%)</td>
</tr>
<tr>
<td>WET</td>
<td>13 pts (15%)</td>
</tr>
<tr>
<td>Dry</td>
<td>46 pts (53%)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Stage I

- 90% fistulas healed
  - 57% Dry
  - 33% Wet with Incontinence (Before Slings)

- 10% Persistent Fistulas
Stage II

- 77% Fistulas have healed (10/13)
  - 54% Dry (7/13)
  - 23% Urinary Incontinence (3/13)

- 23% Failed/Persistent Fistula (3/13)
Stage III

- 85% Fistulas have healed (27/32)
  - 75% Dry (24/32)
  - 10% Urinary Incontinence (3/32)

- 15% Failed/ Persistent Fistula (5/32)
Stage IV

- 78% Fistulas have healed (11/14)
  - 50% Dry (7/14)
  - 29% Urinary Incontinence (4/14)

- 21% Failed/ Persistent Fistula (3/14)

Staging System

- Simple but complete
- Low Tech
- Size
- Location
- Scarring
- Multiple fistulas
- Number of previous unsuccessful repairs
Staging must be under Anesthesia

- Small fistula – Big hole (Kees)

- approx. 40% of office examinations have significant variation from EUA

Standardized Definition of Success

- Closure of fistula?

- Closure of fistula and no stress, urge or mixed incontinence?

- Closure of fistula, no incontinence and able to have intercourse comfortably?
Urinary Incontinence

• 55% of patients with successful closure of their fistulas suffer from urinary incontinence
  – 31% Stress incontinence
  – 4% Detrusor Instability
  – 20% Mixed urinary incontinence

  – Murray, BJOC, July 2002

Gynetresia & Dyspareunia

• Outcome data is lacking
There is an urgent need to develop an International Staging System for Vesicovaginal Fistulas