

surgery in terms of increased magnification, three-dimensional visualization, superior manipulation, and a shorter learning curve compared with laparoscopy can all be invaluable in the surgical management of VVF (2, 4, 7, 8, 9).

The repair of a VVF using laparoendoscopic single-site surgery (LESS) was first described by Abdel-Karim et al. in 2011. The authors used the TriPort system and another 5-mm port for the suture (10). Only scarce data are available on the use of this technology in VVF surgery (11).

Conclusion: In a selected group of patients, a single-port robot-assisted closure of a vesicovaginal fistula may replace multiple-port laparoscopic or robotic approach with the same curative outcome and a significantly superior cosmetic effect, with a possible laparotomic approach bearing no comparison to the above.

KEY WORDS

Vesicovaginal fistula, laparoscopy, robotic surgery, single-port approach.

LITERATURA

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Soutěž ČUS



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