of hospital stay was 12 (6–19) days. The average catheterization time was 12 (9–18) days. We intentionally left an indwelling catheter in place for 12 days initially, sometimes even longer for a sense of security, and based on the surgeon's decision, decreased the catheterization time gradually. On day 11, one of the patients pulled out her catheter accidentally and experienced bleeding; thus, the catheter was left in place for additional 7 days. No early or late postoperative complications were noted in any of the patients. All the patients underwent follow-up cystoscopy at three months after surgery and no fistula recurrence was observed in any of them. We performed this on a routine basis to check the general condition and capacity of the bladder, as well as the status of the scar and ureteral orifices.

Conclusion: In developed countries, a vesicovaginal fistula occurs as a complication following gynaecological surgery for benign disease in 80%, due to obstetric trauma in 10%, after radiotherapy in 5%, and as a complication of gynaecological oncological surgery in 5%. Given the increasing number of gynaecological procedures, complications will certainly be on the rise and their management will require adequate care. The robotic approach is among the most up-to-date methods, allowing for a more rapid and accurate surgical procedure and reducing the recovery time. Our five-year results show a 100% efficacy of this method in patients with a fistula due to previous surgery.

KEY WORDS
Vesicovaginal fistula, robotic surgery.

Soutěž ČUS

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