

A fistula is an abnormal little tunnel between two organs that should not be connected. In the pelvis it can form between the **bladder (or ureter/urethra) and the vagina** — causing constant urine leakage — or between the **rectum and the vagina** — letting gas or stool pass through the vagina. Fistulas do not heal well on their own, but they can be repaired.

About This Condition

- **Genitourinary fistula** (e.g., vesicovaginal) — **continuous, uncontrolled urine leakage** from the vagina, day and night.
- **Rectovaginal fistula** — passing **gas or stool through the vagina**, recurrent infections, and irritation.

Symptoms can be distressing and isolating — but they are a plumbing problem with a plumbing solution, not a reflection of anything you did wrong.

What Causes It

- **Pelvic or gynecologic surgery** (such as hysterectomy) — the most common cause in many countries
- **Childbirth** — especially prolonged, obstructed labor (a leading cause worldwide)
- **Radiation**, inflammatory bowel disease, infection, or (less often) cancer

LEARN THE TERMS

Fistula

An abnormal tunnel connecting two organs.

Vesicovaginal

A fistula between the bladder and vagina.

Rectovaginal

A fistula between the rectum and vagina.

Dye test

Putting colored fluid in the bladder/rectum to locate the leak.

Cystoscopy

A camera look inside the bladder to find the opening.

Martius flap

A tissue flap used to reinforce a repair.

Diversion

A temporary way to route urine or stool while healing.

CAN IT BE FIXED? Yes — most fistulas can be repaired, and many people are completely cured. Sometimes a small, fresh fistula closes on its own with a catheter, but most need a planned surgery. Timing matters: surgeons often wait for inflammation to settle so the repair has the best chance.

How It's Diagnosed

- An exam, often with a **dye test** to pinpoint the leak
- **Cystoscopy** and imaging to map the size, location, and any cause
- Checking for a contributing condition (radiation effects, infection, IBD)

How It's Treated

- 1 **Conservative care** — a small, recent urinary fistula may close with a catheter left in place for several weeks.
- 2 **Surgical repair** — closing the tunnel through a vaginal or abdominal approach, often in layers.
- 3 **Tissue flap** — healthy tissue (such as a Martius flap) may reinforce the repair, especially after radiation.
- 4 **Temporary diversion** — for some rectovaginal fistulas, stool is rerouted briefly to let the repair heal.

Good to Know

- Protect the skin and use pads while awaiting repair; your team can help with comfort.
- Repairs after **radiation** are more complex and usually need a tissue flap.
- You may have a catheter and a **healing test** before it is removed.

Call your team if you have:

- A fever or chills, or worsening pelvic pain
- Signs of infection, or heavy bleeding
- After repair: the catheter stops draining, or leakage returns

THREE THINGS TO REMEMBER

1. A fistula is an abnormal connection causing urine leakage (genitourinary) or gas/stool through the vagina (rectovaginal).
2. Most are repairable — a few small ones close with a catheter, but most need a planned surgery, sometimes with a tissue flap.
3. Timing matters; your team may wait for inflammation to settle. Report fever, infection signs, or returning leakage after repair.