

# Repair of rectourethral fistulas after radical prostatectomy with the York-Mason Technique

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## Introduction and purpose

The recto-urinary fistula (RUF) is a rare complication following treatment for prostate cancer. The reported incidence after radical prostatectomy (RP) is 0.4–1.8%. Successful repair is often difficult and management often requires an aggressive approach.

Surgical management of RUF remains a reconstructive challenge to most practicing urologic surgeons. Several techniques have been described to repair URF, despite the fact that a gold standard technique for management of URF does not exist.

We report our experience with the trans-sphincteric-transrectal approach (York-Mason Technique) for RUF repair after radical prostatectomy.

## Material and methods

From January 2000 to June 2010, a repair of RUF with the posterior York-Mason approach was performed on 12 patients in our institution, mean age:64 years (range: 56-74 years). RUF became apparent within a range of 4-60 days. No previous history of radiotherapy treatment was reported.

In all cases the RUF was confirmed by cystography, opaque enema and cystoscopy.

The fistula repair was carried out between 5 and 10 months after diagnosis.

A loop ileostomy was performed on 8 patients at the time of definitive surgical repair, whereas an initial fecal diversion with a sigmoid loop colostomy was performed in 4 other cases.

## Results

Successful fistula closure was achieved in all cases with complete fecal continence. No recurrence was observed after a mean follow-up of 46 (4–90) months.

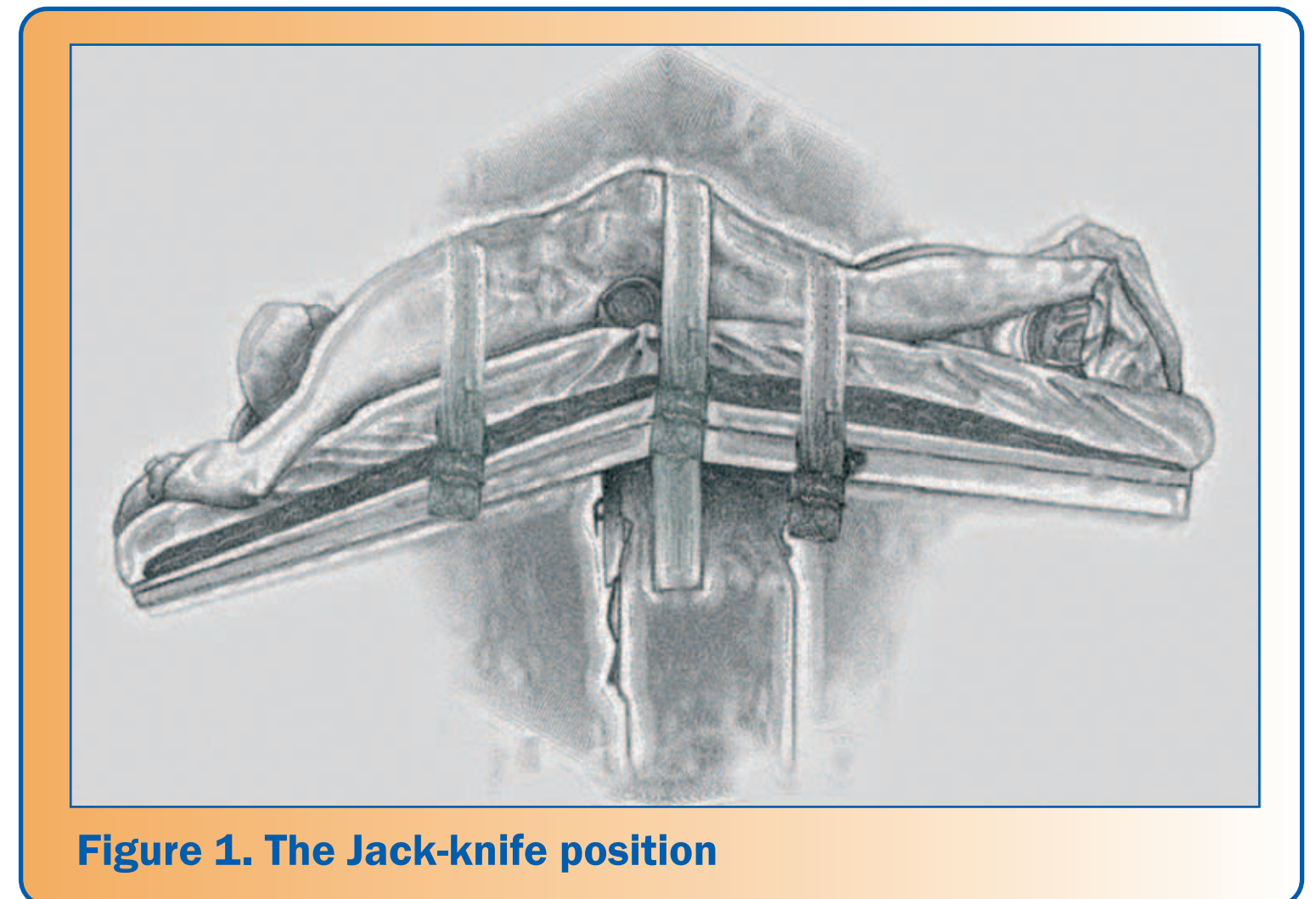


Figure 1. The Jack-knife position

Table I. Contemporary series of URF repair using the York Mason operation

References	Institution	No. Cases	No. Successful URF resolution
Pera and Rijo [9-10]	Hospital del Mar, Barcelona	12	12
Renschler and Middleton [7]	University of Utah	25	22
Fengler and Abcarian [11]	Brooke Army Hospital, Illinois	8	8
Crippa et al [8]	University of Sao Paulo	8	8
Stephenson and Middleton [12]	University of Utah	15	15
Kasraeian et al [6]	Institute Muatualiste Montsouris	12	12

## Conclusions

RUF following radical prostatectomy may be successfully treated with different techniques. The type of repair must be based on surgeon experience using the most successful technique with less morbidity.

The York Mason Technique provides easy identification of RUF and excellent surgical exposure with minimal postoperative morbidity and no impairment of continence.