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**Are Age, etiology and approach to be predicting factor to successful of female urogenital fistula repair?**

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**Abstract**

Introduction: Urogenital fistula is one of the most devastating complications for females in obstetric and surgical procedures. It is still frequent problem in the developing countries. Many factors influence for prognosis of successful repair fistula. Purpose: to evaluate the relationship of age group, etiology and approach of repair fistula to female urogenital fistula recurrence. Material and Methods: Analytical descriptive retrospective study, evaluate data of urogenital fistula patient in Dr. Soetomo Hospital Surabaya since 2007, July until 2012, June. The data were from medical record. Analyzing relation between variables is tested by Chi Square using NCSS 2004 & PASS 2005 software. Results: In 25 urogenital fistula patients were consist of 18 vesicovaginal fistula patients (72%), three ureterovaginal fistula patients (12%), two rectovesicovaginal fistula patients (8%), one urethrovaginal fistula patient (4%), and one ureterouterina fistula patient (4%). Range of age was 5 - 67 years old. The most common age group was 15-49 years old; there were 18 patients (72%). The most common etiology of urogenital fistula in Dr. Soetomo Hospital was obstetric case, 15 patients (60%) consist of 11 post SC patients (44%) and four obstructed labour patients (16%). The most common type of approach repair fistula was transabdominal approach (20 patients/ 80%). 14 vesicovaginal fistula patients (56%) were repaired transabdominal and four other patients transvaginal (16%). Statistical analyzed of age, etiology, and approach repair to urogenital recurrence fistula value were: 0.228; 0.017; 0.888 (significant p<0.05). Conclusion: Vesicovaginal fistula is the most common urogenital fistula in our region. Obstetric cases are the leading cause of its development. Success rate repair without recurrence fistula was 72%. Etiology of fistula has significant relationship to recurrence of female urogenital fistula after primary repair.

**Keyword**: Urogenital, fistula, repair, approach, recurrence, no data

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