

Obstetrical vaginal fistulae: surgical approach

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Geneva

Prevalence

- ◆ estimated : 2 mio women worldwide
- ◆ Africa, Asia, South America
 - Sub-saharan Africa: 2/1000 deliveries



Problem

- ◆ Abandonned from their families
- ◆ Co-morbidity
 - Infections
 - Bladder stones
 - Infertility



Aetiology

- ◆ Obstructed labour because of:
 - Early childbirth
 - Lack of accessibility of
 - ◆ skilled attendents
 - ◆ medical facilities
 - Lack of education
 - POVERTY

Definition 1

Tissue destruction secondary to
the prolonged pressure of the
head during obstructed labour
(ischaemic laesion)

Definition 2

Tissue laceration during
instrumental delivery, Caesarian
section or Caesarian
hysterectomy

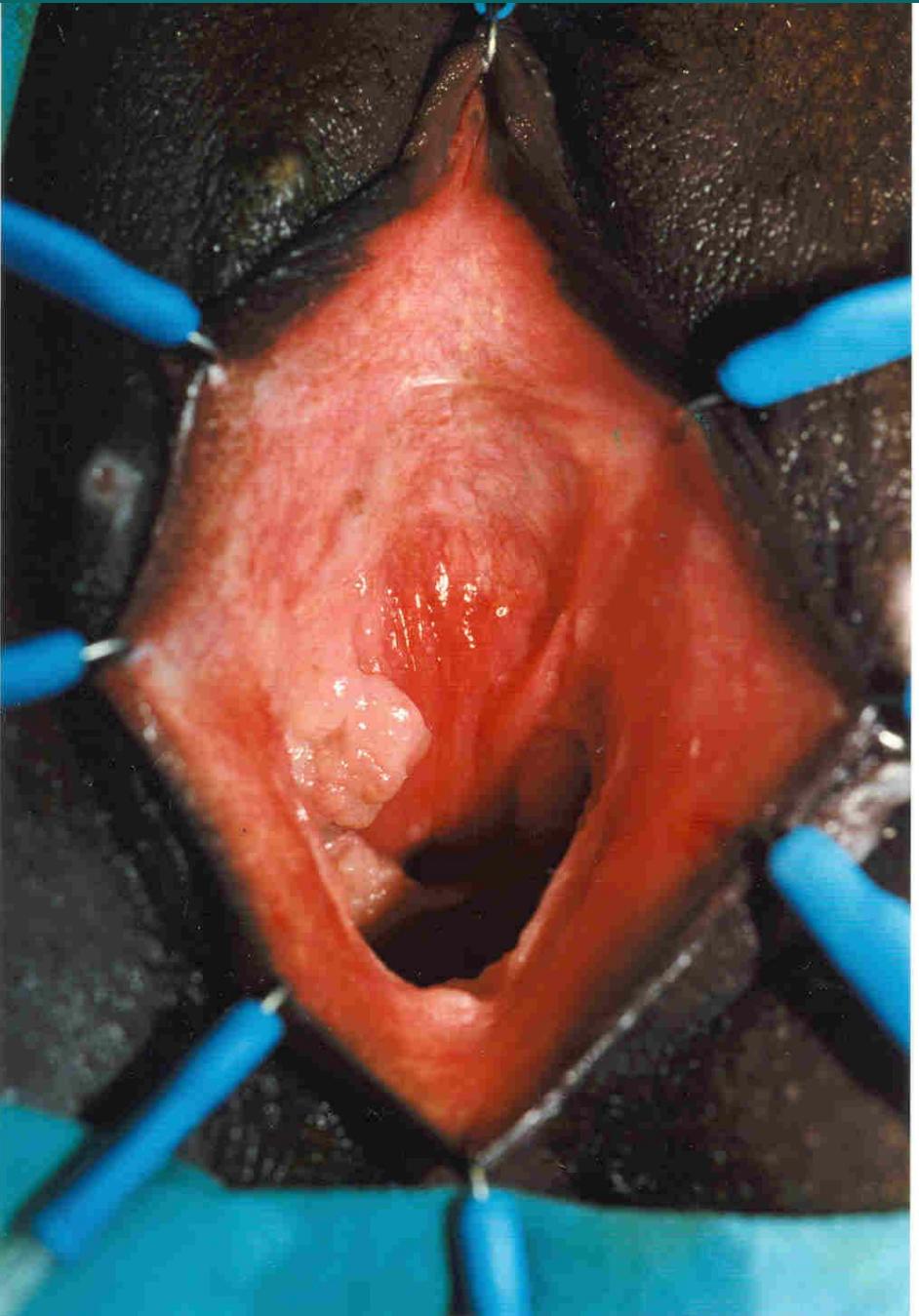
Consequences

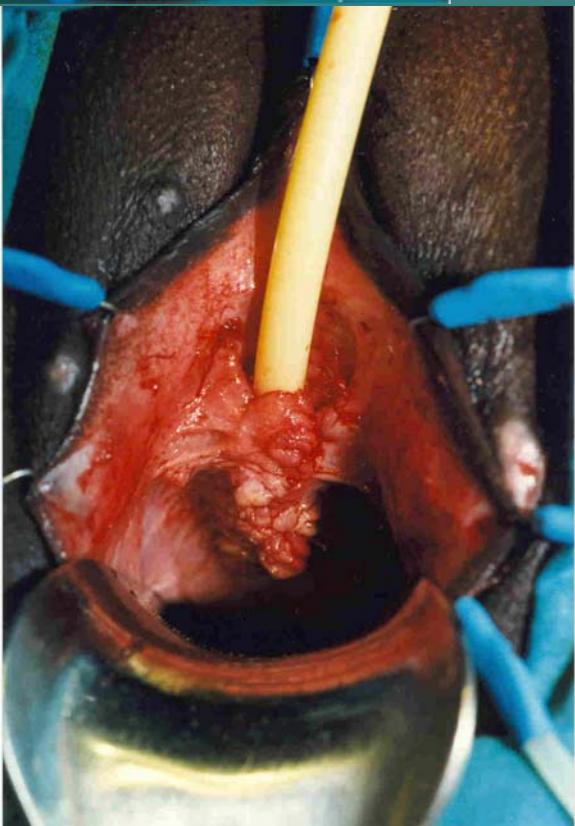
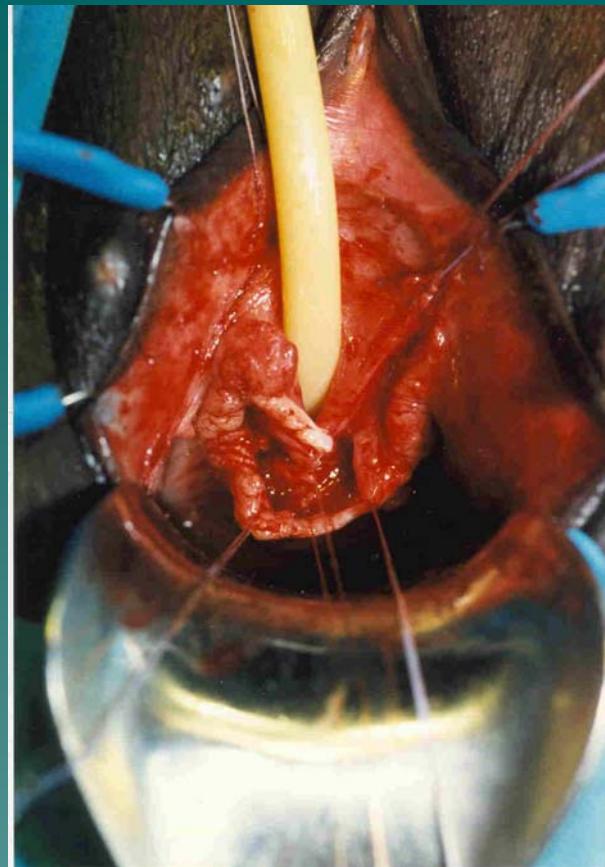
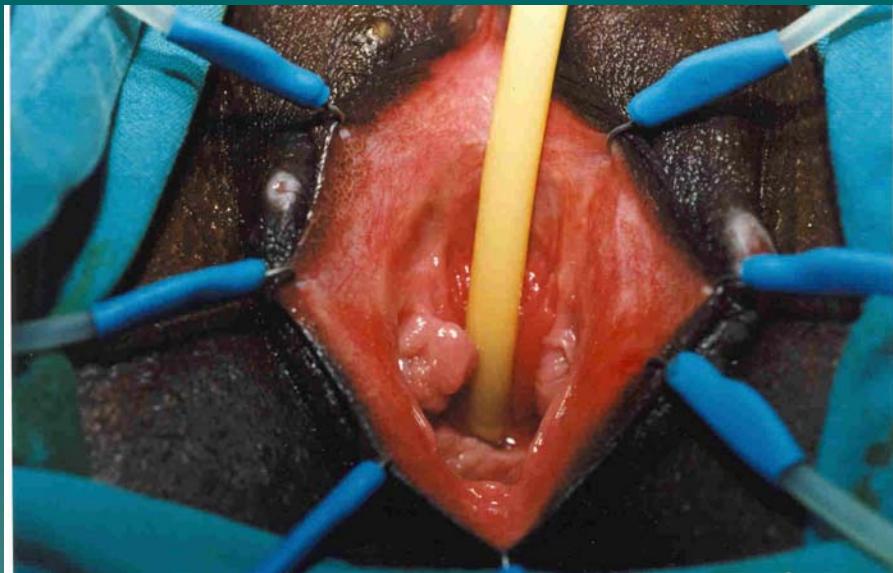
- ◆ Communication between the bladder/urethra with the vagina
- ◆ Communication between rectum and vagina



Simple fistula

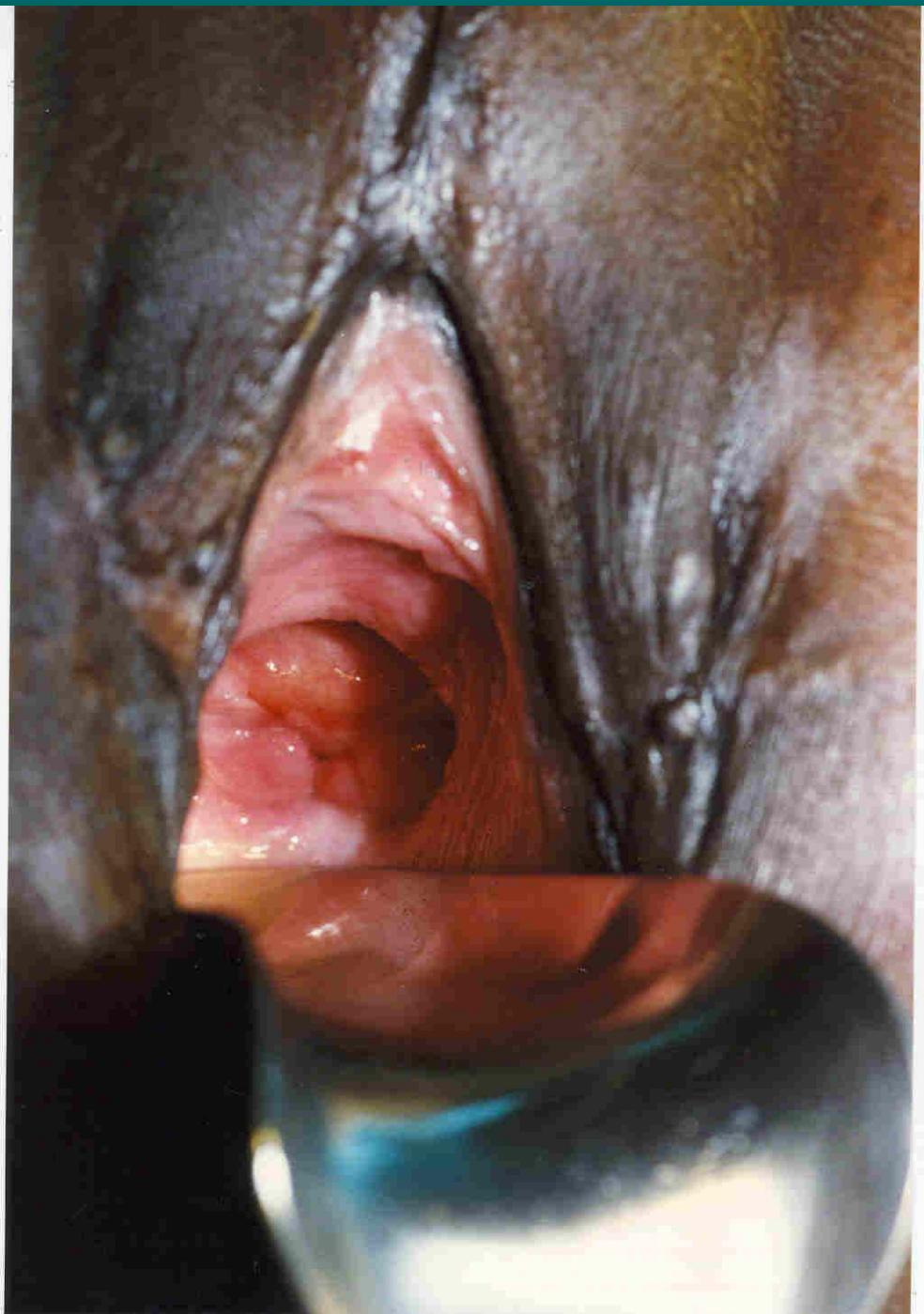
- ◆ Non-fibrotic tissue
- ◆ Easy to access

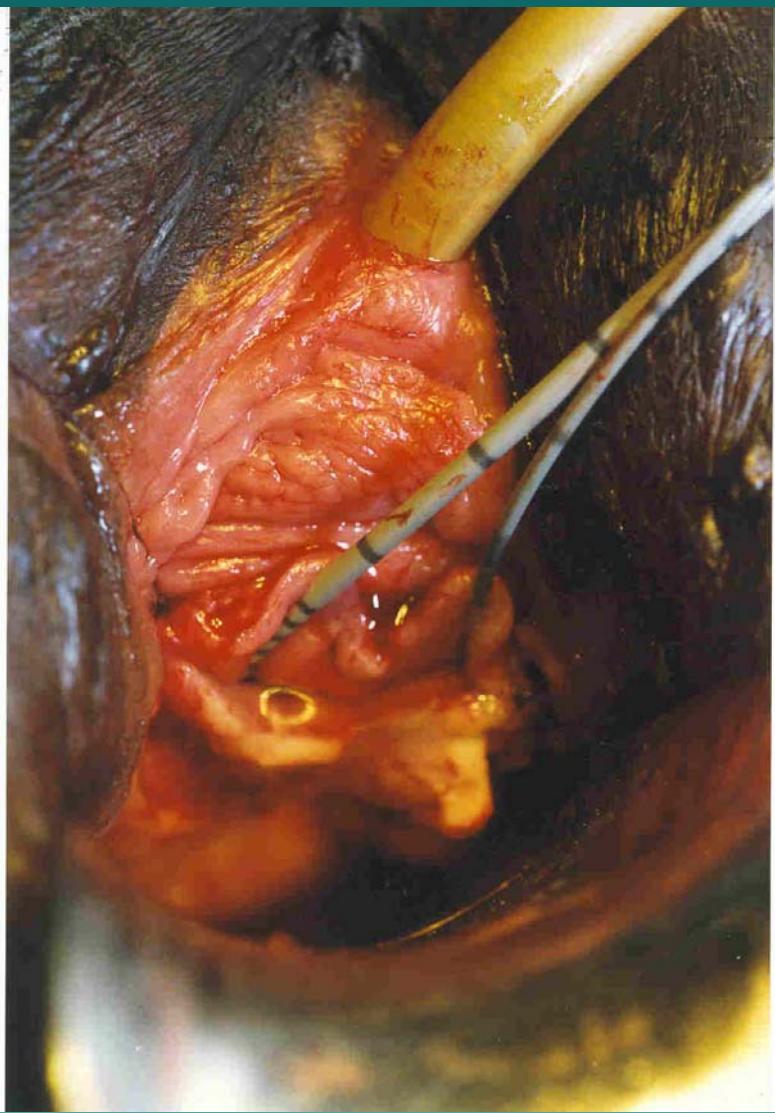


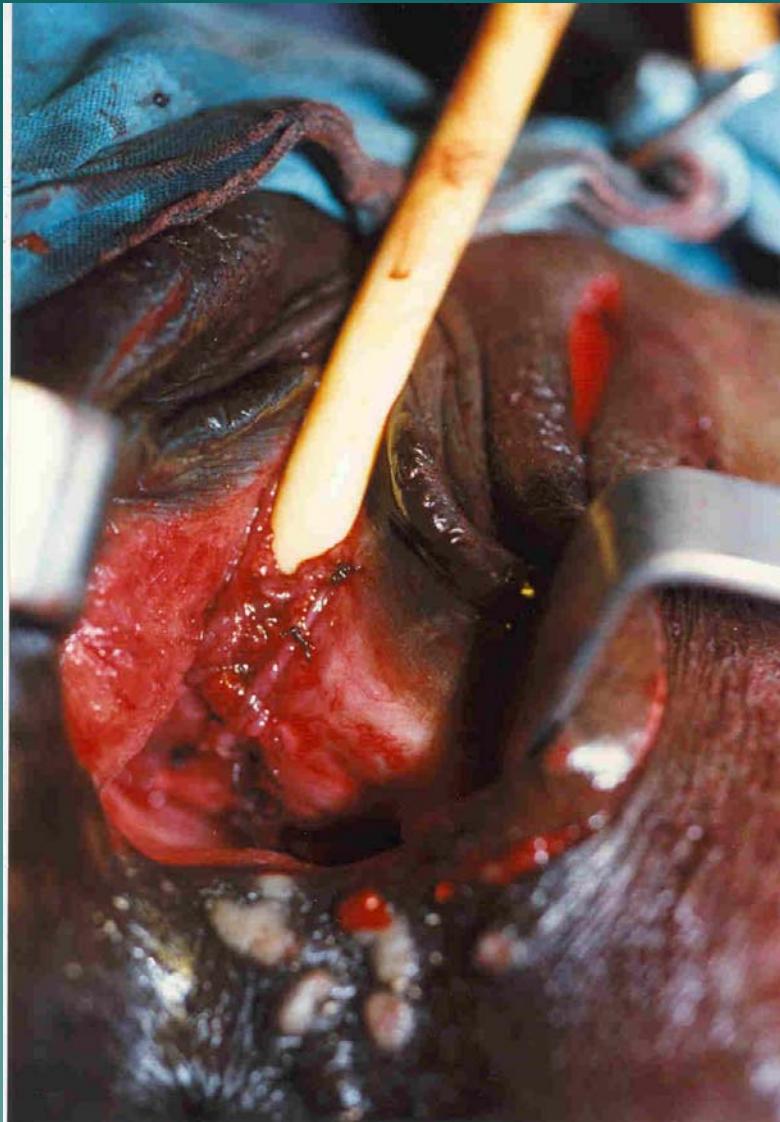
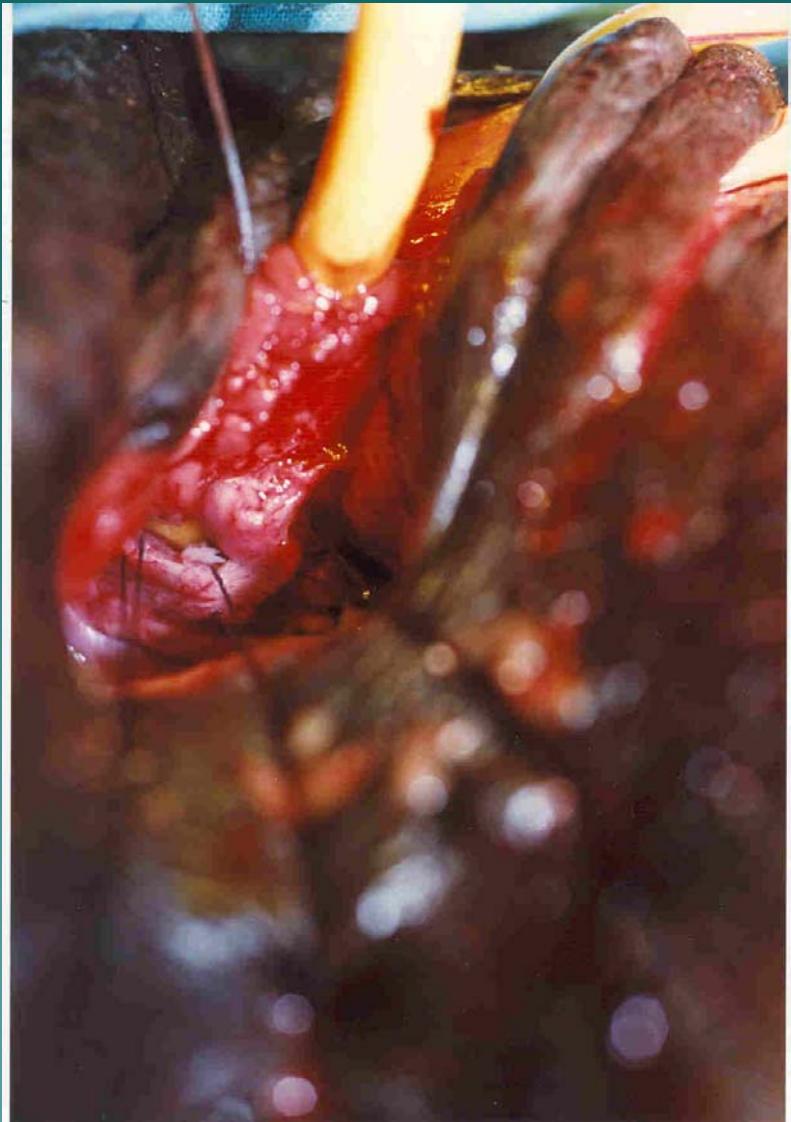


Complex fistula

- ◆ Fibrotic tissue
- ◆ Loss of tissue
- ◆ Urethral involvement
(transsection/destruction)
- ◆ Retracted bladder
- ◆ Aberrant tract
- ◆ Previous failed surgery

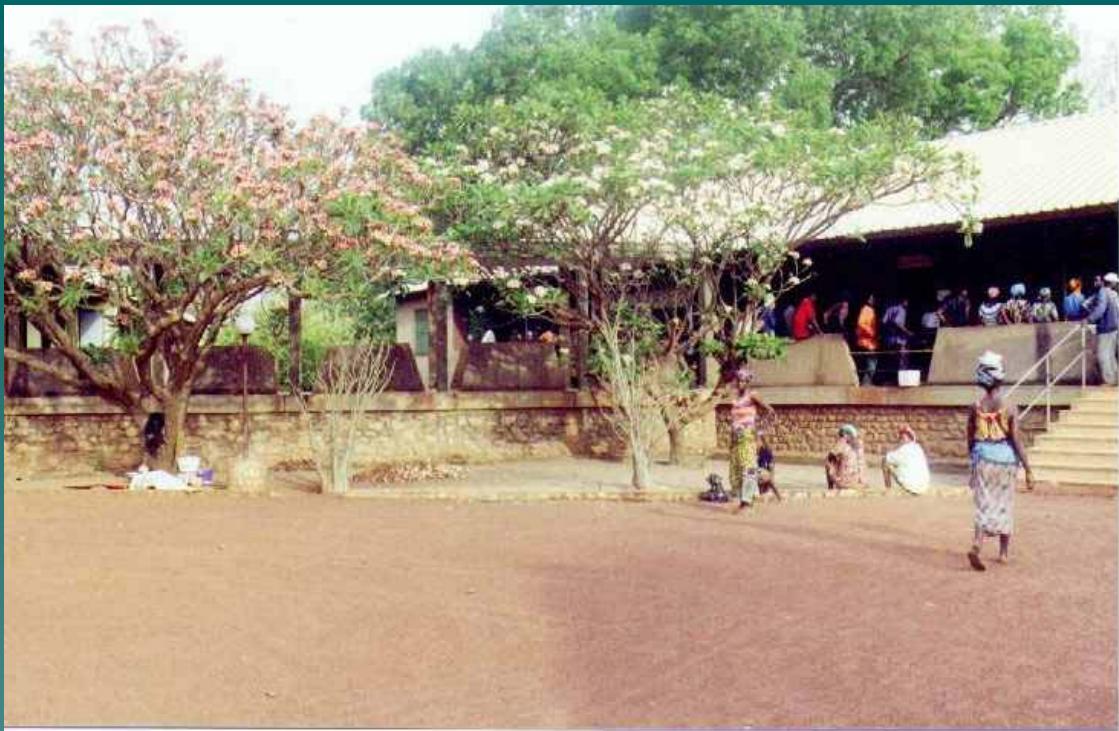






Tanguieta case series

- ◆ Hospital northern Benin
- ◆ 9 urological missions since 1994
- ◆ Since 1996 specific visits for surgical fistula repair
- ◆ obstetrical fistulae
N = 101



Case series 1996 – 2002

n=101

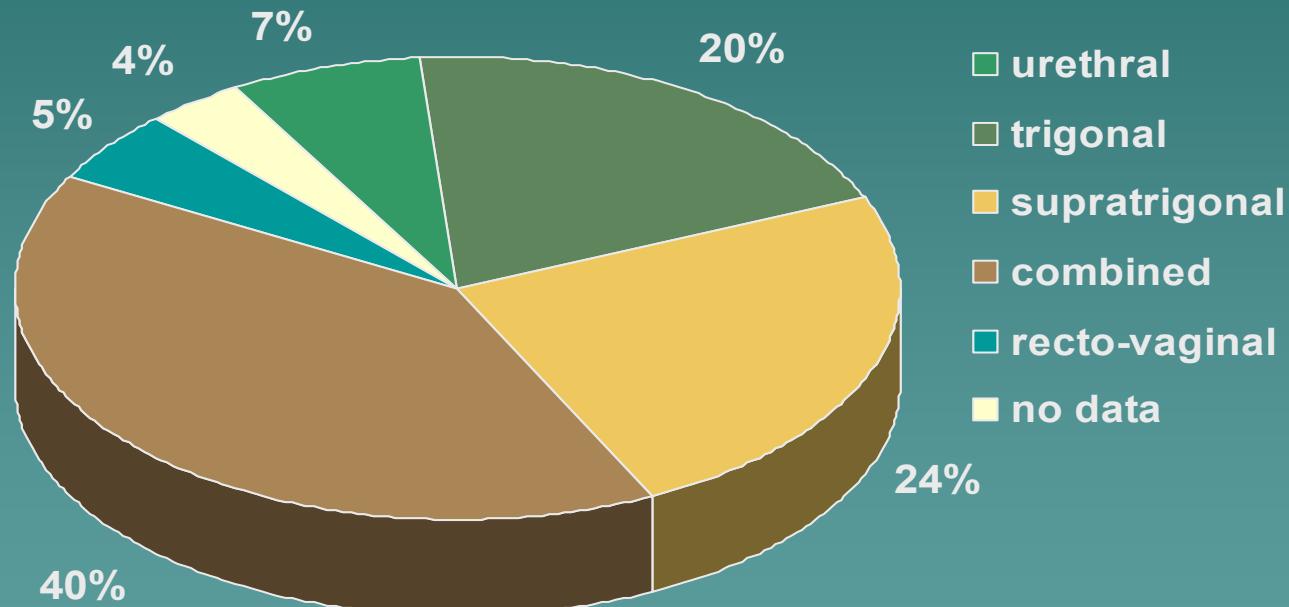
Baseline data	
Age y (median, range)	27.9 (15-63)
Parity n (median, range) [33 first delivery]	2.9 (1-11)
Duration of urinary incontinence - years (median, range)	3.0 (0.1-15)
Previous attempt for fistula repair n (%)	30 (29.7)
Loss to follow-up n (%)	20 (19.8)

Case series 1996 - 2002

- ◆ Complications at the time of delivery
 - perinatal mortality: 98%
 - Ruptured uterus: 10%
- ◆ Sectio rate: 40%
- ◆ Maternal mortality?

Case series 1996 - 2002

Localisation



Case series 1996 - 2002

Localisation

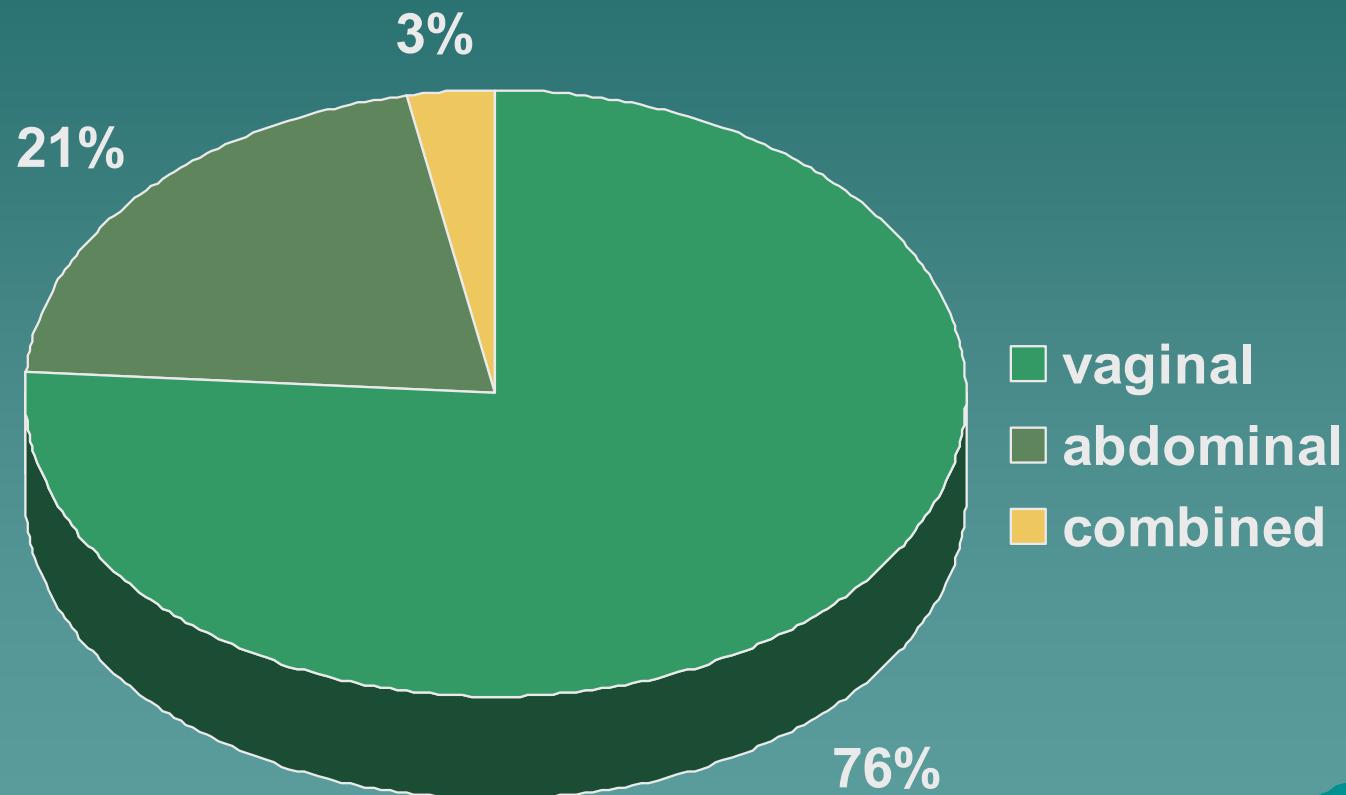
Urethral n (%)	35 (34.7)
Trigonal n (%)	60 (59)
Supr trigonal n (%)	39 (38.6)

Localisation of combined Fistulae

Urethral + Trigonal n (%)	24 (60)
Trigonal + Supr trigonal n (%)	12 (30)
Complete Involvement n (%)	4 (10)

Case series 1996 – 2002

Surgical approach



Case series 1996 – 2002

Surgical technique

Martius graft n (%)	32 (31.7)
Cutaneous graft n (%)	12 (11.9)

Case series 1996 – 2002

Outcomes

	VVF n = 81	RVF n = 6
Success rate n (%) *	60 (74)	4 (67)
Complications n (%)		
Stress incontinence	13 (16)	

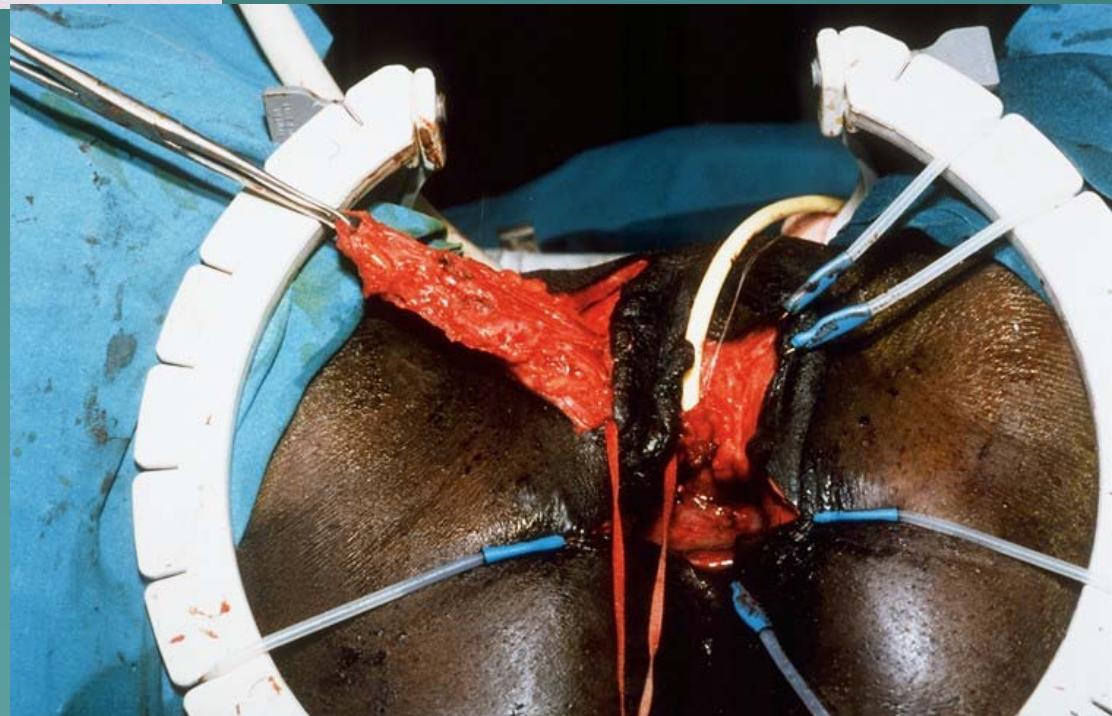
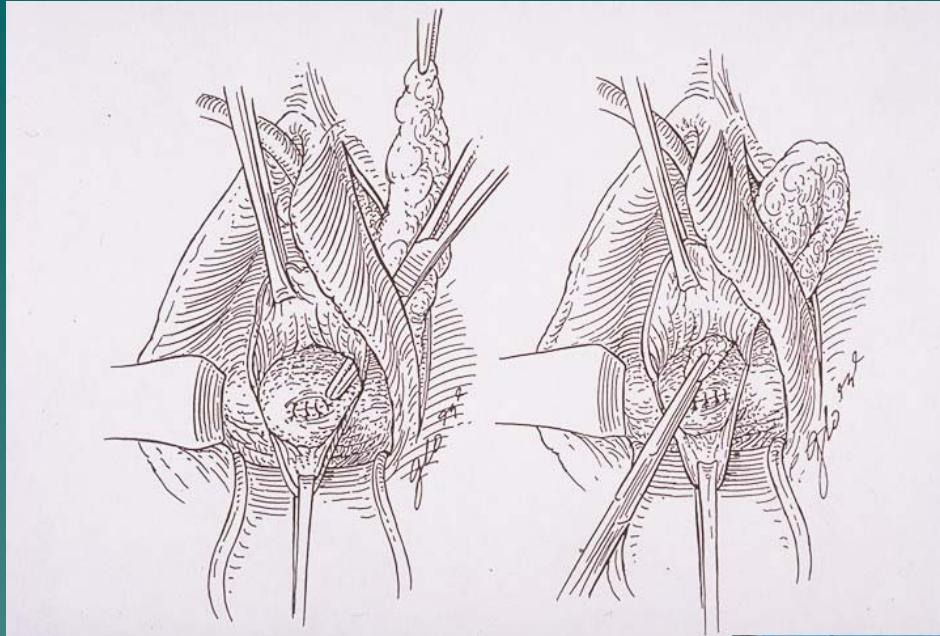
* Urinary diversion (uretero – sigmoidostomie) in 4 cases of 101 patients



Surgical tips

- ◆ Extended Trendelenburg position
 - ◆ Scott retractor
 - ◆ Headlight
 - ◆ Sharp scissors
 - ◆ Suture material
-
- ◆ Post op follow-up
 - ◆ Cave: obstructed catheter !

Martius Flap



Follow-Up

- ◆ Evaluation of possible stress incontinence
- ◆ Urinary infection
- ◆ Councilling for future pregnancy (ceasarian sectio)

Prevention

- ◆ Access to prenatal care and education
- ◆ Medical infrastructure



Conclusions

- ◆ Majority of fistulae can be treated by vaginal approach
- ◆ In 35% of cases the urethra is involved
- ◆ Episiotomy not mandatory
- ◆ Martius flap preferable for urtehral suspension and tissue interposition
- ◆ Carefull follow-up mandatory

References

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- ◆ Ojanuga OD, Ekwemepu CC. An investigation of sociomedical risk factors associated with vaginal fistula in Northern Nigeria. Women Health 1999; 28:103-116
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