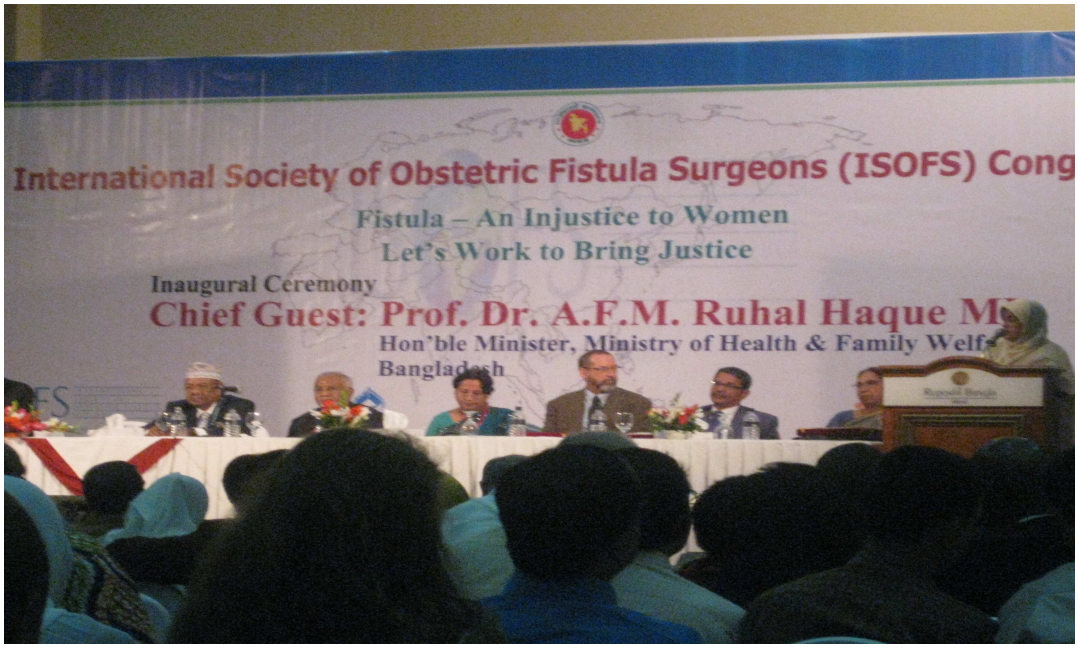
MINISTERE DE LA SANTE PUBLIQUE CENTRE HOSPITALIER ET UNIVERSITAIRE ——— YAOUNDE-CAMEROUN	REPUBLIQUE DU CAMEROUN Paix – Travail – Patrie

International Society of Obstetric Fistula Surgeons (ISOFS)
Official opening ceremony, 2012



Fourth ISOFS Conference
Ruposhi Bangla Hotel

15-17 Novembre 2012
Dhaka, Bangladesh

Mission réalisée avec l'appui financier du Programme Fistules Obstétricales de la

GFMER (Geneva Foundation for Medical Education and Research)

Rapport de mission

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Ruposhi Bangla Hotel, Dhaka, Bangladesh

Dr Tebeu

Photo de Famille en compagnie de 2 anciennes patientes de fistules en rouge

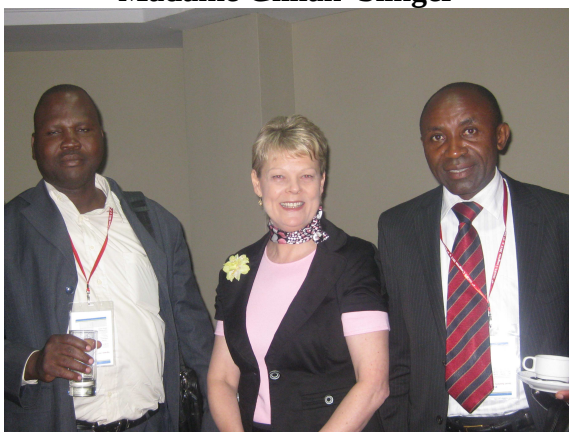
Remerciements

Cette mission n'aurait pas pu être possible sans le soutien

du Programme Fistules Obstétricales de la GFMER à travers son coordonnateur du Pr Charles Henry Rochat

Pr Rochat au milieu (Archive 2005, Tanguieta, Benin)

De la Campagne to end Obstetric Fistula de UNFPA, New York, coordonnée par Madame Gillian Slinger



Sans oublier le comite d'organisation du Congres ISOFS 2012, coordonnée par le Pr Sayeba Akhter

Pr Sayeba au milieu

Les événements : deux au total

- **Réunion de l'International Working Group on Obstetric Fistula, 13-14 Novembre 2012.**

- **4e Congrès d'ISOFS, 15-16 Novembre 2012**

Notre participation

- **Réunion de l'International Working Group on Obstetric Fistula, 13-14 Novembre 2012.**
  - **Contribution au travail du groupe**
  - **Désormais membre du groupe et président de la Commission Prévention de l'ISOFS**

- **Congres ISOFS, 15-16 Novembre 2012**
  - **2 communications orales**
    1. Risk Factors for Obstetric Vesico-Vaginal Fistula: an experience from the University Hospital, Yaoumde, Cameroon
    2. Impact of the recurrence on the surgical outcome of women operating for obstetric vesico-vaginal fistula.
  - **1 présentation Poster**
    1. Prevalence of HIV infection among obstetrical and non obstetrical fistula patients : An experience for mthe University centre Hospital, Yaounde, Cameroon

Nos communications

Séance de présentation

Session de questions-réponses

Des contacts

Pr Serigne Magueye Gueye de Dakar en tenue traditionnelle au milieu Dr Kono UNFPA Tchad en rouge, et Dr Ache du centre National Contre les Fistule du Tchad a l'extrême droite

Une recontre avec un groupe des africain du Sud du Sahara

Tchad, Nigeria, Cote d'Ivoire, Cameroun

Dr Mahamat Ali du Tchad a l'Extrême gauche, Dr Bile de Cote d'Ivoire a l'extrême droite

Quelques faits marquants

Dans l'IOFWG

- Maintien de 5 commissions
  - Prévention
  - Formation et traitement
  - Réinsertion
  - Communication
  - Recherche et Journal
- Les commissions doivent être actives avec des objectifs spécifiques

Dans l'assemble générale

- L'élection du bureau exécutif for de 15 membres
- Le maintien des statuts avec renouvellement du bureau tous les 2 ans

Dans le Congres

- Beaucoup de participants, environ 400
- Beaucoup de communications
- Qualités scientifique des présentations a amélioré

Résumé de nos communications

Prevalence of HIV Infection among Obstetrical and Non- Obstetrical Fistula Patients: an Experience from the University Centre Hospital, Yaoundé-Cameroon

Submitted for: Plenary session or Free Paper or Symposium

To be presented by: Pierre Marie Tebeu

Authors:

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HIV Prevalence among Genital Fistula Patients

Introduction:

The national prevalence of HIV infection was estimated at 5.5% in Cameroon in 2004 for the general population and 7.6% for pregnant women. Obstetrical Fistula (OF) is not an uncommon issue in Cameroon. Our hypothesis is that it may be an association between HIV and genital fistula.

Objectives

This study aims at determining the prevalence of HIV infection among women with genital fistulas, and, compares the various characteristics of women tested HIV positive and those tested HIV-negative.

Methodology

This study is analytic and retrospective. From 1st March 2009 to November 30th 2010, 52 patients underwent surgery for genital fistulas in the Department of Obstetrics and Gynecology University Hospital of Yaoundé. We calculated the

prevalence of HIV infection and compared the characteristics of HIV-positive women to those of HIV negative women.

Results

Among the overall 52 patients with genital fistula, 41 (78.8%) fistulae were obstetrical related and, 11 were not. The prevalence of HIV infection was 21.2% (11/52) among women with genital fistulas; 18.2% (2/11) among women with NOF and 21.9% (9/41) among women with OF. This prevalence was 28% (7/25) among women with vesico-vaginal fistulas. None of the recto-vaginal fistulae was HIV positive. Women aged over 30 were three times more likely to be HIV positive compared to those between 11 and 29 years [OR = 2.92 CI (0.44, 20.56)]. The housewives were 1.5 times higher at risk of being HIV positive compared to others [OR = 1.53 CI (0.24, 9.89)]. Unmarried women were three times more likely to be HIV positive compared to those married ones [OR = 3.43 CI (0.29, 89.9)].

Conclusion:

Prevalence of HIV was higher among Obstetrical and Non- obstetrical Fistula Patients. We suggest enlarging this study to a greater sample size and taking into account HIV issues while managing obstetric fistula.

Keys words: Obstetric fistula, prevalence, HIV

Impact of the recurrence on the surgical outcome of women operated for obstetric vesico-vaginal fistula: a Cameroonian experience.
Submitted for: Plenary session or Free Paper or Symposium

To be presented by: Pierre Marie Tebeu

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Introduction
WHO proposes the successful closure rate for first repair at 85% in each facility with the continence achievement among the closed cases at 90%.
Objective:
We conducted this cross-sectional analytic study to find the effect of the recurrence on the vesico-vaginal obstetric fistula outcome.
Methods:
The study period covered from January 2005 to August 2007 for Maroua regional Hospital and from January 2008 to August 2011 for Yaounde University Centre Hospital.
Results:
Among the overall 81 operations analyzed, we had 31 repeated operations (37%) and 50 operations at first attempt (63%). The closure deteriorates with number of attempts from 88.2% at first, 76.9% at the second, to 64.5% from the third attempt. The continence varies also with the order of attempt with 72.5%, 69.2% and 41.1% at first, second and third attempt. The complete failure rate varies from 11.8% at first surgical attempt to, 23.1% at second surgical attempt to 35.3% at third surgical attempt. Failure increases with the numbers of attempts and varies from two-folds at second [OR: 2.25; 95% CI: 0.37-10.1; P=0.37] attempt from 4-folds at third attempt [OR: 4.10; 95%CI: 0.93-18.44].
Conclusion
Closing with continence in obstetric fistula surgery decreases with the number of surgical attempts.
Key words: Obstetric fistula, recurrence, closure, continence

Risk Factors for obstetric vesico-vaginal fistula: An Experience from the University Hospital, Yaounde, Cameroon.

Submitted for: Plenary session or Free Paper or Symposium

To be presented by: Pierre Marie Tebeu

Authors:
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Introduction: Better knowledge on these risk factors could help in preventing obstetric fistula occurrence.
Objectives: This was aimed at describe the socio-demographic and reproductive health of obstetric fistula patients and identifying risk factor for developing the disease.
Methods: This was a case control study conducted at the Yaoundé University Teaching Hospital. 39 patients with obstetric genito-urinary fistula were included and constituted the case group. We identified randomly 3 patients with non obstetrical gynecological problem as controls for each case; yet 117 inpatients without fistulae were recruited as a control group.
Results: Compared to non fistula patients, women with obstetric fistula were more likely to be housewife [OR: 2. 68(1.19-6.04)]; single [OR: 3.87(1.67-9.09)]; with no more than primary educational level [OR: 3 (1.30-6.93)]; had their first delivery at teenage [OR: 2.07(1.0-2.97)]; with the weight of less than 60 kg [OR: 3,50(1,52-8,10)]. Patient with obstetric fistula, was more likely to have an active labor for more than 12 hours before delivery [OR: 17.31(5.79-55.49)].The risk of obstetric fistula occurrence increases with the duration of labor.
Conclusion: Identified risk factors for obstetric fistula were the housewife, primary educational level, teenage delivery, low weight; prolonged labor and abdominal expression.
Keys words: Obstetric; fistula; vesicovaginal fistula; risk factors.