

**MISSION REPORT OF THE OBSTETRIC FISTULA SURGICAL SESSION
IN TANGUIETA, BENIN**

10 – 23 March 2010

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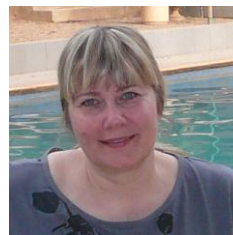
Member of ISOFS (International Society of Obstetric Fistula Surgeons)

In March 2010 the team was composed of Françoise Giaume, anesthetist doctor, Nadine Piatkowski, operating theatre nurse, and myself.

Dr Françoise Giaume



Nadine Piatkowski



For the fourth consecutive year the Albert Einstein College of Medicine in New York designated a fellow in gynecology for initiation into fistula surgery. This year, to our total satisfaction, Dr Rachel Scott was designated for this mission.

Dr Rachel Scott



Dr Tim Wilson, Chief and Associate Professor, Urology and Urologic Oncology at the hospital «City of Hope» in Los Angeles, participated for the second time. He was of great assistance in completing the long list of surgery interventions awaiting us this year. Dr Jim Peabody of Detroit, who should have come on his 4th mission, was obliged to cancel at the last minute due to an accident which occurred just before his planned departure.

Dr Tim Wilson



Ibrahim Biaou, originally from Benin, in his last year of medical studies in Brussels, also took part in the mission. He came to Tanguiéta to do research for his thesis on obstetric fistula. He will prioritise reintegration of the patients and its consequences over one year. He plans to study the NGO Sentinelles and Essor documents (databases for fistula patients). Following his studies, Ibrahim intends to return to Benin as an Urologist. His input was greatly appreciated and GFMER looks forward to following his career.

Ibrahim Biaou



Collaboration with Saint Jean de Dieu Hospital

As always, the brothers of the Saint Jean de Dieu Hospital gave us a warm welcome. The Director went to great trouble to provide 32 beds for this mission. The staff on the operating theatre were of great assistance which enabled us to operate on 40 patients which was the total number planned. As is evident, this required intensive effort on our part and left us quite exhausted.

For the first time an uro-gynecologist evaluation followed by some physiotherapy was prepared together with Mr Yves Castille of Leuven, Belgium. Mr Castille is also a teacher in pelvic floor re-education at FSS (Faculty of Health Science) in Cotonou.

GFMER is pursuing its work for the hospital with the following objectives for 2010: a 15-seat bus to replace the one that was burnt; to continue its encouragement grants for doctors in charge; to provide surgical studies as well as to participate in patients' hospital fees.

Sister Martine in charge of the Maternity



Collaboration with the Faculty of Science of Cotonou (FSS) and Minister of Health

Over the past three years we have been recruiting trainees interested in vaginal and fistula surgery. Professor René Xavier Perrin as well as Doctor Sosthène Adisso personally came to Tanguiéta to discuss the procedures for this training, namely the progress report and the authentication of the internships.

Three objectives to be achieved:

- Initiate the trainees to perform surgery for simple fistulas
- Provide training to doctors in the remote areas where most of fistula patients live
- Designate future trainers

In this context, a fellowship is now open to specialities other than gynecology (general surgery and urology).

Dr René Darate, once doctor in charge of the Maternity department of Tanguiéta, who in 2009 was nominated responsible for family health (mother and child) honoured us by participating in our closing meeting and explaining the principals of the national campaign to eradicate obstetric fistula in Benin.



Dr R. Darate sitting to the left together with the “fistula team”

Collaboration with UNFPA (the United Nations Population Fund)

For over one year we have been relying on the valuable assistance of UNFPA Benin by way of the general representative, Mr Dicko, as well as the delegated representative of the Fistula programme, Dr Sossou, who are taking part in the « fistulas » programme at the Tanguiéta hospital and who have played a major part in financing the September 2009 mission. This first African mission in Tanguiéta was led by Professor Akpo of Cotonou (Benin) and Prof. Gueye of Dakar (Senegal). This mission was an opportunity to start the national campaign on the eradication of fistula in Benin. In 2009, UNFPA nominated Dr Ignace d'Oliviera, supervisor of the fistula programme at the Tanguiéta hospital. Dr d'Oliviera is responsible for the pre-surgical evaluations as well as the results of the operated patients. He is actively involved in these operations and has acquired substantial experience after having completed four missions in Tanguiéta in the last six months.

Dr Ignace d'Oliviera



UNFPA and Johns Hopkins Bloomberg School of Public Health decided to pursue studies on 100 cases to be followed over one year. Unfortunately, this study had to be discontinued in 2009 due to financial difficulties. We are pleased that Tanguiéta can again be part of this valuable study on the medical and social future of the fistula obstetric operated patients.

Operations performed between 12 and 22 March 2010 (in effectively 9 days)

- 4 diversions (Mainz II procedure)
- 27 vesico-vaginal fistulas (VVF) of which
 - 8 fistulas with good prognostics
 - 14 complex fistulas
 - 3 extreme fistulas to be later diverted
 - 2 total urethral reconstructions
- 2 recto-vaginal fistulas
- 3 cases of incontinence after VVF operation

Among the ones operated:

3 repairs with a Martius flap

3 by suprapubic incision

6 by double approach

Meticulous surgery



We also performed 1 nephrectomy, 2 pyelotomies for kidney stones, and 2 urethral reconstructions for stenosis by males.

Results of the Obstetrical Fistula operations (OF) (initial evaluation after 6 weeks)

23 assessable VVF 19 cured (82.6%)

3 assessable RVF 3 cured

3 SUI 3 cured

of the 4 urinary diversions, we had to deplore one death due to neuropaludism, then infection and wound evisceration.

70% of VVF operated were cases of relapse after one or more attempt to closure.

Intense activity on the operating theatre



Collaboration with local NGO's

Sentinelles brought 12 patients together under guidance of Patricia Drumard and Laurentine who we were pleased to meet again. Sentinelles also put a nurse at our disposal to look after the operated patients during the whole mission. All the patients were operated apart from one who did not feel prepared for an urinary diversion (Mainz II procedure). We greatly appreciated the manner in which the Sentinelles files were kept as well as their way of caring for patients during the 12 months follow up. Sentinelles accepts patients from Burkina Faso who are lodged in the centre for fistula patients which was built with the help of GFMER 4 km away from the hospital.

24 patients have been brought from Benin as well as Niger and Togo by means of ESSOR whose Fistula project has been supported by GFMER since 2008. ESSOR functions in the same way as Sentinelles and this NGO has now fistula patients with a follow up over 18 months. GFMER is continuing its financial commitment to ESSOR by strengthening the Human Resource budget for 2010, as follows: salary for Mrs Rafiatou, recruiting Mrs Lydie Suery (midwife) who has been working with us for more than 10 years and who has just left her position in the public service. ESSOR has also placed two nurses at ESSOR's disposal to care for the operated patients.

Acknowledgements

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We would like also to thank the company Covidien for its support for the suture materials.



Dr Charles-Henry Rochat and Dr Priuli (Brother Florent), Medical Director of the Tanguiéta Hospital