Obstetric Fistula

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Training Course in Sexual and Reproductive Health Research
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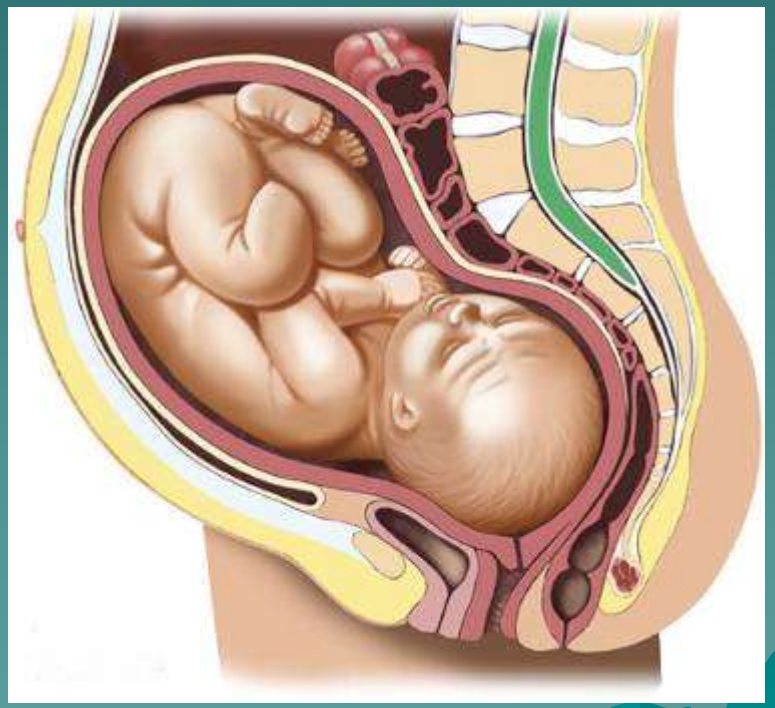
Definition

- Tissue destruction secondary to the prolonged pressure of the head during obstructed labour (ischaemic laesion)
- Tissue laceration during instrumental delivery, Caesarean section or Caesarean hysterectomy



Problem

- Abandoned from their families
- Co-morbidity
  - Infections
  - Bladder stones
  - Infertility

Prevalence

- Estimated : 2 mio women worldwide
- Africa, Asia, South America
  - Sub-Saharan Africa: 2/1000 deliveries

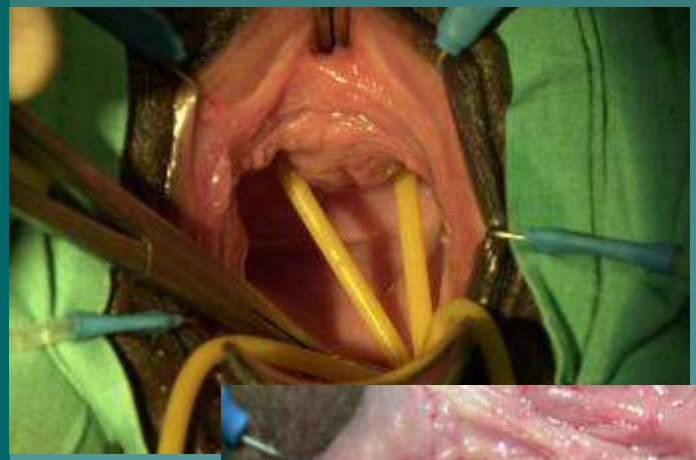
Classification

Simple fistula

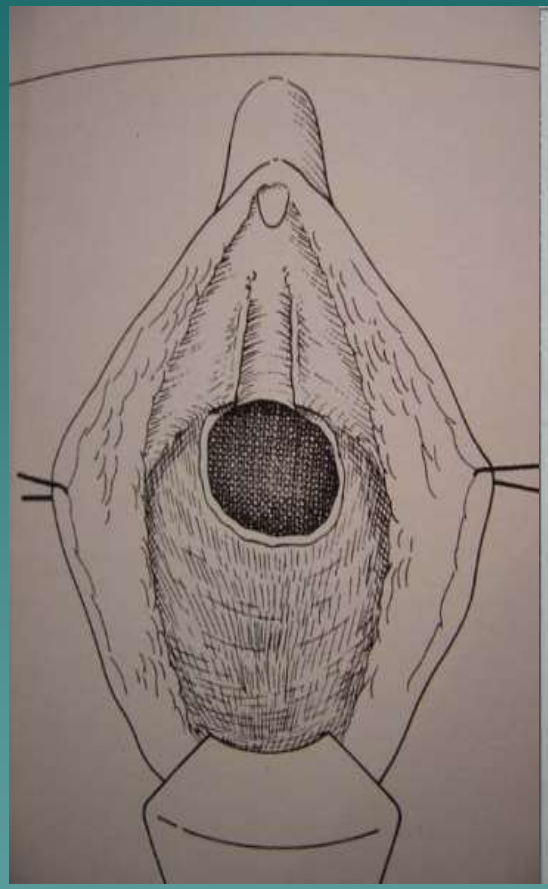
- Non-fibrotic tissue
- Easy to access

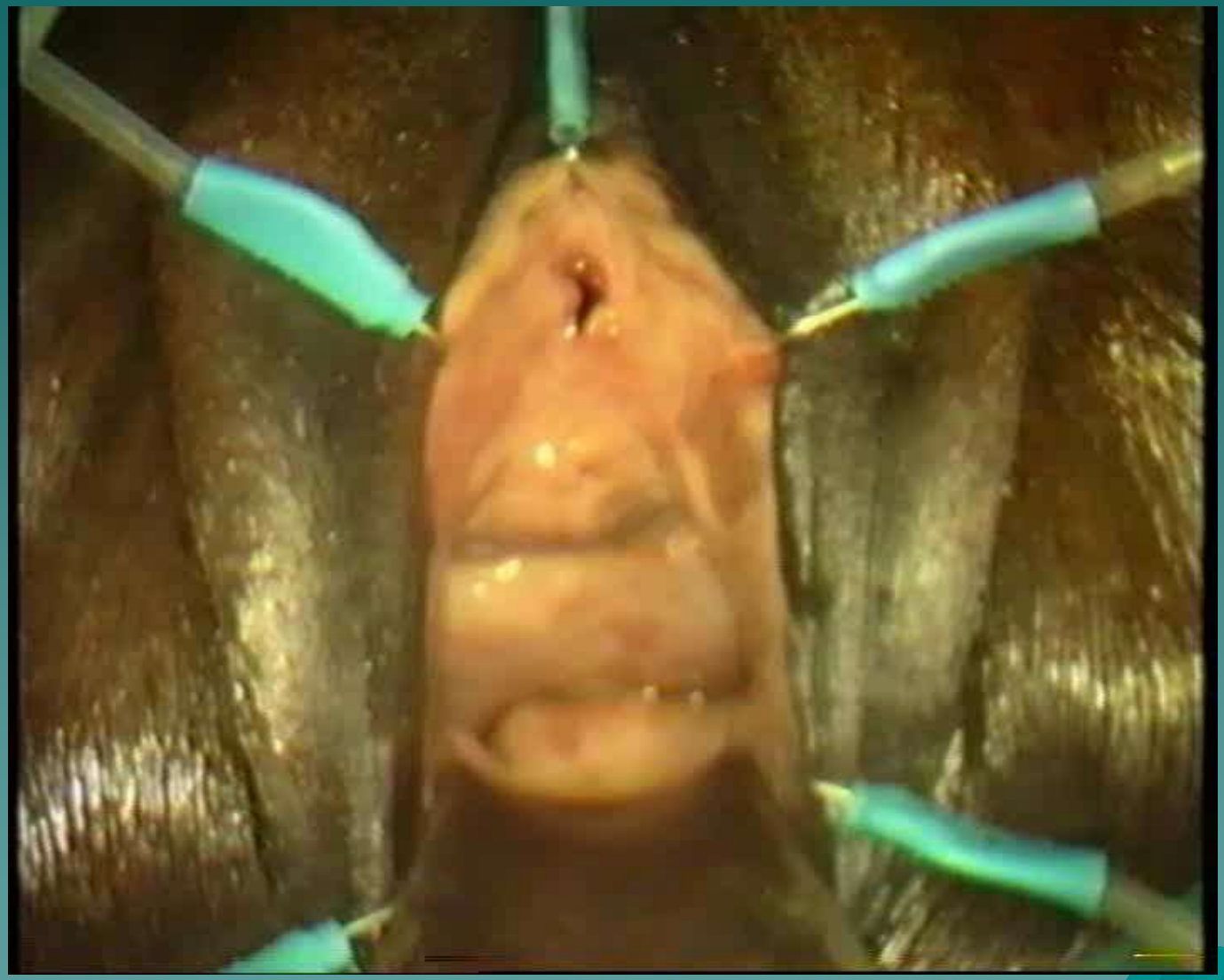
Complex fistula

- Fibrotic tissue
- Loss of tissue
- Urethral involvement
- Retracted bladder
- Aberrant tract
- Previous failed surgery



Complex VVF

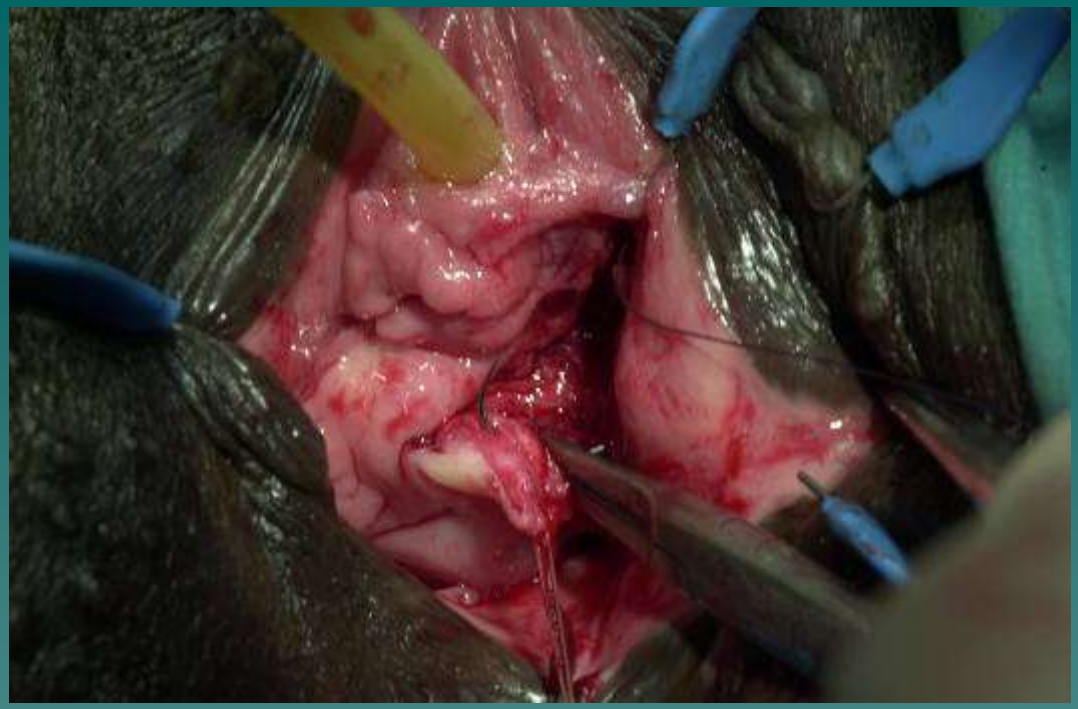




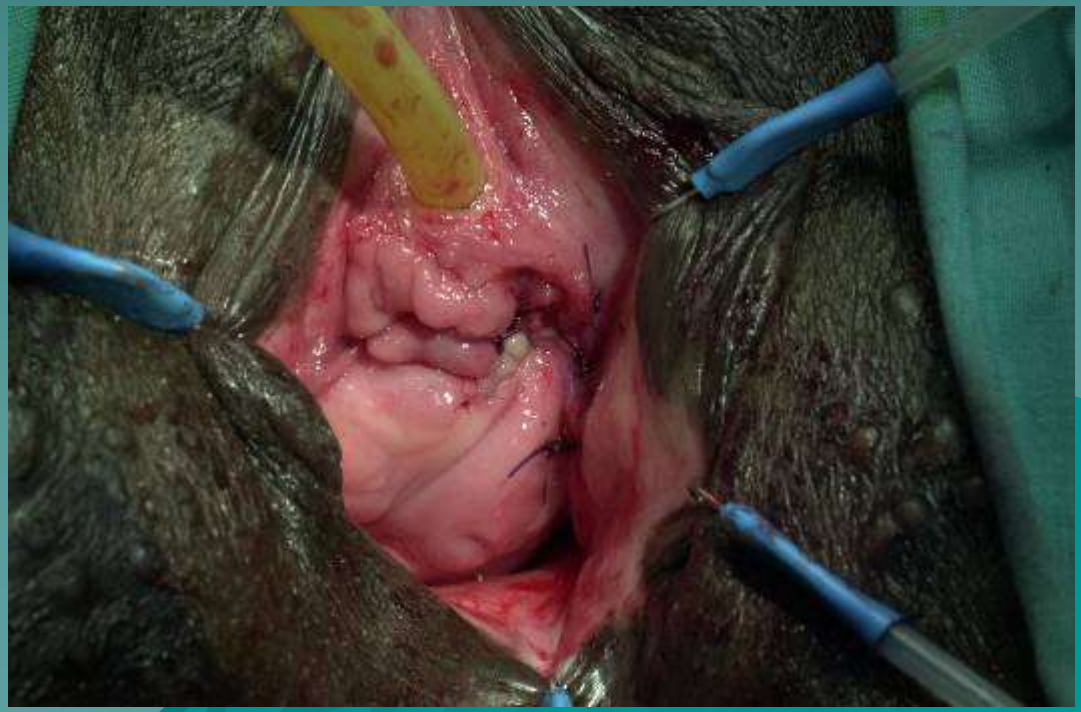
http://www.gfmer.ch/Video/Extrait_fistules.wmv

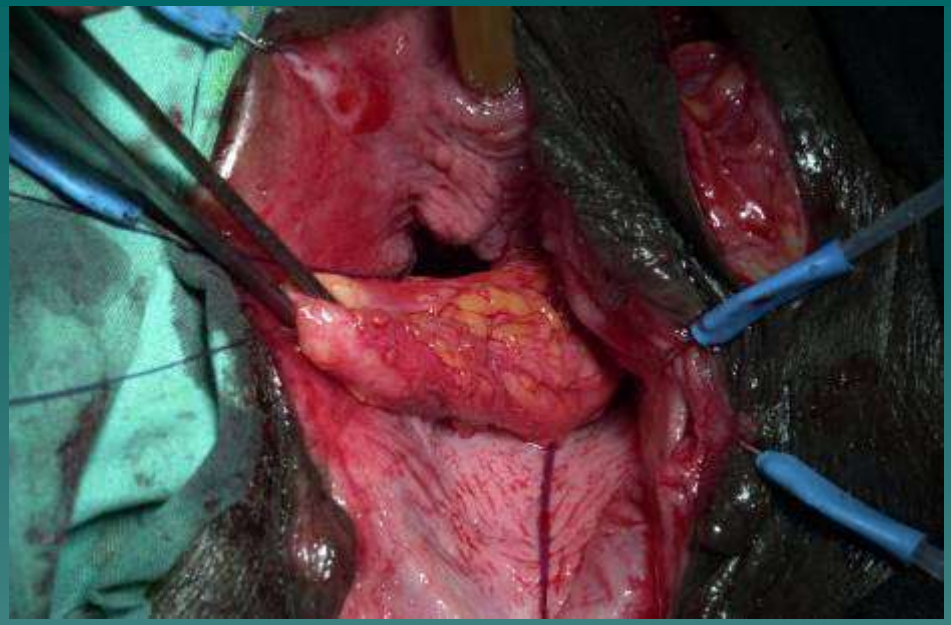
Surgical tips

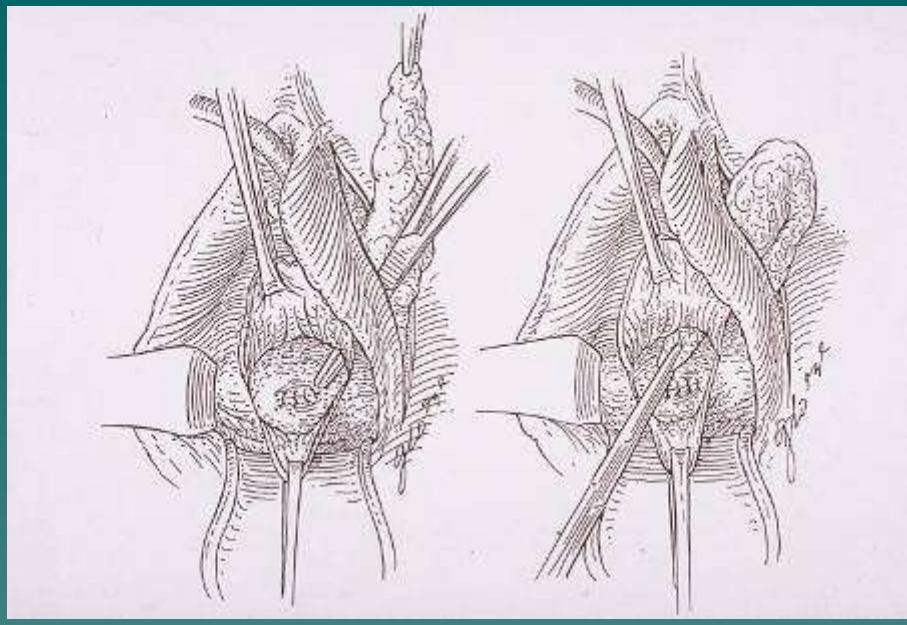
- Extended Trendelenburg position
- Scott retractor
- Headlight
- Sharp scissors
- Suture material
  - Post op follow-up
  - Cave: obstructed catheter !

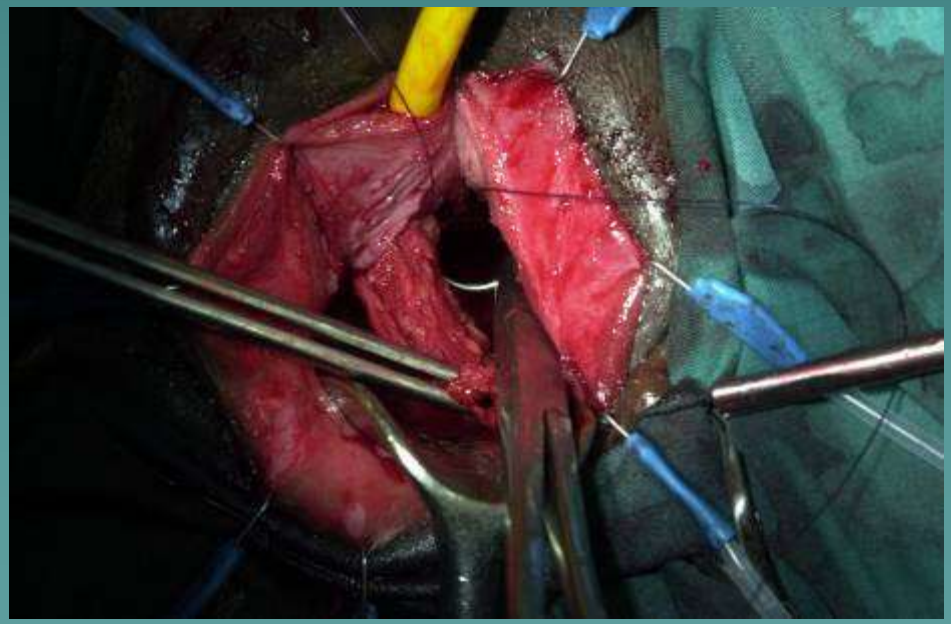


Simple closure

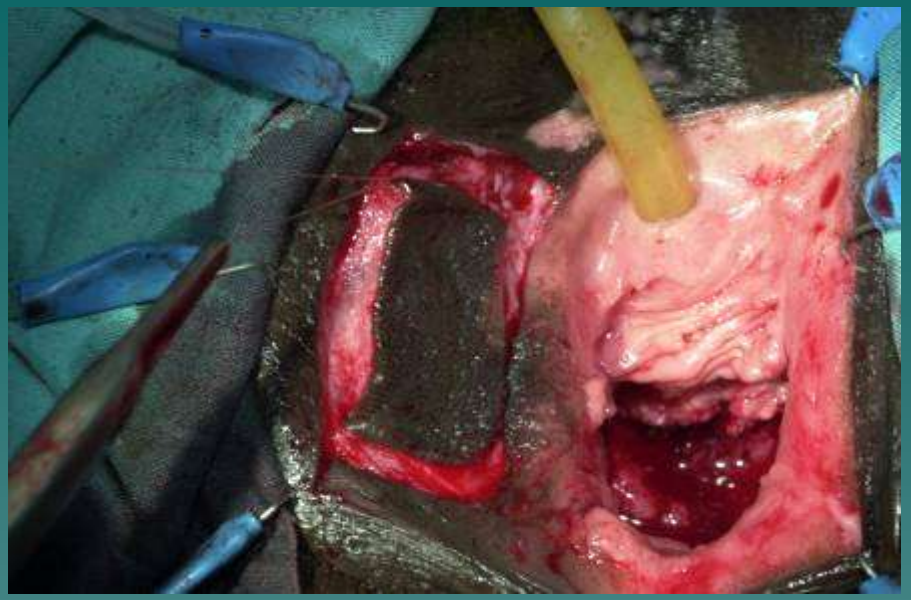


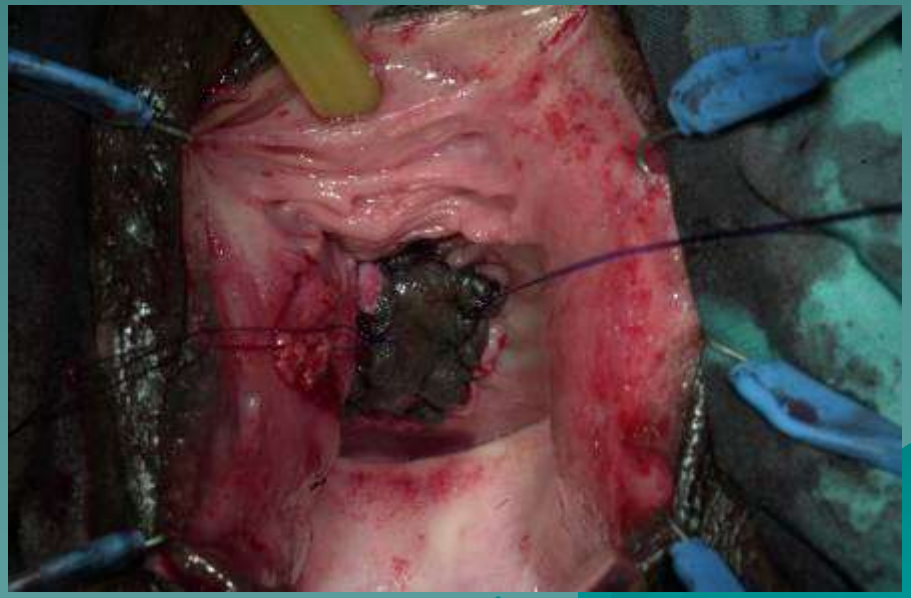




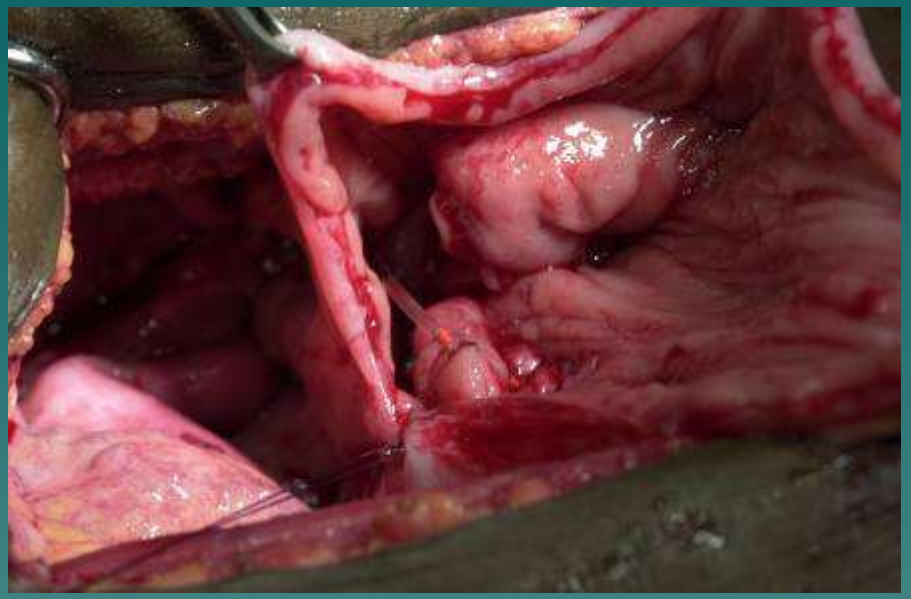
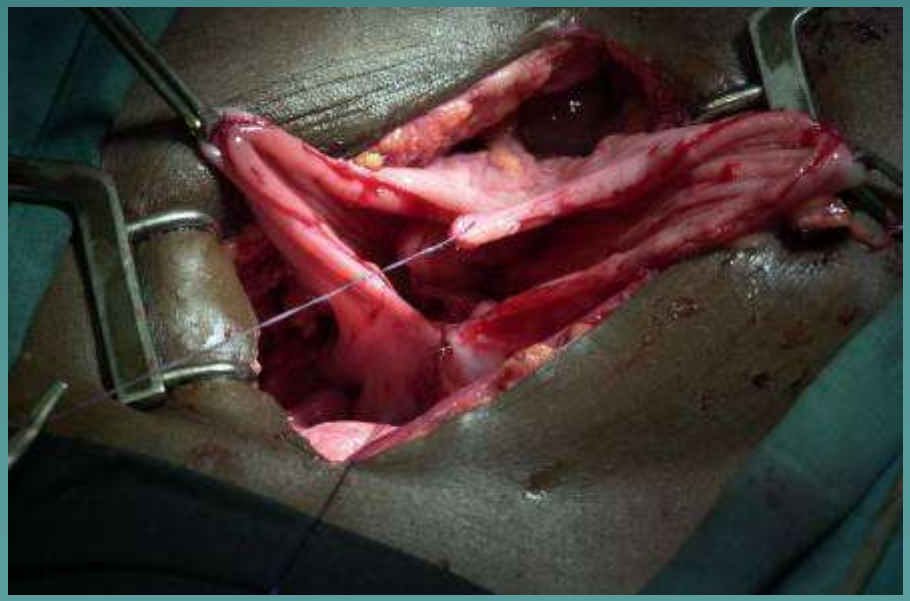
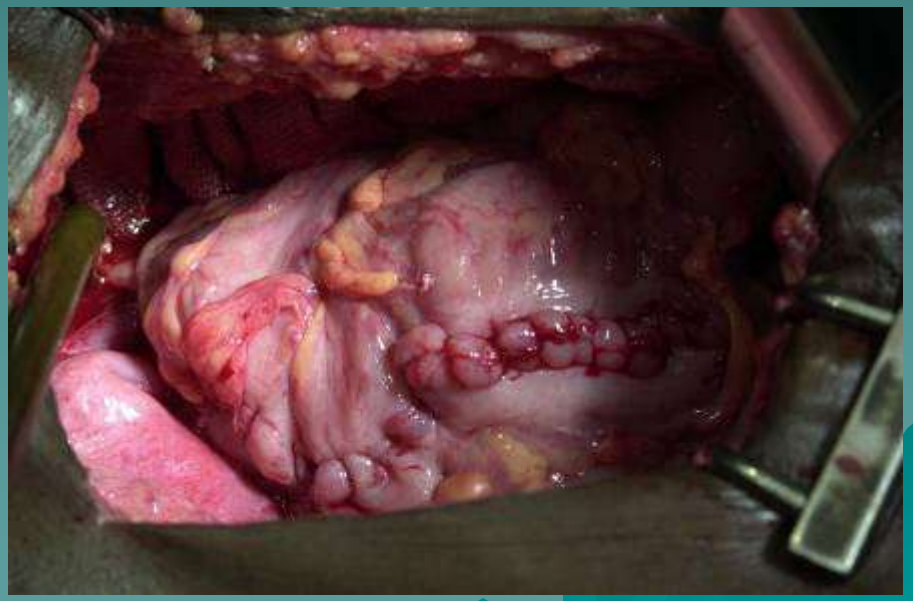


Martius Flap



Symmonds / Falandry

Mayence II

Stress incontinence

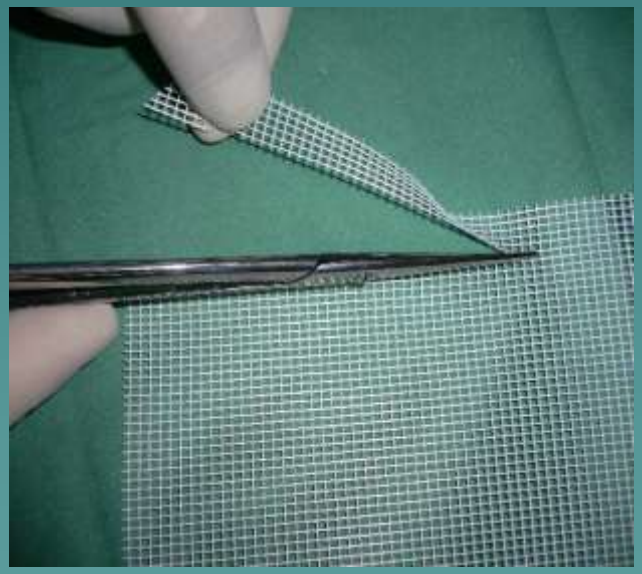
- Junction bladder/urethra most often concerned
- Closure mechanismus damaged
- Residual stress incontinence
- Surgical challenge

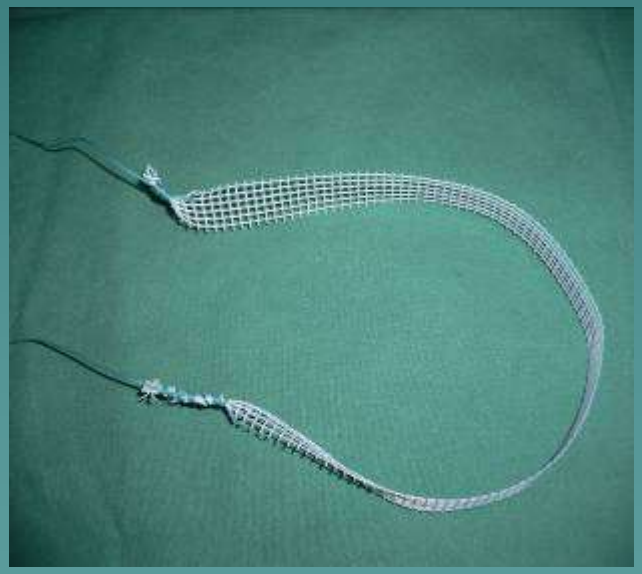
For experts and motivated surgeons

http://www.gfmer.ch/Video/Reconstruction_cervico-uretrale.wmv

African tape
TVT / TVTO

2001	Mopti	6 cases
2005/2006	Tanguieta	8 cases





Preliminary study

http://www.gfmer.ch/Video/Bandelette.wmv

The model of Tanguieta

Treatment

Training

Prevention

Internet Database (GFMER)

The model of Tanguieta

- GFMER, St. Jean de Dieu Hospital and Faculty of Health Sciences, Cotonou
- Comprehensive strategy for training health care providers
- Treatment and prevention of obstetric fistula
- Exported to centres in Guinea (Conakry), Burkina Faso (Fada N'Gourma) and Cameroon (Maroua)

A new Web-Based Data Entry System : the GFMER Database

- Collection and evaluation of prospective data
- Demographic characteristics of fistula patients
- Various surgical and clinical procedures for fistula repair
- Social reintegration

A new Web-Based Data Entry System : the GFMER Database

- Facilitate the development of a standardized fistula classification
- Comparative research across surgical centres
- Identification of cases requiring expert fistula surgeon

Areas covered by the GFMER Database

- Circumstances leading to the occurrence of fistula
- Socioeconomic and preoperative health status
- Surgical and other medical treatments received
- Postoperative health status and follow-up

GFMER Research and Studies

3 critical areas of research in collaboration with WHO/RHR

- Prevention:
  - analysis of underlying sociocultural and economic factors
  - caesarean sections
  - labour management techniques
- Treatment:
  - review and assessment of current surgical and medical procedures
- Reintegration:
  - evaluation of existing reintegration strategies

Tanguieta personal case series 1996 - 2006

- Hospital northern Benin
- 13 surgical missions since 1993
- Since 1996 specific visits for surgical fistula repair

- obstetric fistulae

  N = 202

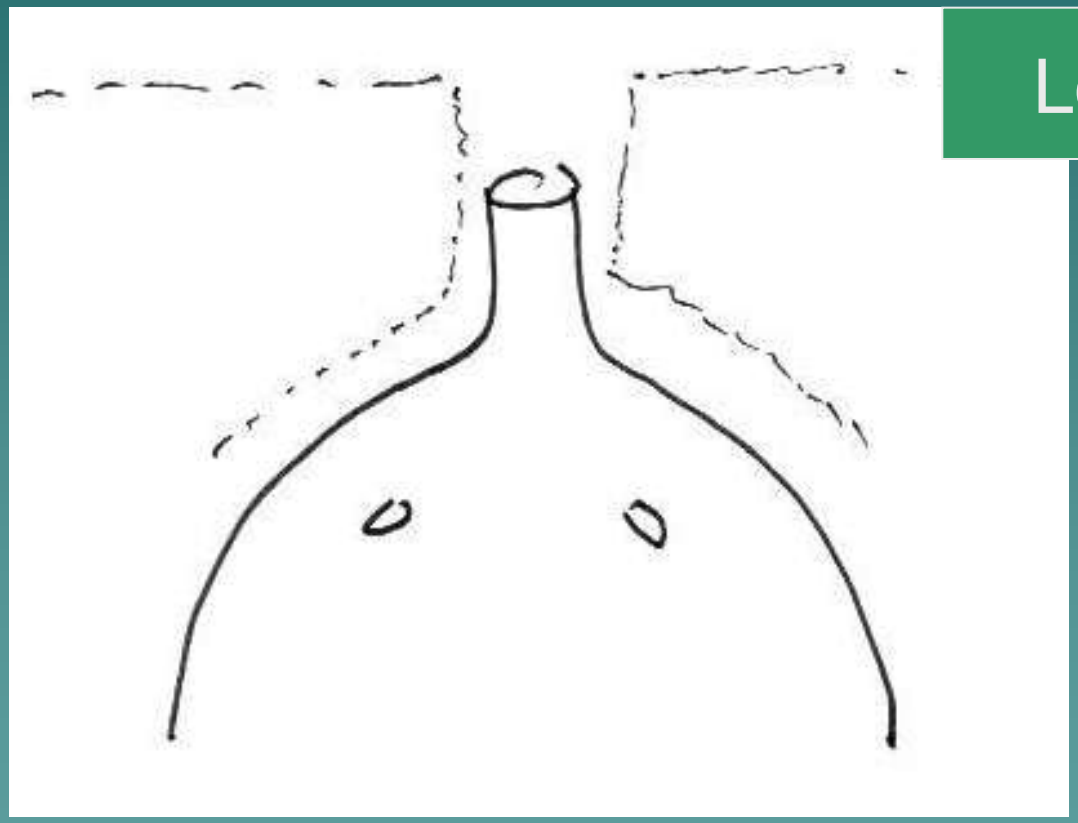
Tanguieta personal case series 1996 - 2006

Baseline data		n=202
Age	y	28.9 (15-63)
Parity	n	2.0 (1-11)
Duration	y	3.0 (0.1-20)
Previous fistula repair	n (%)	72 (35.6)
Lost to follow-up	n (%)	23 (11.4)

Tanguieta personal case series 1996 - 2006

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

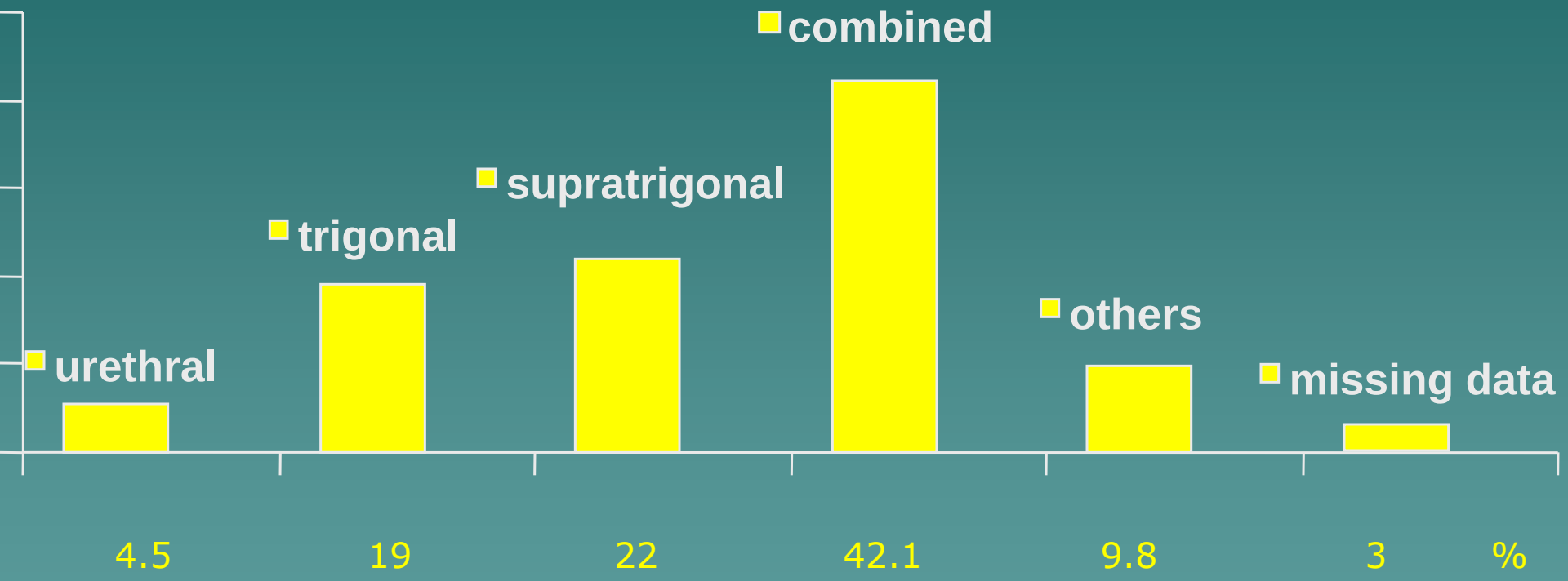
Tanguieta personal case series 1996 - 2006



Localisation VVF

Urethral and/or Trigonal	79%
Supra-trigonal	21%

Tanguieta personal case series 1996 - 2006



Localisation VVF

Tanguieta personal case series 1996 - 2006

Surgical data

- Route
  - Vaginal 76%
  - Abdominal 18.6%
  - Combined 5.4%
- Martius graft 31.7%
- Cutaneous graft 11.9%
- Urinary diversion 5%
- Recto-vaginal fistula 4.5%

Case series 1996 – 2006
Outcome of Vesico-Vaginal Fistula repair n=179

- Success rate 84%
- Stress incontinence 21%

- Complications :
  1 fatal peritonitis
  4 reinterventions for secondary suture