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A GFMER programme

# Tanguiéta, Benin



Mission report of  
Dr Charles-Henry Rochat  
23 April to 8 May 2022

Saint Jean de Dieu Hospital in Tanguiéta, northern Benin



# PREAMBLE



Briefing session with the medical team in Tanguiéta



# A PROJECT WITH MULTIPLE GOALS

## **OBJECTIVES OF THE MISSION IN TANGUIÉTA AND COTONOU**

- Surgical workshops in Tanguiéta :
  - repair of patients with obstetric fistulas and complex male urology cases.
  - collaboration with hospital specialists.
  - training of 9 doctors from Cotonou (gynecologists and urologists).
  - synergies with the training scholarship program.
- A «live» fistula operation, videotaped, which represents a new type of training programme for obstetrician-gynaecologists, urological surgeons and health workers concerned.
- A special mission to Cotonou dedicated to persistent incontinence and extreme obstetric fistula cases, with experts from Benin.



# OBSTETRIC FISTULAS IN TANGUIÉTA

A mission to provide free surgery to women with obstetric fistula (OF) took place at the Hôpital Saint Jean de Dieu of Tanguiéta thanks to the partnership between the Ministry of Health, the Geneva Foundation for Medical Training and Research (GMER) and its Fistula Group programme and the Claudine Talon Foundation.

## Training

This mission provided a framework for initiation into surgical repair of obstetric fistulas for 9 doctors in specialisation, including :

- 4 in urology
- 5 of obstetrics gynaecology.

It took place under the guidance of Professors Charles - Henry RoCHAT and James Peabody, GMER experts in fistula surgery and Dr Renaud Aholou, gynaecologist - obstetrician and referent for the management of FO at the Hôpital Saint Jean de Dieu de Tanguiéta.

## Management of patients

The surgical phase of this mission was carried out from 26 April to 7 May 2022 and allowed 33 women:

- 28 cases of FO and/or stress urinary incontinence (SUI).
- 5 cases of urogenital prolapse.

## Expertise and supervision

Prof. Charles - Henry RoCHAT / urologist, GMER / Switzerland  
Prof. James Peabody / urologist / USA  
Prof. Elie Tamou / surgeon / CHDU Parakou- Benin  
Dr. Renaud Aholou / gynaecologist - obstetrician  
Saint Jean de Dieu de Tanguiéta Hospital (Benin)  
Dr Gilbert Fassinou / gynaecologist - obstetrician  
CHU- MEL Cotonou- Benin  
Nadine Piatowski / instrumentalist / Switzerland

## Doctors in training in gynaecology (Cotonou)

Dr Hermionne Tonouehoua  
Dr Mahugnon Sossinou  
Dr Claude Zinsou  
Dr Patiély N'Tsimba  
Dr Ulrich Otchoun

## Doctors in training in urology (Cotonou)

Dr Moise Tshiband  
Dr Parfait Darius Adjakidje  
Dr Freddy Kimansoun

## Doctors in training in urology (Dakar)

Dr Martin Randriantsalama



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## WORKSHOPS TO HEAL AND TO TRAIN





Most obstetric fistula operations are performed under spinal anesthesia



# OBSTETRIC FISTULA

*«It is the poorest women who do not have access to prenatal consultations and timely caesarean sections who suffer from obstetric fistula.»*

## **Obstetric fistula is one of the major causes of maternal morbidity among the world's poor**

Too long considered a death sentence, it is only in the last 20 years that it has attracted attention and that prevention and treatment programmes have been launched in various countries, mainly in Africa and Asia. Dr. Denis Mukvege was awarded the Nobel Peace Prize in 2018 for his advocacy for these forgotten women.

Obstetric fistula is an injury that occurs after a blocked birth when the child's head compresses the tissues of the vagina and bladder for days. The child survives only very briefly, and when it is eventually extracted, the necrosis of the crushed tissues causes a cavity to form between the vagina and the bladder (sometimes with the rectum). For those who survive this disastrous delivery, they will lose their urine day and night. Rejected by their husbands and families, stigmatised by society, they live a life of pariahs,

victims of cultural prejudice, recluse and shame, as if they were guilty of it.

## **Fistula, a pathology considered shameful**

It is the poorest women, often very young, who accumulate handicaps, illiteracy, ancestral beliefs, lacking everything, and escaping prenatal consultations that would allow them to anticipate the difficulties to come.



# PROGRESS OF THE MISSION



## **Pre-operative phase: 23 to 25 April 2022**

Under the responsibility of Dr Renaud Aholou, these days were devoted to the clinical examination, blood work, the PAD test and the ultrasound test. 41 women were examined in total, 33 of whom were eligible

for surgery. Most of the women were transported from Cotonou by the Claudine Talon Foundation and accompanied by representatives from the Essor Foundation.





## A PREMIÈRE: LIVE SURGERY IN TANGUIÉTA



Dr Rochat commenting «live» on an operation performed by Dr Aholou

**A live video-transmitted fistula operation followed by an interactive debate took place on Monday 2 May 2022 from the Saint Jean de Dieu Hospital in Tanguiéta, Benin.**

The surgery was performed by Dr Renaud Aholou with the team from the Saint Jean de Dieu Hospital in Tanguiéta and commented on by Dr Charles-Henry Rochat and Dr Gilbert Fassinou.

The live broadcast lasted approximately one hour and was transmitted in full. This prefiguring training programme for gynaecologists, obstetricians, urological surgeons and health workers concerned by

this pathology has already aroused the interest of a large number of players throughout the world.

Dr Anne-Caroline Benski participated from the University Hospitals of Geneva and Dr Jessica Harroche, a former trainee from Albert Einstein College of Medicine, who came to Tanguiéta three times, followed the operation from the U.S.A.

This «live» operation was made possible thanks to the technical support of the Anklin team and equipment in Switzerland.





## POST-OPERATIVE FOLLOW-UP

Follow-up of patients is very important to avoid complications, typically a blocked urinary catheter that could compromise a long repair process. The fistula was closed in 21 out of 25 patients despite the complexity of many cases, which can prolong the

hospital stay. Although all patients had robust post-operative care, we unfortunately recorded one death due to heart failure in a 65-year-old woman.

| Results of the operations       |        |         |                                   |       |       |
|---------------------------------|--------|---------|-----------------------------------|-------|-------|
| DIAGNOSTICS                     | NUMBER | HEALING | RECOVERY WITH EFFORT INCONTINENCE | CHESS | DEATH |
| OBSTÉTRIC FISTULA (OF)          | 25     | 19      | 2                                 | 3     | 1     |
| INCONTINENCE AFTER OF TREATMENT | 2      | 1       | NA                                | 1     | 0     |
| PERINEAL TEAR                   | 1      | 1       | 1                                 | 0     | 0     |
| GENITAL PROLAPSE                | 5      | 5       | NA                                | 0     | 0     |

**The fistula was closed in 21 of 25 patients despite the complexity of many cases.**



## MALE UROLOGY: HIGH EXPECTATIONS

This year, 9 cases of complex urethral stenosis were recruited for this assignment. Most of these cases were pelvic fractures due to road traffic accidents with rupture of the urethra. These are complex operations that the urology team is used to treating in parallel with obstetric fistula operations.

Two patients underwent video-assisted endoscopic resection of the prostate.

**8 out of 9 cases of urethral strictures cured**



Complex stenosis operations in men are performed in parallel with obstetric fistula operations



## FINANCIAL SUPPORT FOR MALE UROLOGY

The Fistula Group has to contribute to the hospital costs of the ten or so men operated on for urethral stenosis. From now on, part of the funding will be redirected to these men, often young, with a

completely obstructed urethra, who would otherwise spend the rest of their lives with a urinary tube coming out of their belly above the pubic bone.



Urology operations in men



# UROLOGY EQUIPMENT AND DEVELOPMENT OF ENDOSCOPIC SURGERY

## In Tanguiéta

During various meetings with the doctors of the Hôpital Saint Jean de Dieu in Tanguiéta, it was decided to help them develop a laparoscopy and hysteroscopy programme. Indeed, Drs Gayito, Aholou and Azakapa, respectively general surgeon, gynaecologist and paediatric surgeon, all have experience in laparoscopy.

Laparoscopy requires CO<sub>2</sub>, which has been a limiting factor until now. This gas is now produced in Cotonou. This should solve the supply problems.

## In Cotonou

In 1998, GFMER signed a collaboration protocol with the university urology department of Cotonou (Benin). This partnership is still in force. The new head of the department, Prof. Josue Avakoudjo, asked us in 2022 for help with equipment. Thus, during a meeting on 6 May in Cotonou, Dr. Rochat and Nadine Piatowski reviewed all the defective endoscopy equipment and brought it back to Switzerland for standard exchanges with Anklin, which represents Storz Medical.



The Maquet operating table, the ultrasound machine, the stand-up scalytic and the video column donated by GFMER will immediately find their place in Tanguiéta



# SUPPORT PROGRAMME FOR MEDICAL SPECIALISTS



The specialist doctors who agree to stay in Tanguéta and work in Tanguéta sacrifice their careers and the benefits they could have had if they had stayed in an urban environment or in a more secure area.

The attached map shows the conditions in Tanguéta at the limit of the area «formally discouraged by the authorities».

For more than 15 years, St Jean de Dieu Hospital has been receiving financial support from GFMER – Fistula Group for the training of senior doctors.

Source : Ministère français des Affaires Etrangères



# TRAINING GRANT PROGRAMME

Whether during the surgical workshops in Tanguiéta, or during the special mission to Cotonou, the fellows or former fellows of the programme have been widely involved and are fully part of the GFMER-Fistula Group network.

The photo opposite shows Dr Martin Randriantsalama (left) very involved with Dr Rochat, who went back

to Dakar after the mission to continue his training in urology.

Dr Maurel M'Po (right) will start his urology training in 2023. He is Emilie's son, responsible for the Tanguiéta operating room.



Doctors Martin Randriantsalama, Charles-Henry Rochat and Maurel M'Po during the workshops in Tanguiéta





## SOON A NEW EMERGENCY BUILDING IN TANGUIÉTA

The hospital is currently undergoing an improvement plan to make it more attractive to both doctors and patients.



Extension works



# SPECIAL MISSION TO COTONOU



Session on 6 May 2022 at the CHU-MEL as part of the special mission for complex cases

## MEETING WITH NATIONAL REFERENTS

The delegation led by Dr Rochat went to the CHU-MEL (Centre Hospitalier et Universitaire de la Mère et de l'Enfant Lagune) in Cotonou for a meeting with the referral team led by Prof. Josue Avakoudjo and Dr Mathieu Ogoudjobi.

This session allowed the examination of about twenty cases in a zoom meeting with the participation of Dr Yunga Foma on a mission to Zimbabwe, Dr Renaud Aholou from Tanguiéta, and Dr Bio Elie Tamou from Parakou.

On this occasion, the specialists selected on file the patients who will be summoned during a future expert mission to be either operated on or psychologically treated. 5 patients were also examined.

It should be noted, however, that some of them are not curable, which is why a bypass operation according to Bricker should be considered, which consists of diverting the ureters into an intestinal duct that is cut into the skin.

In Europe, in extreme cases where there is no longer a repairable Bladder or urethra, Bricker's bypass is the gold standard. It is a very safe operation that allows women to be dry in the perineum, but at the cost of ongoing need of a pouch that must be changed several times per week.

This is a programme that could be implemented not only for Benin but also for other countries that treat complex fistulas. The main problem is the supply of pouches and follow-up by stomatologists.



Prof. James Peabody



Nadine Piatowski



Dr Renaud Aholou



Dr Gilbert Fassinou



Prof. Josue Avakoudjo



# SUMMARY OF THE MISSION

Define priorities :

## **In Tanguiéta**

- Routine fistula surgery by trained doctors and organisation of specialised missions reserved for complex cases with the presence of experts.
- Strengthening the management of male urology cases (prostate operations, urethral destruction and urinary calculi), reorientation of funding.
- Setting up a laparoscopy platform for general surgery, gynaecology and paediatric surgery, technical and financial study to be finalised; same for operating hysteroscopy (gynaecology).
- Support for the continuing education of the hospital's specialist doctors.
- Maintenance of training grants and involvement of grant holders during missions

## **In Cotonou**

- Strengthening of cooperation with the CNHU (National University Hospital Centre) in Cotonou (gynaecology and urology).



## NEW RESEARCH AREA: SEXUALITY AND OBSTETRIC FISTULA

In 2020, Fistula Group planned to develop a qualitative study on the socio-psychological and sexual accompaniment of patients from the rural region of North Benin and the urban region of Yaoundé.

Today, Fistula Group would like to continue the project with Dr Anne-Caroline Benski, the University of Geneva and the University Hospitals of Geneva in parallel with research projects and the development of telemedicine.



Adama has been criss-crossing the Atakora trails, visiting markets and bush clinics for over 10 years to meet women suffering from obstetric fistula. She raises awareness in the most remote villages to convince these women to come out of their isolation. By undergoing surgery at St Jean de Dieu Hospital, they will also be able to benefit from the reintegration programme launched by the Claudine Talon Foundation, the country's first lady.



# A PROGRAMME OF THE GFMER, PUBLIC UTILITY FOUNDATION

Fistula group is a programme of the Geneva Foundation for Medical Education and Research (GFMER), a non-profit organisation established in 2002 with a mandate to promote and develop training and research programmes in the field of health.

In 2021, the foundation and its partners launched, for the 12th consecutive year, a series of distance learning/online courses on sexual and reproductive health research.

GFMER, in collaboration with the Oxford Maternity and Perinatal Health Institute (OMPHI), began in 2020 the development of a training course on the impact of COVID-19 during pregnancy, childbirth and the neonatal period.

In 2020, GFMER began developing a public health course on cancer in the context of universal health coverage.

GFMER has established a strong partnership with governmental and non-governmental organisations and universities for the exchange of information and expertise at the international level. The assistance efforts in many countries and the programmes GFMER is developing are helping to improve the reproductive and sexual health status of populations in need.

177

health professionals from 33 countries participated in the training programme on adolescent sexual and reproductive health

311

health professionals from 47 countries participated in the family planning training programme

195

health professionals from 47 countries participated in the training programme on research methodology and protocol development

346

women were repaired from FO in the framework of missions coordinated by the GFMER Fistula Group programme in 2021



## THANKS

GFMER would like to thank all the donors associated with the Fistula Group programme: :

Fondations Ambre

Fondation Albatros

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The Foundation would also like to thank Medtronic as well as Anklin for their support in material



Training centre of the Claudine Talon Foundation in Tanguiéta



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## TO GIVE ALL WOMEN THEIR DIGNITY

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