**FISTULA GROUP**
A program of the Geneva Foundation for
Medical Education and Research (GFMER)

# Mission Report

## Dr Charles-Henry Rochat
## Toliara, Madagascar
## November 9 – 26, 2024


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**This mission in video**
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**Start of mission**

On Monday November 11th, I arrived in Toliara at 4am after 3 flight postponements due to a technical problem with one of the aircraft. Madagascar Airlines' fleet is very small. In the middle of the night, Dr Emmanuelson Randrianaina is there to welcome me. We have a moving reunion and talk about our respective lives since we last met during the mission we carried out together in 2019. The sun is already shining on the island's southwest coast.

Dr Randria and his wife, Dr Sahondra Rasoarimanana, General Manager of SALFA, a lutheran organiation, had called on me in 2008 and 2009 for fistula missions organized in Manambaro (Fort Dauphin). These missions were organized under the aegis of UNFPA, with the aim of structuring fistula surgery in Madagascar. Since then, Dr Randria has become the expert in fistula surgery at many SALFA hospitals.

For this mission, I'm reunited with two other colleagues with whom I worked in Vangaidrano in 2019, Dr Benjamin Andrianarijaona and Dr Claudin Roibibisoa, surgeon at the SALFA hospital in Fianarantsoa. The other SALFA surgeons scheduled for this mission are currently on a two-month training course for a university diploma in emergency surgery. The program lasts 2 x 3 months per year over 2 years, with around 40 participants.

On the afternoon of the first day, we met the head doctor and director of the SALFA hospital in Toliara, as well as the accountant, and then examined the first patients. At this point, a young woman of 19 arrives, transferred on discharge from the University hospital of Toliara, where she had been for 7 days with an occlusion. Due to a lack of financial means to pay for her operation, she arrives as a last resort at the SALFA hospital, where prices are considerably lower. I was entrusted with the operation, which I performed with Dr Claudin. It was a perforated peritonitis on a small bowel obstruction due to a flange. I had to perform an intestinal resection and a major lavage of the abdominal cavity. With the operating room's air-conditioning broken down, the temperature in the room rose above 32°C, and the sweat from my forehead contributed to the washing of the abdominal cavity. The surgeon's perspiration that this young woman could observe from her spinal anaesthetic, which kept her wide awake but taut like the muscles of her abdominal wall.

Our team is welcomed by the head physician (left) of the SALFA Hospital in Toliara

The wall-mounted air conditioner is missing

The following day, operations began at 8am, but were interrupted while a new air-conditioning unit was installed to make operating conditions more bearable.

Three cases were finally operated on today, including a complex case of recurrence. Medical records are very sketchy, and most patients have no preoperative blood tests or ultrasounds, so there's no indication of anemia, diabetes, renal failure or, for that matter, HIV or hepatitis seropositivity. The general atmosphere is serene and friendly, empathetic and marked by total devotion to patients. This charisma is good for the soul of those who, like me, have the privilege of working in these

17

Number of patients who received surgery during the 9 operative days of this mission.

hospitals, where conditions are difficult. In the case of the Toliara hospital, we were lucky in that just before our arrival, the hospital received a high-performance, free-standing surgical light that provides good light in this unique operating theatre. In surgery, vision and precision are the essence of a successful operation.

**A complicated surgery**

This 20-year-old woman has been suffering for 2 years from extreme decay following her obstructed delivery. This not only led to the death of the child, but also to destruction of the walls between the vagina and the bladder, and backwards between the vagina and the rectum. When I examined her under spinal anesthesia at the start of the operation, I noticed that the rectum was completely open in the vagina, with only part of the anus remaining distally. The anterior wall of the vagina is fibrous, the urethral canal short and obstructed. The interior of the bladder can be explored by inserting a finger through the orifice of the fistula. The bladder has been cut off from the urethra by a guillotine effect when the child's head crushed the bladder against the pubic arch. The bladder has thus been fully retracted into the pelvis. From the outset, this procedure involves a number of issues and requires a well-established surgical strategy. It's going to be long and difficult. First of all, the posterior floor of the vagina must be rebuilt by repairing the rectum, and the bladder dissected circumferentially so that it can be anastomosed to the remaining urethra. Tubulate the bladder to create a long, narrow neourethra. Then it's

A real team effort

A real team effort

time to make up for the lack of vaginal tissue, using plastic surgery techniques: harvesting a pedicled skin flap from the inner thighs to reshape the anterior and posterior walls of the vagina. A Singapore flap will be harvested from each side. This major repair was carried out in two stages, 4 days apart, to ensure that the posterior repair would hold, and to allow the patient to recuperate thanks to two bags of blood taken from hospital employees (!). The first stage of the operation was extremely delicate, given the burst rectum, the edges of which were retracted and adherent at depth. It lasted almost 4 hours. The second, to repair the bladder and urethra and remove the flaps, lasted 7 hours, with two successive spinal anaesthesias. The first 10 days post-operatively went well, until unfortunately part of the rectum reopened following an effort to push to have a bowel movement. As is often the case in very complicated cases, the patient will have to undergo further operations until her ordeal can be brought to an end.

Over 9 operating days, we were able to operate on 17 patients suffering from vesico-vaginal fistulas, one of whom was operated on twice and another three times during the stay. Two cases of residual incontinence after fistula surgery, as well as around ten cases of general surgery or c-sections, were slipped into our program.

We were disadvantaged by having only one operating table, although we had tried to adapt an examination table so we could do a few operations in parallel in the same room, but space was too tight. This led us to decide to create a second operating room by cutting through a wall to access a room currently used as a refectory. As soon as we left, the work began and GFMER, with its Fistula Group program, offered to finance the table. Rather than salvaging one from Europe, we found a new one from a supplier in Antananarivo.

Denise and Mauricette, nurse anesthetists and instrument nurse

Dr Claudin Rabibisoa

## Overall impression

Between my first mission in 2008 and this one, more than 15 years have passed, but the country's health situation has not improved. Poverty reigns supreme, and was exacerbated by the Covid pandemic. As far as SALFA hospitals are concerned, if they are self-financed by meagre patient contributions, it is at the cost of very low salaries and foregone investment. Fortunately, all the staff at these hospitals have a Christian streak, which makes for a great deal of commitment and dedication.

Mission Report 2008 ↗

Mission Report 2009 ↗

1000

Yearly new fistula cases according to official statistics.

## Fistula management in Madagascar

According to Ministry of Health statistics, there are over 1,000 new cases of fistula per year, and probably 50,000 old cases. As players in the field of fistula surgery, there is a training center in Tamatave. Dr Claudin Rabibisoa from the SALFA hospital in Finarantsoa is currently undergoing FIGO training (International Federation of Gynecology and Obstetrics, of which I am a member of the fistula committee).

Also in Tamatave are Freedom From Fistula, Fistula Foundation and currently the Mercy Ships boat. As far as I'm concerned, I hope to be able to return to one of these structures in 2025 for further surgical workshops.

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