

Humanitarian Medicine

Which further Development over 15 years
personal experience in
Obstetric Fistula surgery

C.H. Rochat

AECOM, New York
October 23, 2012



« Man not being born only for himself or for his own benefit, Nature gave him an instinct and natural inclination to love other human being, with this love, he tries to help him in his affairs, to the point that this mutual affection became the law, unwritten, but inscribed in our hearts: be like this towards others as you would have been in your place ».

Ambroise Paré
Surgeon 1509-1590



Humanitarian Medicine

Poverty

Lack of access to
medical care

Catastrophes

War & conflicts

Cover real needs

Equipment supply

Training and mobilization

Local doctors

Expatriates

Participate in prevention

Individual commitment

NGOs

Organizations (Red Cross, ICRC, WHO, UNFPA, etc.)

Governments

➤ Objectives

➤ Stakeholders

From Practice to Theory



Afghan Conflict 1983-1989

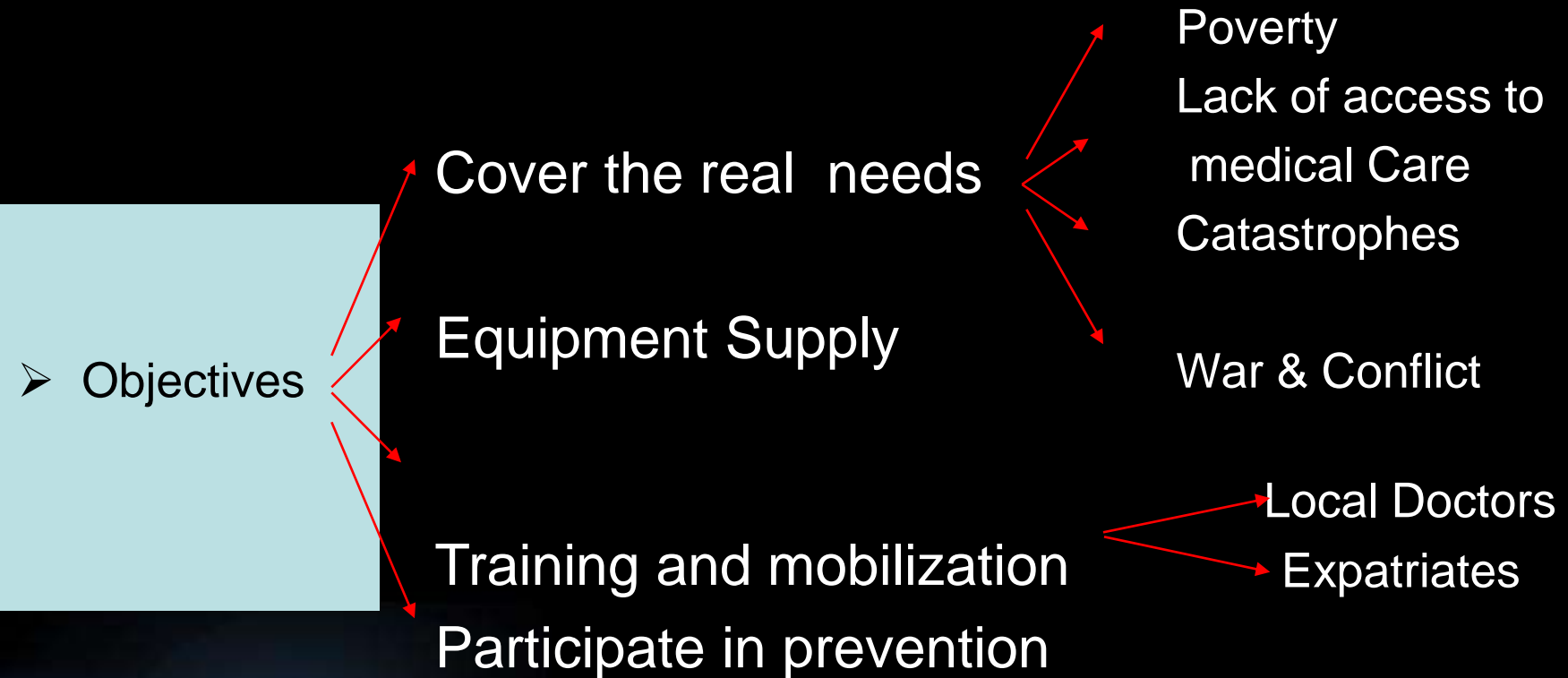


Cambodian Conflict 1990



Irak War 1991

From War Surgery to Urology



... or Sustainable Development

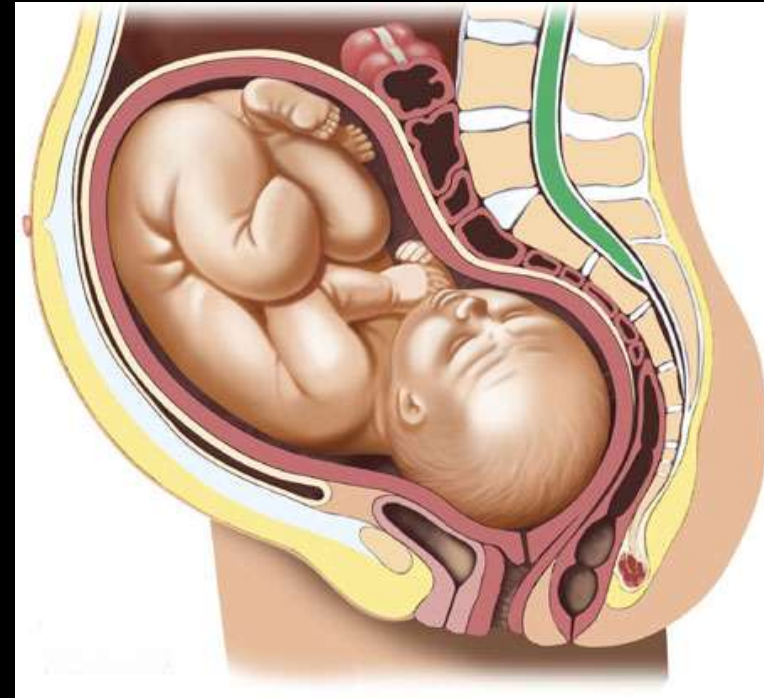
Needs for Urologic and Gynecologic care

- Training in endoscopy
- Urethral stenosis and fistula in men
- Anomalies
- Onco-surgery
- Obstetric Fistula



Obstetric Fistula

- Fetopelvic disproportion
- Delayed access to Cesarean Section
- Tissue necrosis due to compression
- Iatrogenic lesions



Atacora North Benin, Tanguiéta



Obstetric Fistula

- Major Health Problem
- Affect >2,000,000 women worldwide
- >100,000 new cases each year
- Mortality / morbidity
- Exclusion from the society



The Obstructed Labor Injury Complex

- VVF / VRF
- Stress incontinence
- Vaginal scars
- Infertility



Medical and Social Problems Associated with OF

- Family Abandonment
- Co-morbidity:
 - Infections
 - Bladder Stones
 - Infertility



Simple fistula



Complicated fistula

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





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

67 sec

A photograph of two men sitting on a wooden bench in what appears to be a public building. The man on the left is a Black man wearing a light blue short-sleeved shirt and light blue trousers. The man on the right is a white man with glasses, wearing a light blue long-sleeved shirt and light-colored trousers. In the background, a sign on the wall reads "WATERAITE".

WATERAITE

**L'indifférence est le géant
invincible de l'humanité**

The Model of Tanguieta, Benin

Treatment
Training
Prevention
Research

Web-based Database



Development in Treatment

➤ 1994 First fistula case, self-educated

1996-2001

> 2002

➤ Martius Flap

30%

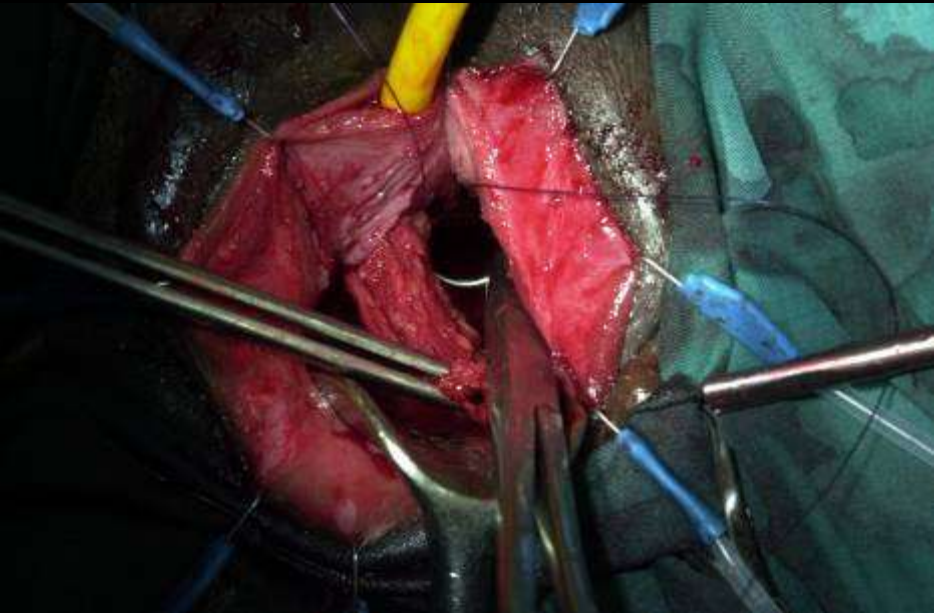
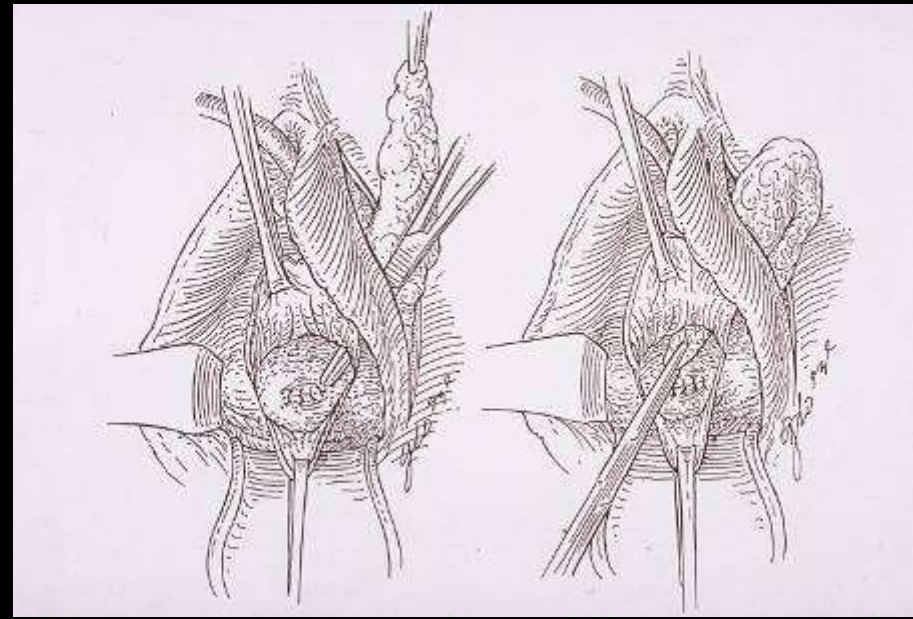
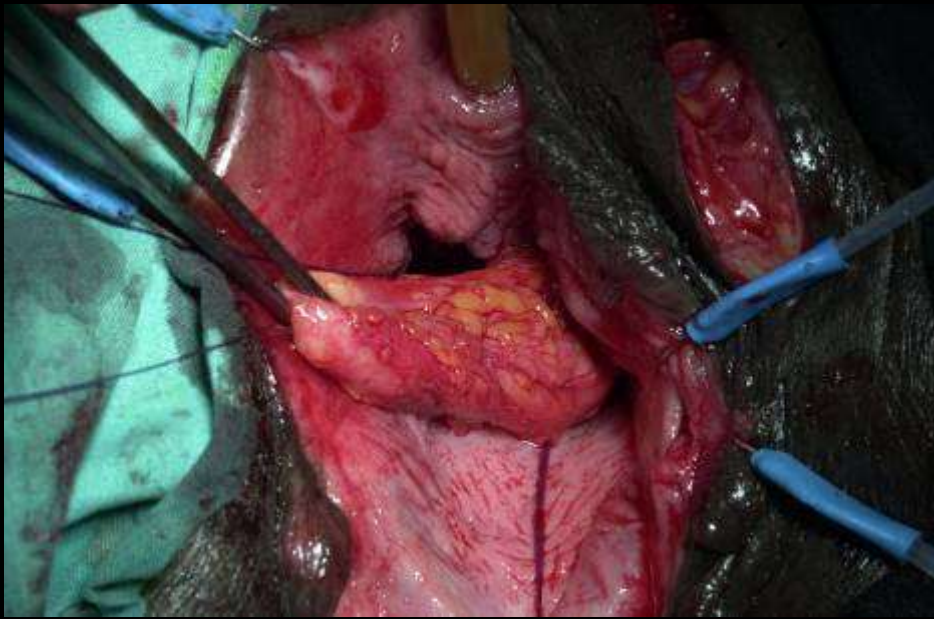
10%

➤ Cutaneous Flap

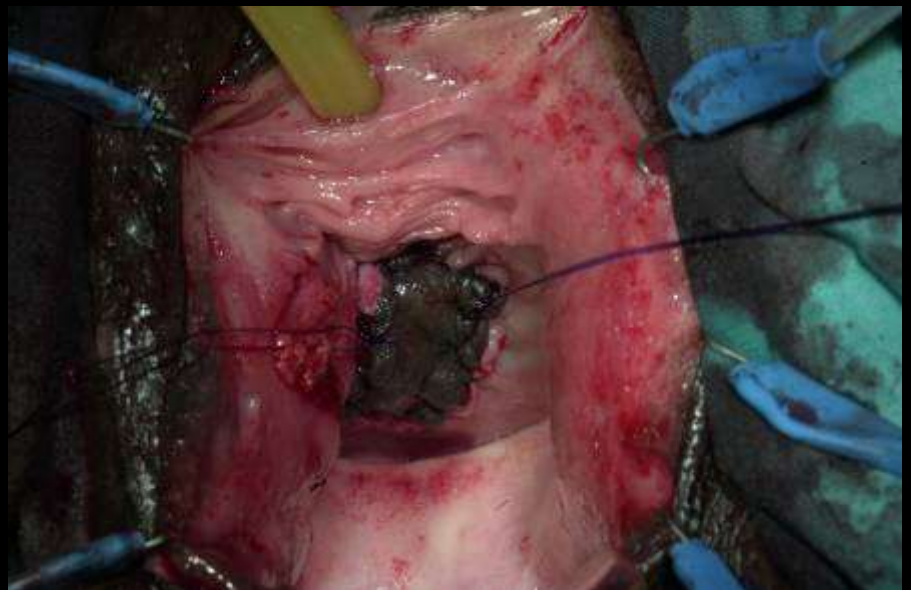
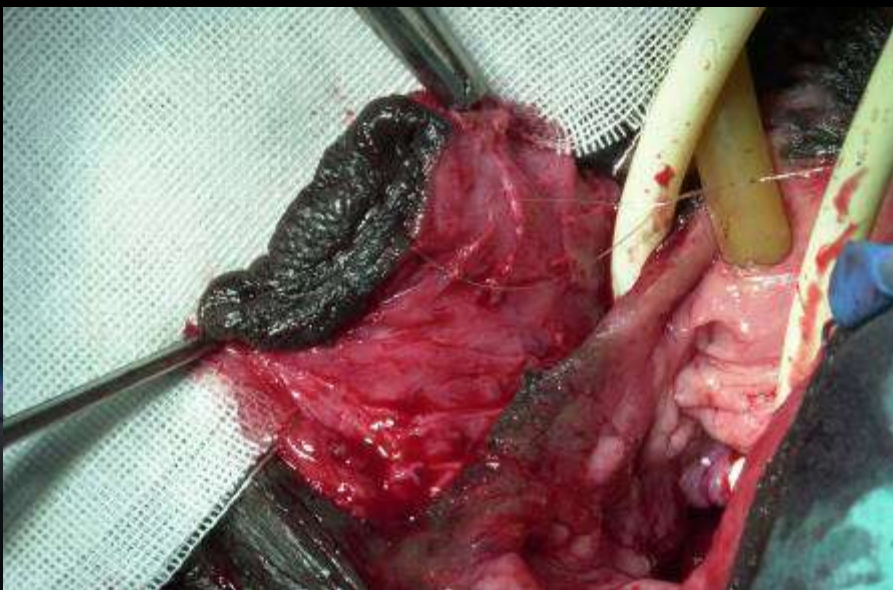
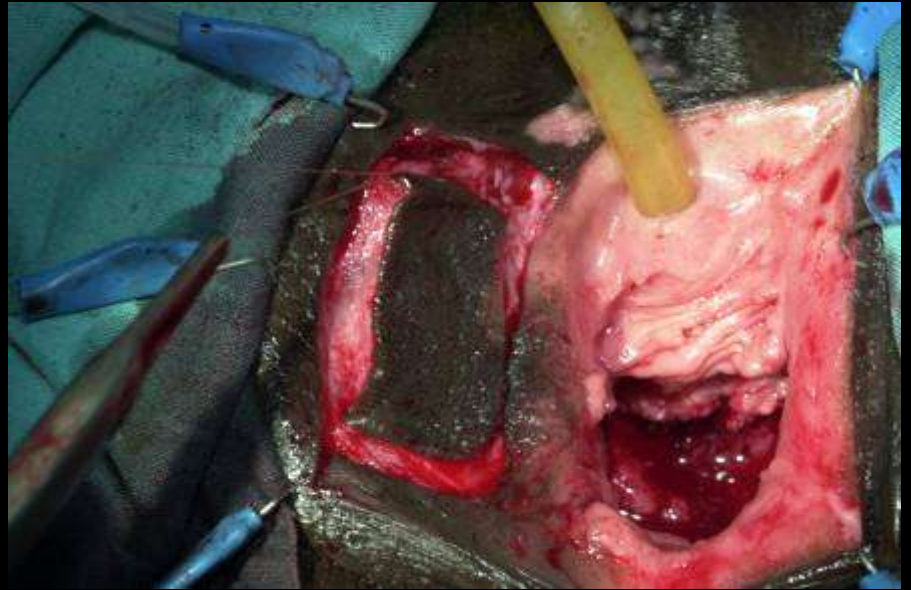
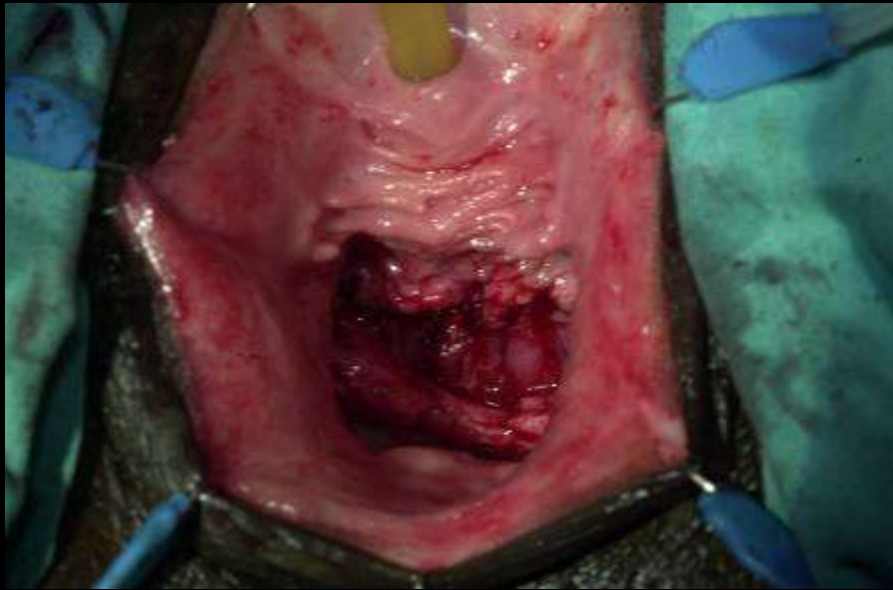
12%

0%





Martius Flap



Symmonds / Falandry

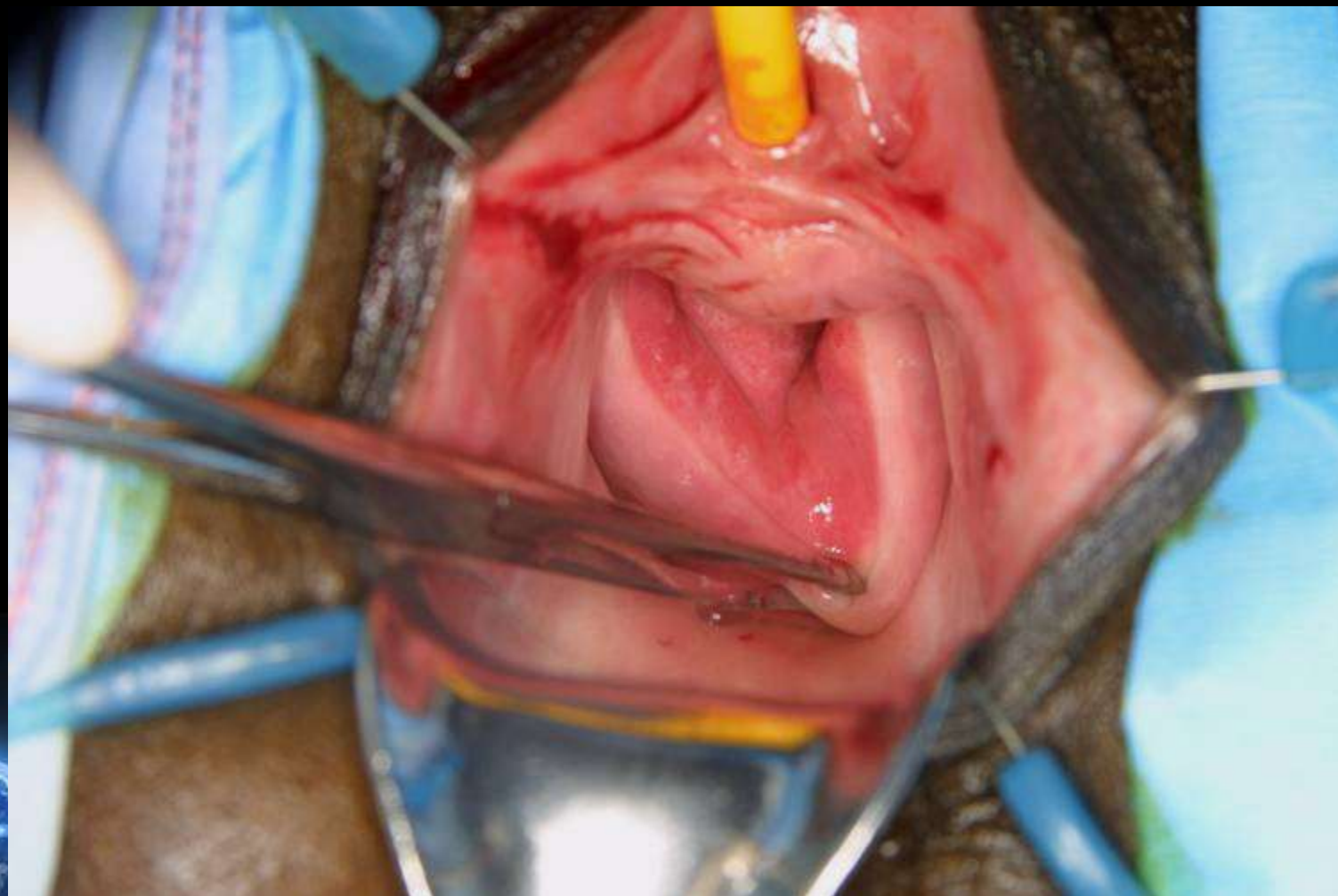


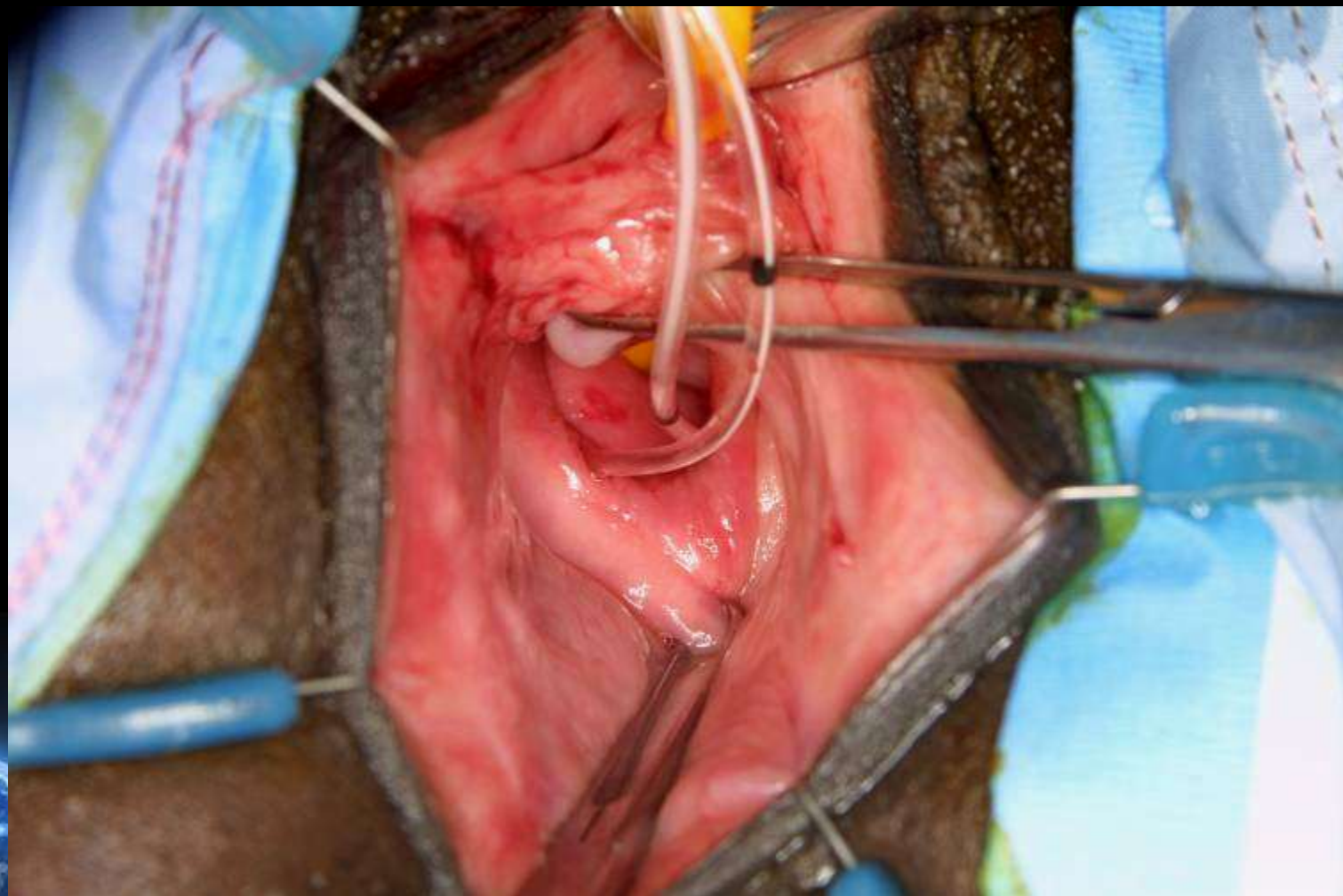
Development in Treatment

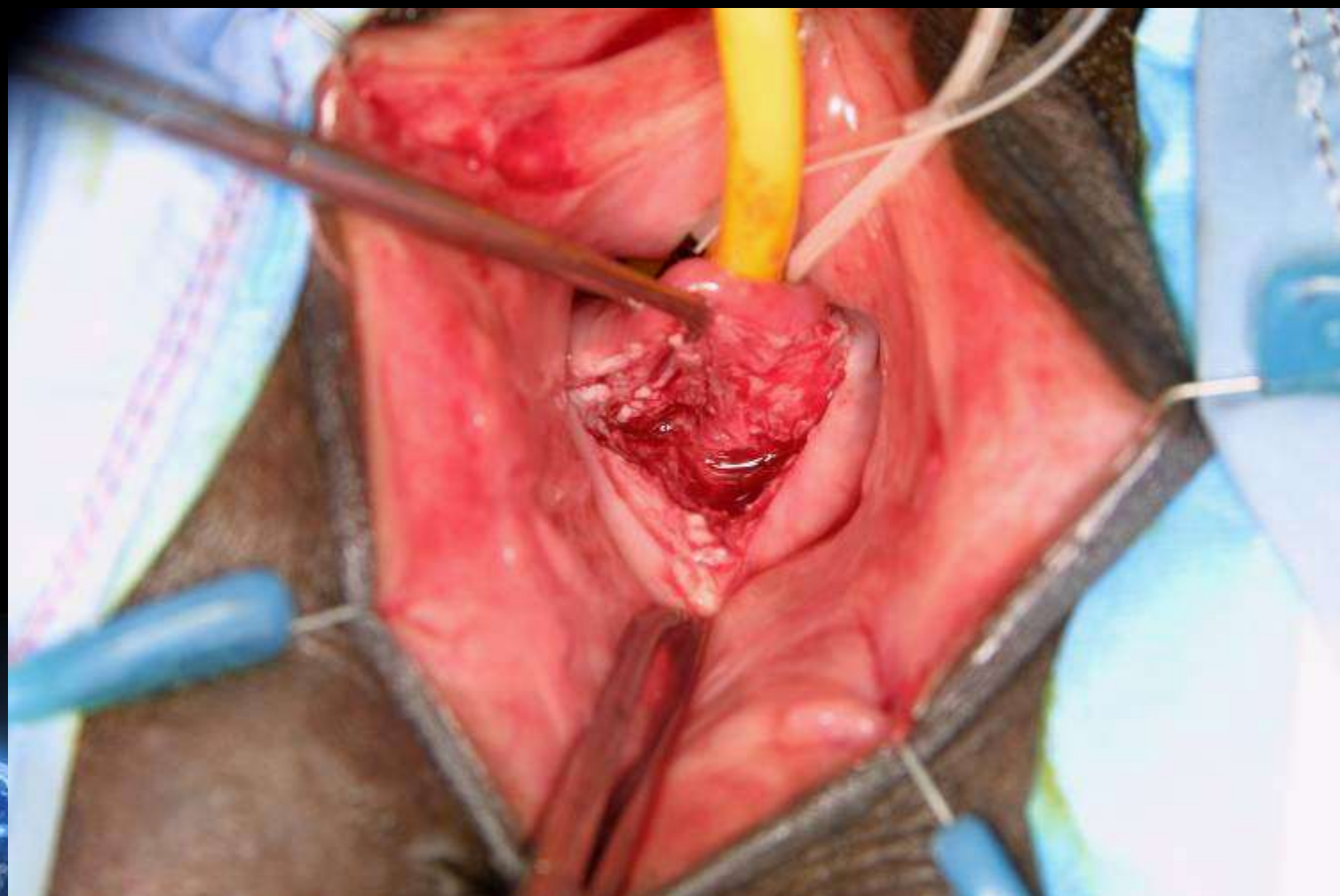
- Circumferential Dissection
- Urethral reconstruction
- Diversions
 - Ureterosigmoidostomy
 - Mayence II

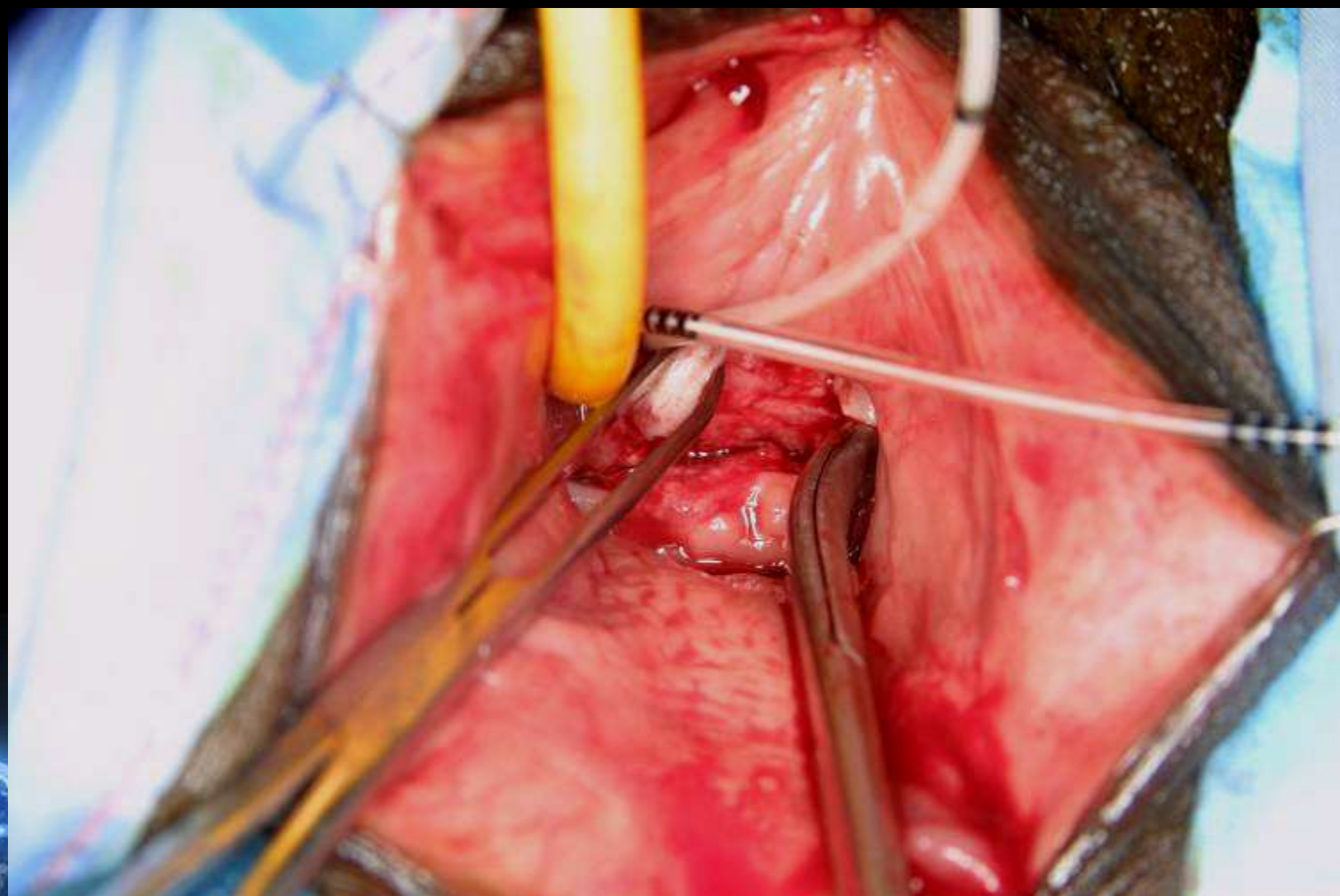


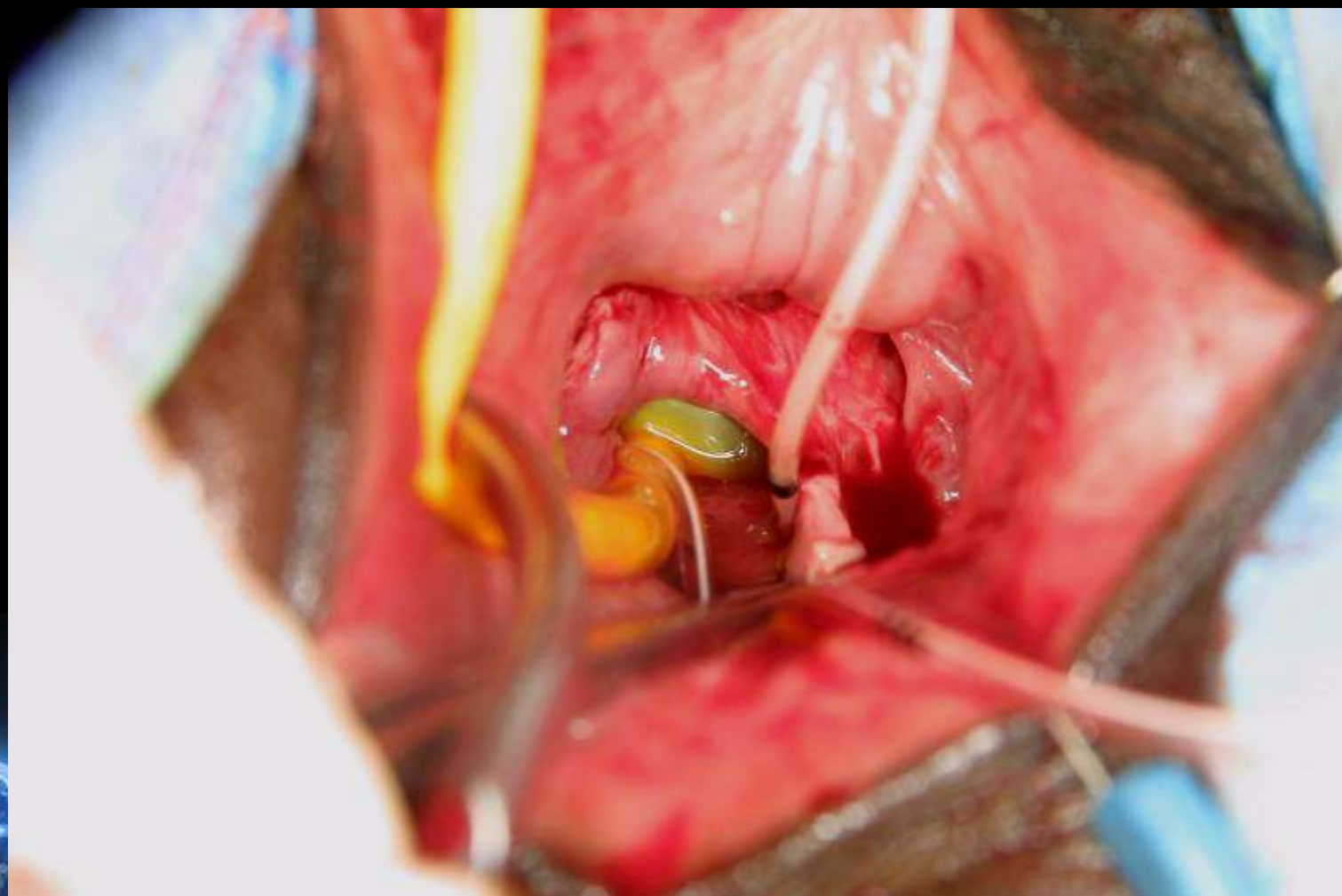
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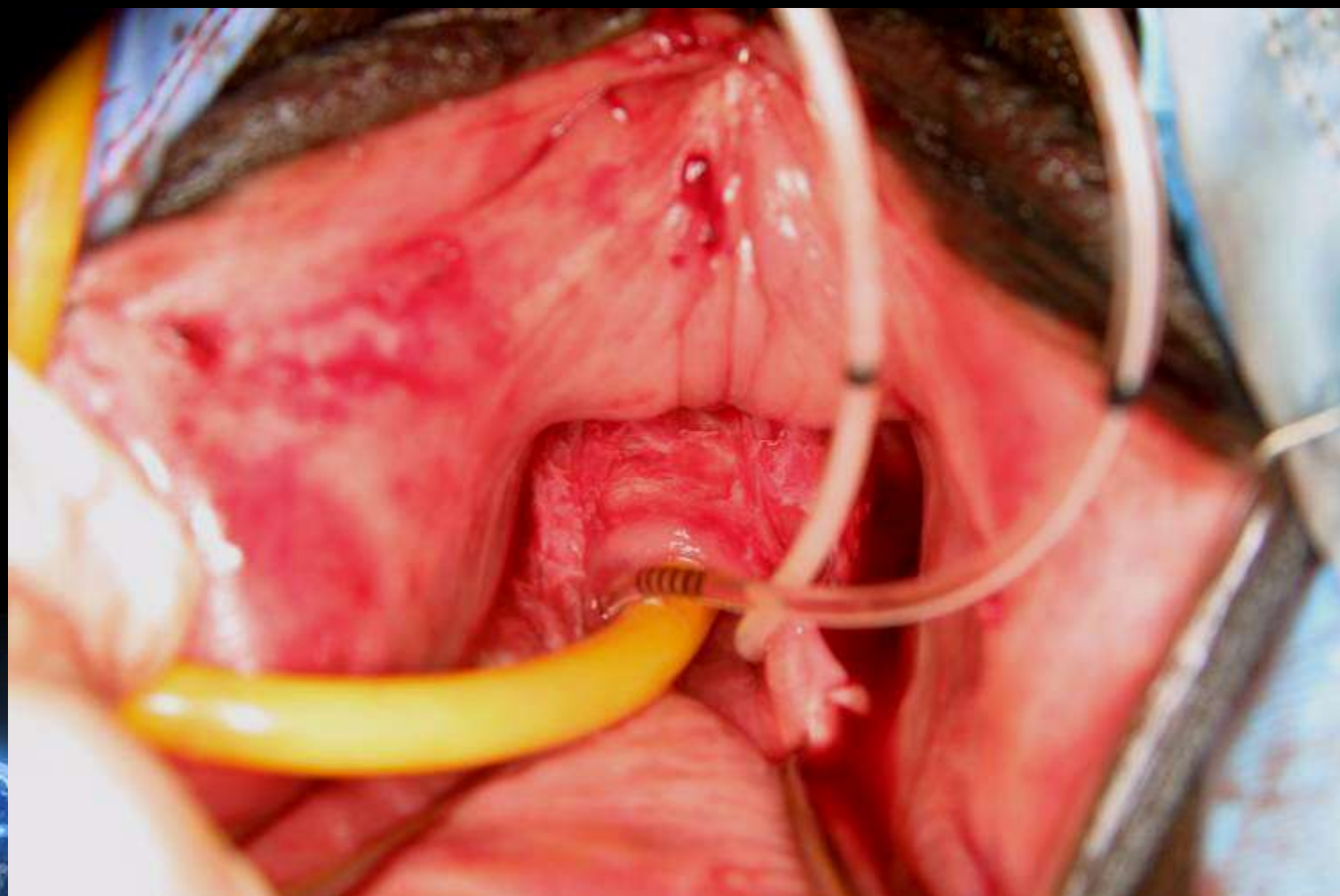


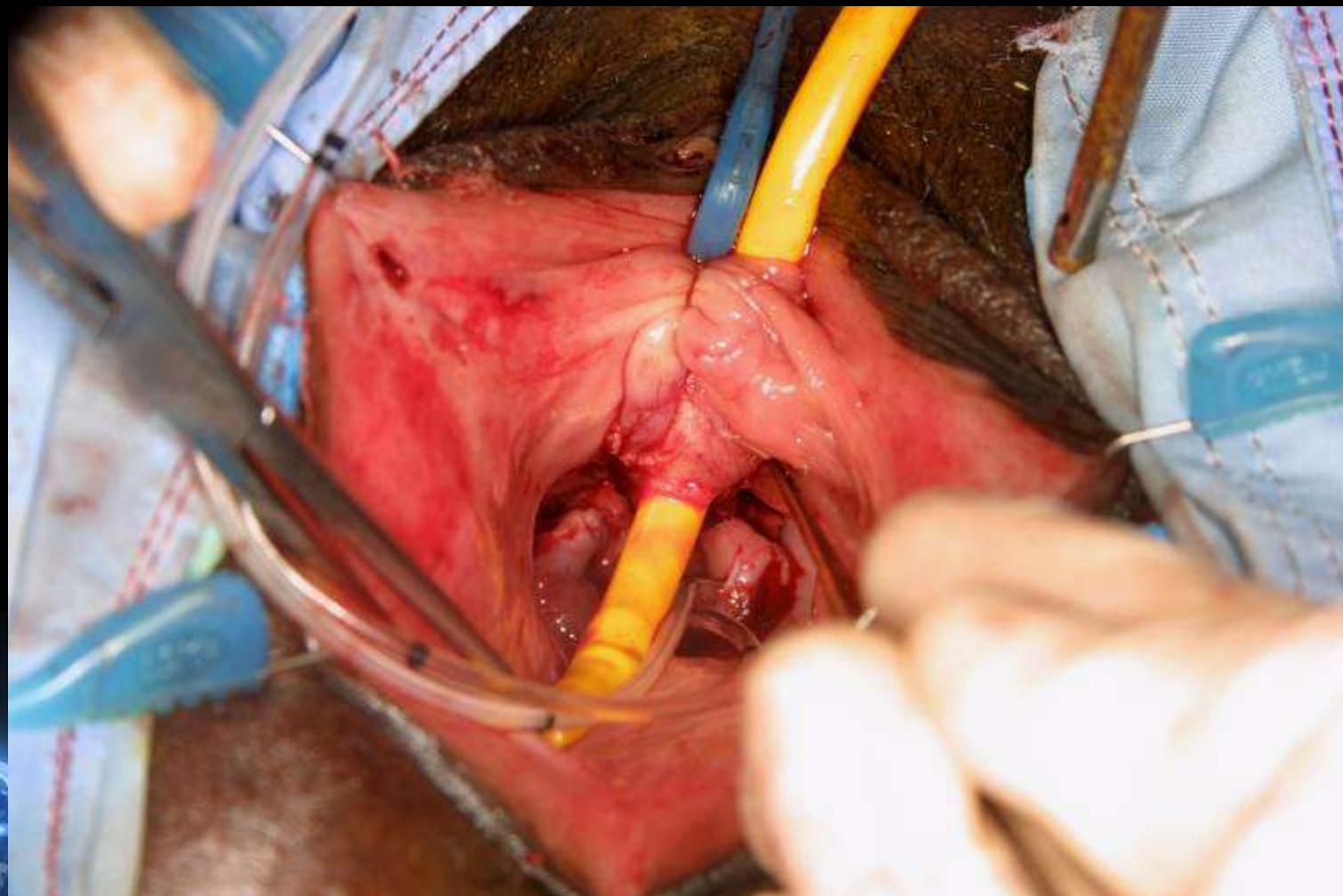


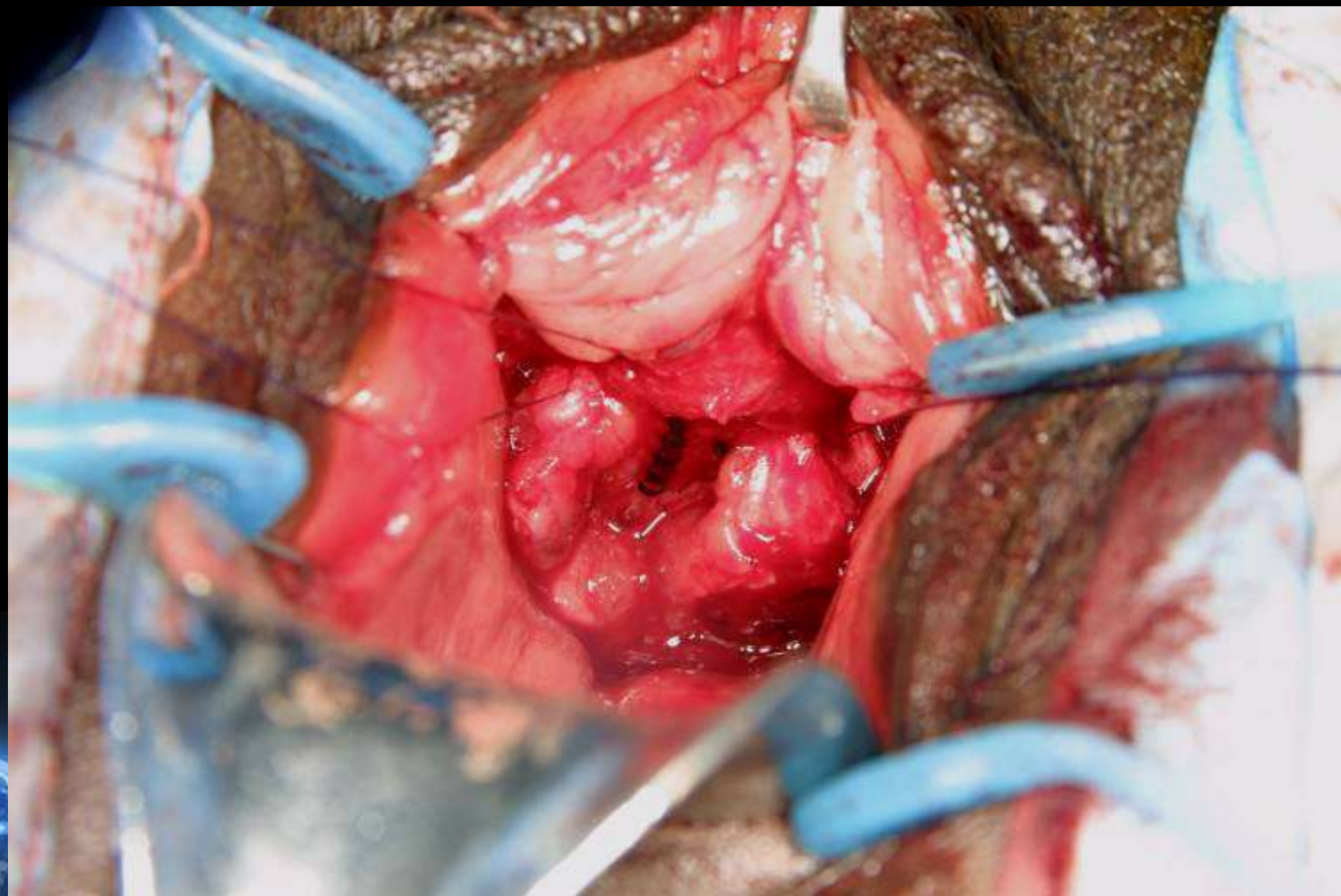


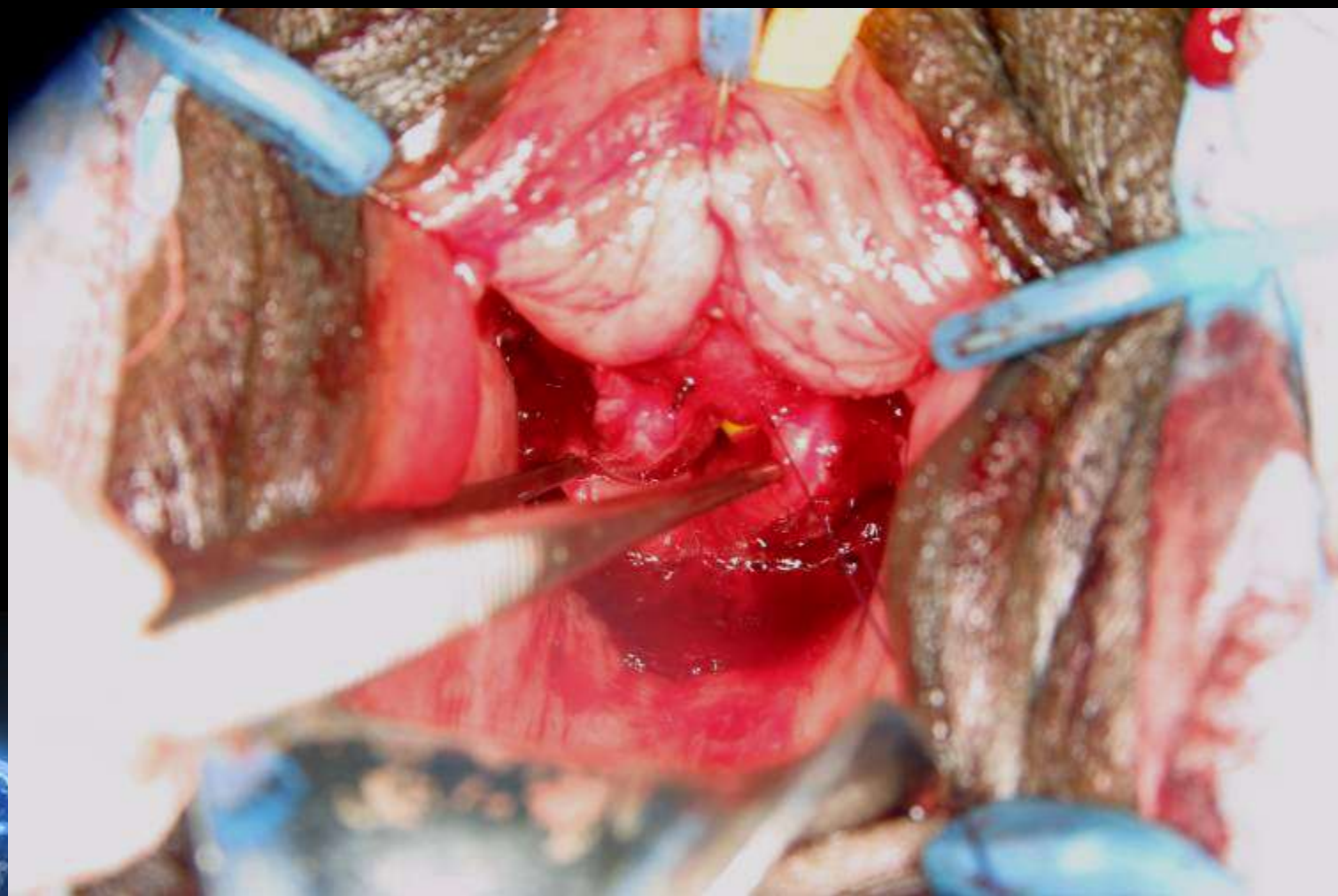


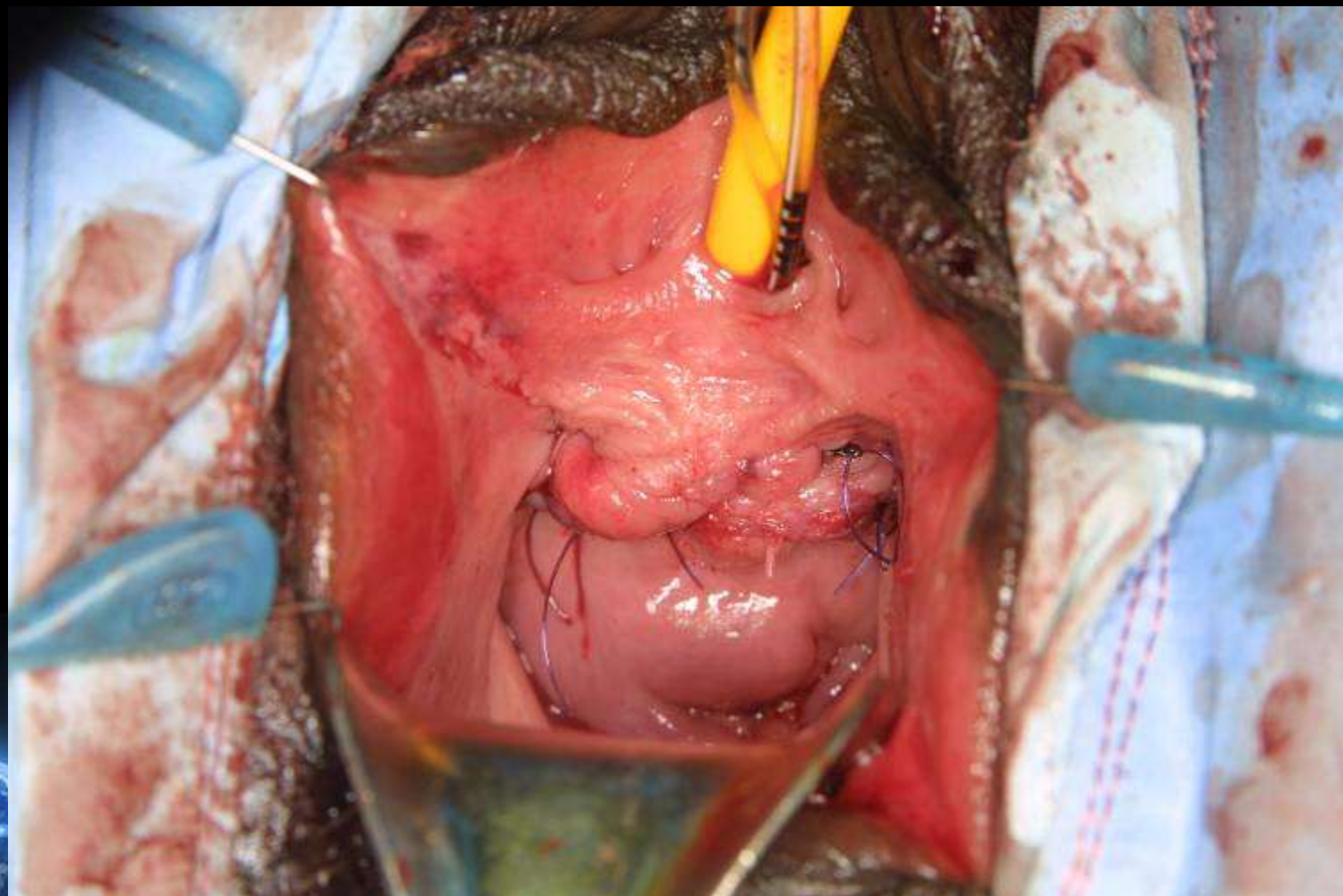














Urethral reconstruction



A. Destruction of urethra after the first attempt to repair.

B. U shape profound incision of anterior vaginal wall that overflows the lower part of fistula.

C. Tubulization on Ch14 catheter.

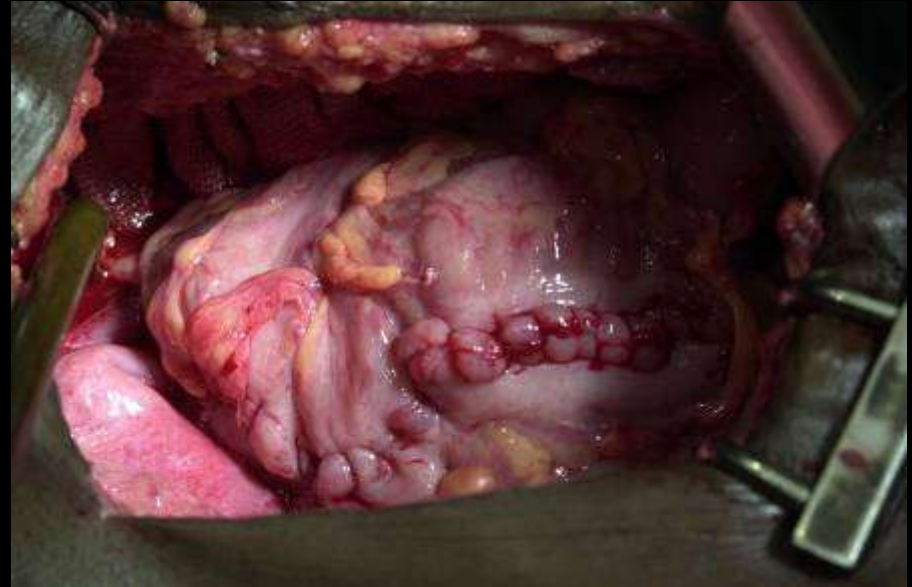
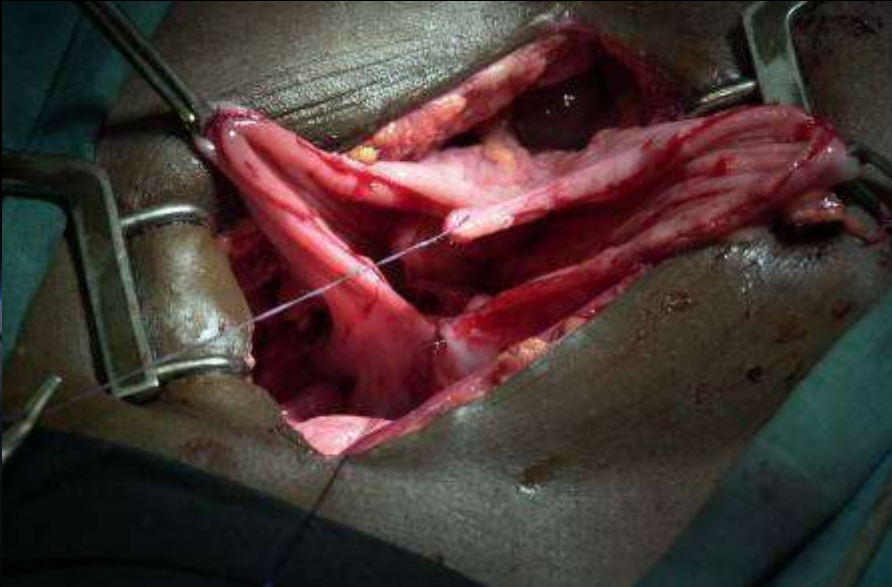
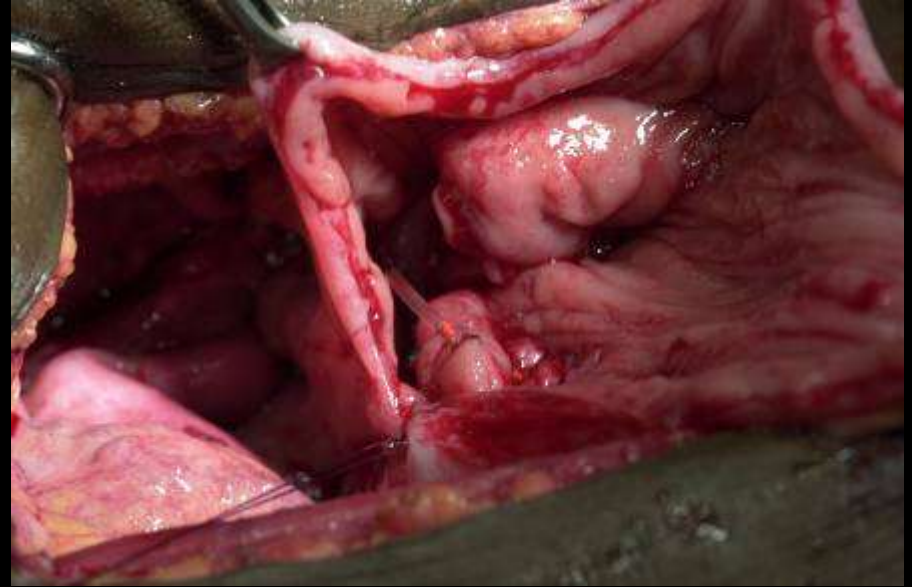
D. Neo-tubulized Urethra. The suspension points are slipped in either side of new bladder neck.

E. Slipping the right suspensions string on the tendinous arch with 5/8^e needle.

F. Elevated new bladder neck up to the tendinous arch (Key to ensure continence).

G. Suture of anterior vaginal wall in inversed U shape over urethral repair (without interposing Martius in this case).

Mayence II Diversion



N	Nom	Prénoms	Age	Sexualité	Situation familiale et dévotion	Statut social économique	Spécificité formation	Résidence	Page	n accouché tot	Salariés vivants	Citoyenneté	Impatriation	Déjà entre fiche et dévotion [mois]	Type de fiche	Type de fiche	V ville	Pseudo	stat	Catégorie prof	Echelle prof. min. de	Echelle prof. min. 9	Déroulé prof	Compléance verticale [an]	Date dévotion	Type dévotion	Déclasse	Mont. par sep	Complé. autres post. sep
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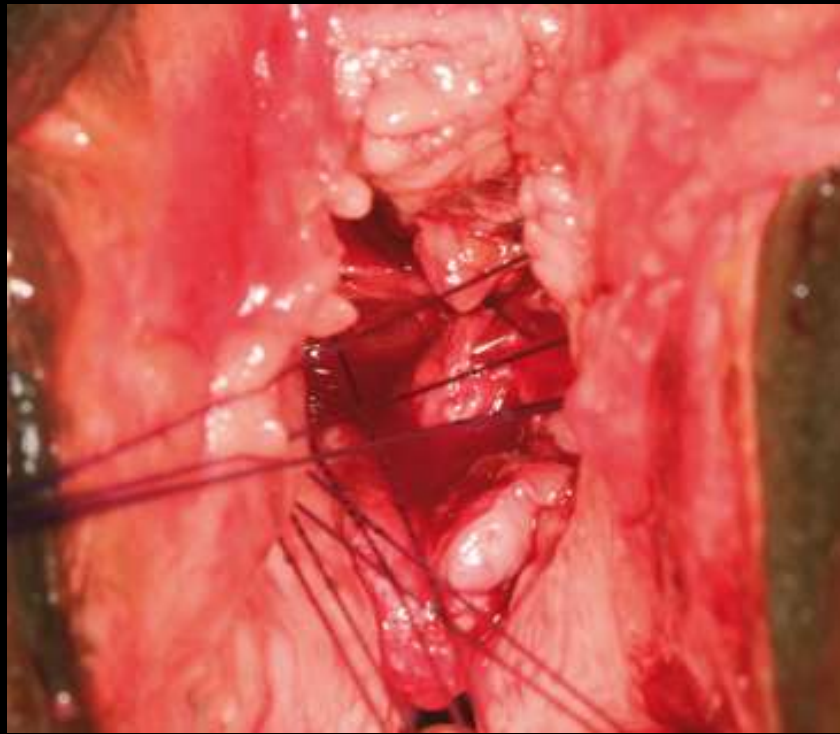


Development in Treatment

Stress Incontinence

- 2002 colposuspension by vaginal flap
- 2005 TOT (African Tape)
- 2010 trigonisation and endopelvic fascia elevation
- 2012 colposuspension with tape of « rectus fascia »

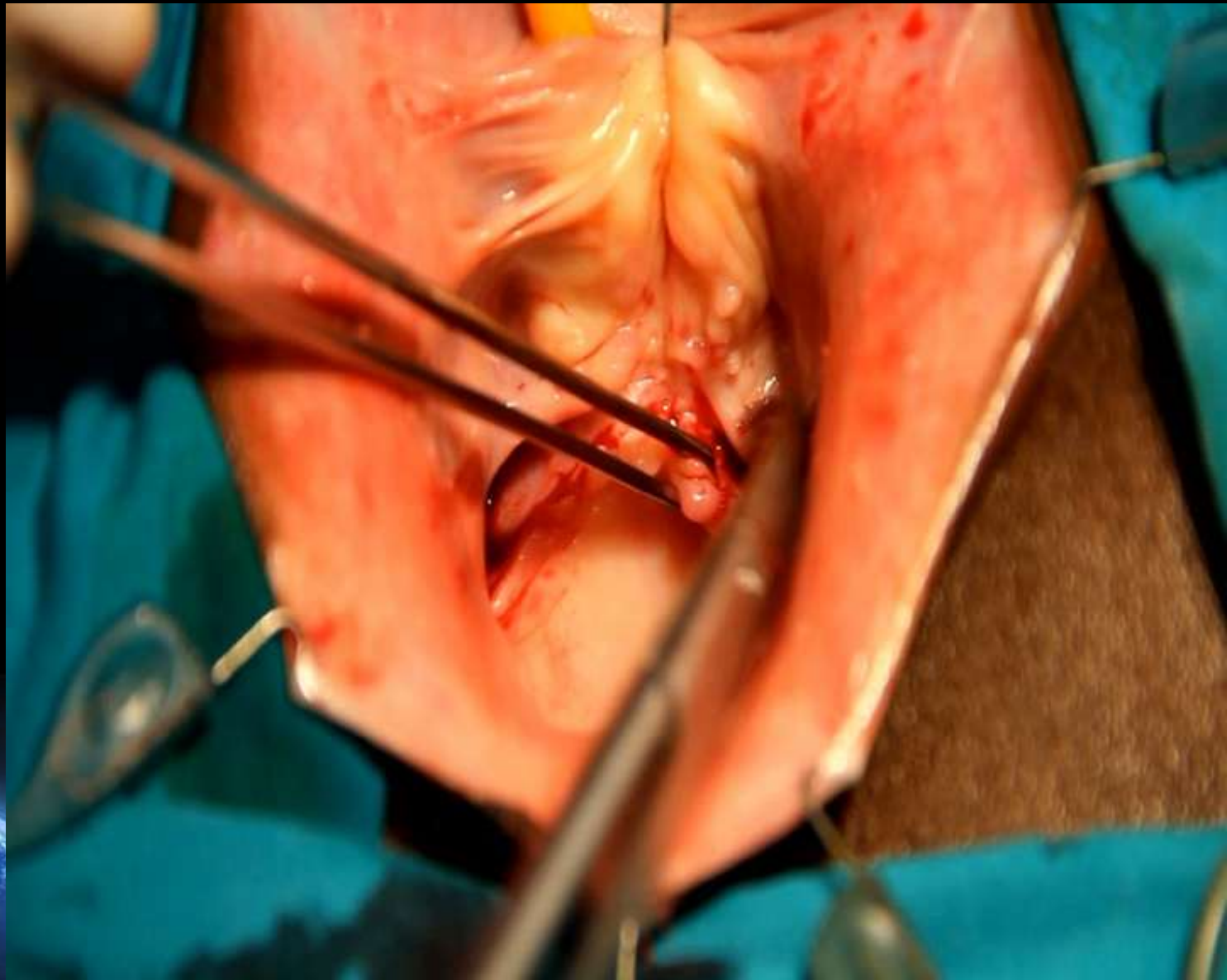




Trigonisation with the plication of pubocervical fascia.

Elevation of bladder neck to endopelvic fascia after large opening of the periurethral spaces.

« rectus fascia sling »





Reconstruction cervico-urétrale complexe

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

Durée 1 min

Development in Training

- 1996 First « Fistula Mission » to TGTA
- 2002 Creation of GFMER
- 2003 Launching of UNFPA « Campaign to End Fistula », Geneva
- 2005 IOFWG
- 2007 FSS, Benin
- 2008 FIGO fistula committee
- 2008 Diploma in vaginal and fistulogy surgery (Prof. R.-X. Perrin)
- 2009 AECOM, New-York
- 2010 First « Fistula Mission » to TGTA, organized by African doctors.
- 2012 Geneva University Hospital





Development in Prevention

- Women for Women Initiative
- 2001 Porga Maternity Hospital (Benin / Burkina Faso border)
- Awareness in the villages



Development in Recruitment, Follow up and Social Re-integration

- 1996 Diocese of Fada n’Gourma (Burkina -Faso)
- 2004 Sentinelles (Burkina Faso)
- 2008 ESSOR Benin



Development in Infrastructure and Technical Support (GFMER)

- Porga Maternity Hospital
- 2 residences for expatriates
- 2 residences for patients with VVF
- Operation theater
- Minibus



Development in Research and Awareness Activities

- GFMER website
- fistula.group.org (website)
- Database for « fistula »
- Articles, communications and congress
- Film « Noélie or Forgotten Reality »



www.fistulagroup.org



fistula-group.org

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AFOA

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Equilibres et Populations

[Presentation](#)

General

[NGOs and agencies active in the field of obstetric fistula](#)

GFMER

[GFMER who are we ?](#)

Gynécologie sans frontières

Médecins sans vacances

MSF Switzerland

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NGOs and agencies active in the field of obstetric fistula



Association of African Obstetric Fistula

Purpose : Training operators of OF in Europe to transmit and train operators in Africa

Resource expertise available to NGOs

Partnerships with NGOs



Equilibres & Populations is a Paris-based.

NGO created by physicians and journalists in 1993. E&P has a regional office in Burkina Faso.

E&P is a member of several consortia, including [Coordination sud](#) and [EuroNGO's](#).



The Albert Einstein College of Medicine is one of the nation's premier institutions for medical education, basic research and clinical investigation.

During the 2009-2010 academic year, Einstein is home to 2,775 faculty members, 722 M.D. students, 243 Ph.D. students, 128 students in the combined M.D./Ph.D. program, and approximately 350 postdoctoral research fellows at our Belfer Institute for Advanced Biomedical Studies. More than 8,000 Einstein alumni are among the nation's foremost clinicians, biomedical scientists, and medical educators.



ESSOR

Established in 1992 through the combined effort of development professionals and individuals wanting to get involved in international solidarity or humanitarian aid initiatives, ESSOR is a non-governmental organization (NGO) that carries out development projects in Portuguese-speaking and French-speaking countries, particularly Brazil and Mozambique.

Today, our organisation includes seven employees in France, one in Brazil, seven in Mozambique and one in Cape Verde.



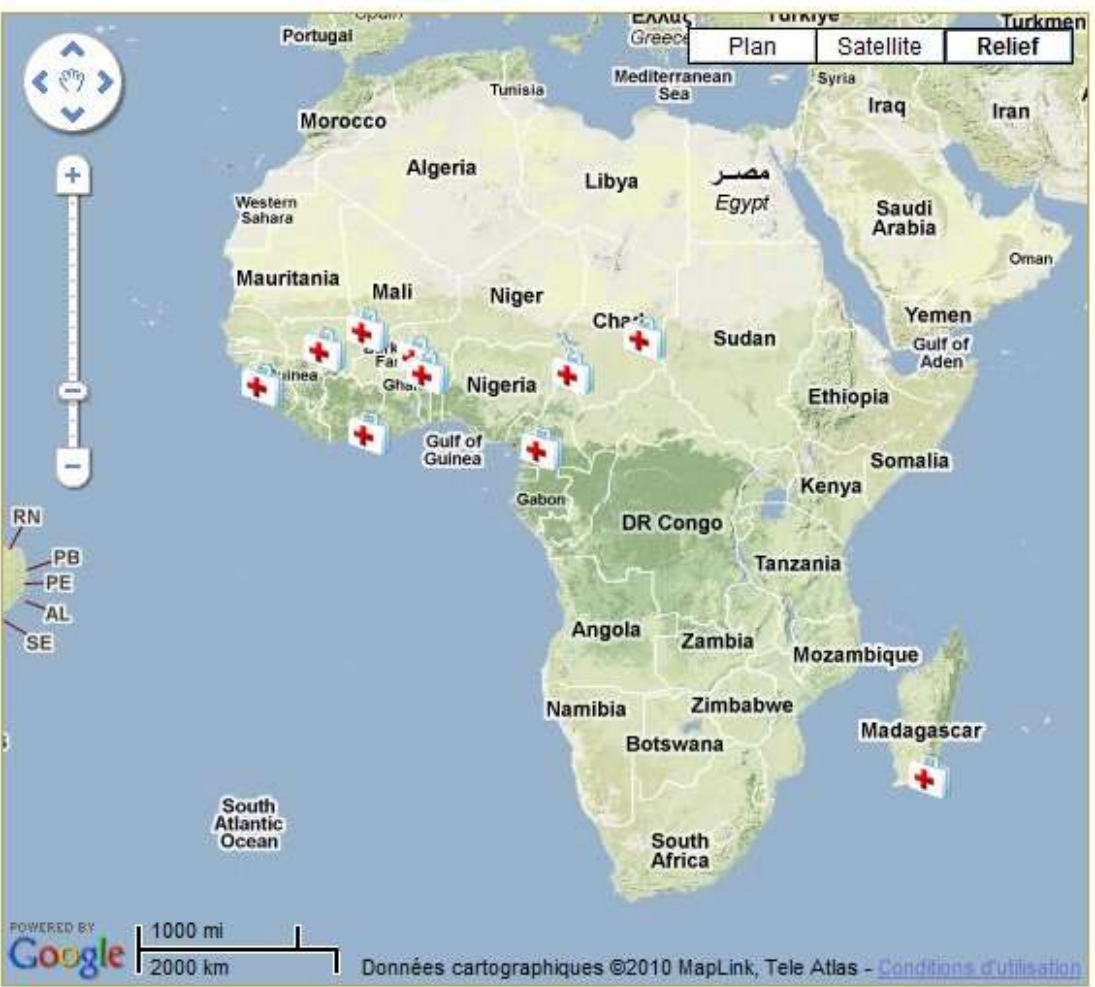


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Health centers map



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Name	Medical Speciality	Number of surgery	Address	E-mail
ALBERT Paul	Urologist	150 or more	Villa n 38 Jardin des Hesperides 348 Chemin Joseph Aiguier 13009 Marseille	paulalbert@wanadoo.fr
BLANCHOT Jérôme	Urologist	150 or more	12, rue Isaac Le Chapelier F-35000 Rennes	iblanchot@lasagesse.mfiv.fr
BOUFFIER Bernard	Urologist	150 or more	23, rue des Grands Essarts F-25480 Ecole	bernard.bouffier@wanadoo.fr
COLAS Jean-Marie	Urologist	150 or more	19 Rue Julien Feuvrier 39100 DOLE	j-marie.colas@wanadoo.fr
DUMURGIER, Claude	Urologist	150 or more		cdumurgier@hotmail.com
FALANDRY Ludovic	Urologist	150 or more	Gabon	falandry@comilogs.com
GIAUME Françoise	Anesthetist	150 or more	12, ave des Anglais 06310 Beaulieu sur mer	fgiaume@hotmail.fr
GUEYE Serigne Maqueve Prof	Urologist	150 or more	Head of Urology and Andrology Hôpital General de Grand Yoff PO BOX 6039 Dakar-Etoile, Senegal	serigne.queve@ucad.edu.sn
PEABODY James	Urologist	150 or more		JPEABOD1@hfhs.org
PHILIPPE H.J.	Urologist	150 or more		HJPhilippe@aol.com
ROCHAT, Charles-Henry	Urologist	150 or more	Ch. de Beau-Soleil 12 1206 Genève	rochat@deckpoint.ch
TEBEU Pierre-Marie	Gynaecologist	150 or more	Centre hospitalier et Universitaire de Yaoundé Cameroun	gmtebeu@yahoo.fr
VAN DAMME Jean	Urologist	150 or more	16 chemin Antoine Picard Montvert les Bas 97410 SAINT PIERRE La Réunion	jean.van-damme@chr-reunion.fr
WAALDIJK Kees	Urologist	150 or more		kees.waaldijk@yahoo.com
WILSON Timothy	Urologist	between 50 and 150	City of Hope 1500 East Duarte Road Duarte, California 91010	TWilson@coh.org
ZINO Jean Martin	Gynaecologist	150 or more		jmzino@yahoo.fr

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Books

SAWABA Une vie volée

[Ludovic Falandry](#)
[Ecrire l'Afrique](#)
[LITTÉRATURE ROMANS, NOUVELLES AFRIQUE NOIRE Niger](#)

Chaque année, 600 000 jeunes femmes dans le monde, plus de 200 000 en Afrique, sont victimes de "fistule obstétricale": une infirmité qui entraîne, avec la mort de l'enfant, une incontinence permanente des urines et parfois des matières. Une horreur physiologique qui s'accompagne d'un drame social : l'exclusion ! Tirée de faits vécus, l'histoire de Sawaba retrace le parcours d'une vie de souffrance et d'humiliation d'une jeune fille africaine, excisée et "fistuleuse". Un récit poignant qui touche au problème du droit des femmes, victimes du poids de traditions surannées.



OBSTETRIC FISTULA

Guiding principles for clinical management and programme development

WHO - World Health Organization

Authors: Lewis, Gwyneth / De Bernis, Luc

Number of pages: 73

Publication date: 2006

Languages: English

ISBN: 9241593679

WHO reference number: WP 180 2006OB

Overview

This is a practical guide intended for health-care professionals and planners, policy-makers and community leaders. It strives to draw attention to the urgent issue of obstetric fistula and advocates for change. It provides essential, factual background information along with principles for developing fistula prevention and treatment strategies and programmes.

The guide can also be used to implement and scale up effective programmes for the elimination of obstetric fistula.


 [obstetric_fistula.pdf](#)

Fill in the following form and then click on the SAVE button at the bottom of the page.
This database is currently in a TESTING PHASE. In this phase, the administrators may remove all data at any moment.

Admission Form

A.

1. Date of data collection day month year

B. Identification of the centre

2. Code of the centre

3. Code of the surgeon

C. Identification of the patient

4. File number

Previous hospitalization in our hospital

number of previous file

5. Family name and first name family name
 first name

6. Year of birth

if unknown, estimate the age years

7. Education no education
 primary
 secondary

8. Profession housewife
 skilled labour
 student
 white-collar worker
 unemployed

Fistula database optical pen

IRISnote

5

Fistula IBCT - Admission form - page 1
Please fill the boxes below to allow automatic form recognition

Code of the patient: 1 2 3 4 Your writer code:

A: General information
1 - Date of data collection: day 08 month 11 year 2010

B: Identification
2 - Code of the center:

			7	4	2	7
			8	2	1	9

3 - Code of the surgeon:

C: Identification of the patient
5 - Previous hospitalization in our hospital: no yes If yes, previous file number:
6 - Year of birth: 1987 If unknown, estimate the age: 8
7 - Education: no education primary secondary
8 - Profession: housewife skilled labour student
 white-collar worker unemployed
 other
F A R M E R

9 - Referred by: doctor mid-wife
 trad. birth attendant social worker
 family friend
 other nobody

10 - Home address: Country: P E N I N
City (urban zone): T A B I R A T O H A
Village (rural home):

Obstetric fistulae in West Africa: patient perspectives

Lisa M. Nathan, MD, MPH; Charles H. Rochat, MD; Bogdan Grigorescu, MD; Erika Banks, MD

OBJECTIVE: The objective of this study is to gain insight into the nature of obstetric fistulae in Africa through patient perspectives.

STUDY DESIGN: At l'Hôpital Saint Jean de Dieu in Tanguieta, Benin, 37 fistula patients underwent structured interviews about fistula cause, obstacles to medical care, prevention, and reintegration by 2 physicians via interpreters.

RESULTS: The majority of participants (43%) thought their fistulae were a result of trauma from the operative delivery. Lack of financial resources (49%) was the most commonly reported obstacle to care, and prenatal care (38%) was most frequently reported as an interven-

tion that may prevent obstetric fistulae. The majority (49%) of the participants requested no further reintegration assistance aside from surgery.

CONCLUSION: Accessible emergency obstetric care is necessary to decrease the burden of obstetric fistulae in Africa. This may be accomplished through increased and improved health care facilities and education of providers and patients.

Key words: global health, international health, maternal morbidity, obstetric fistula, obstructed labor



Development in International Activities

- Madagascar
- Guinea Conakry
- Cameroon
- Burkina Faso
- Benin
- Côte d'Ivoire
- Chad
- Mali

AFOA

MSF

Engenderhealth

UNFPA



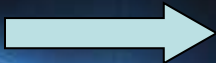


Doctor in 21st Century: Privilege and Duty

Witness and / or actor of technology revolution.

Unlimited access to information.

The possibility of commitment that expands at global level.



The duty to transfer technology and knowledge to settings with limited resource.

Let's experience humanitarian commitment



Everything has a price, even humanitarian actions.
(Claude Fournier)