

Obstetric Fistula

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(www.gfmer.ch)

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Obstetric Fistula

- Obstetric fistula is a hole in the birth canal. It is an opening in the wall of the vagina that connects to the bladder or the rectum.
- Communication between the vagina and bladder is referred to as vesicovaginal fistula (VVF) and that between the vagina and rectum as rectovaginal fistula (RVF). Both VVF and RVF may occur at the same time.
- It is estimated that more than 2 million young women live with untreated obstetric fistula in Asia and sub-Saharan Africa.
- Each year, between 50 000 to 100 000 women worldwide develop obstetric fistula.

United Nations (2010). The millennium development goals report 2010. New York: UN
UNFPA. (2005). The Campaign to End Fistula: Annual Report

Cause

- The condition results from prolonged obstructed labour where the baby stays in the birth canal for hours to days. It thus presses against the bladder and/or rectum, cuts off blood supply causing tissue damage and death (necrosis).
- The dead tissue eventually falls away, creating one or more holes that leak urine and/or faeces uncontrollably.
- Obstructed labour accounts for up to 6% of all maternal deaths. It is a cause of maternal mortality and morbidity.

➤ World Health Organization. 10 facts on obstetric fistula. Available from:
http://www.who.int/features/factfiles/obstetric_fistula/facts/en

Obstetric fistula, key facts

- The condition causes physical pain, disability and psychological trauma, social isolation and stigmatised owing to her incontinence.
- Human rights defenders argue that obstetric fistula is measure of neglected women's reproductive health and rights.
- Obstetric fistulae can largely be avoided by delaying the age of first pregnancy, by the cessation of harmful traditional practices and by timely access to quality obstetric care.

Human Rights Watch (2010) "I Am Not Dead, But I Am Not Living" Barriers to Fistula Prevention and Treatment in Kenya accessed at <http://www.hrw.org>

World Health Organization. 10 facts on obstetric fistula. Available from: http://www.who.int/features/factfiles/obstetric_fistula/facts/en/

Obstetric fistula, key facts

- Most fistula occur among women living in poverty in cultures where a woman's status and self-esteem may depend almost entirely on her marriage and ability to bear children (Early marriage and childbirth), existence of harmful practice (Female Genital Mutilation)
- Obstetric fistula still exists because health care systems fail to provide accessible, quality maternal health care, including family planning, skilled care at birth, basic and comprehensive emergency obstetric care, and affordable treatment of fistula.

World Health Organization. 10 facts on obstetric fistula. Available from:

http://www.who.int/features/factfiles/obstetric_fistula/facts/en/

Obstetric fistula, key facts

- Patients with uncomplicated fistulae can undergo a simple surgery to repair the hole in their bladder or rectum. Approximately 80-95% of vaginal fistula can be closed surgically.
- In addition to surgical repair, there is a need for social and psychological rehabilitation and integration of fistula patients.
- Preventing and managing obstetric fistula will contribute to improved maternal health, the fifth Millennium Development Goal.

World Health Organization. 10 facts on obstetric fistula. Available from:
http://www.who.int/features/factfiles/obstetric_fistula/facts/en/

GFMER Experience: The Model of Tanguieta, Benin

- GFMER, has established a center in St. Jean de Dieu Hospital and Faculty of Health Sciences, Cotonou
- The aim of GFMER is to create a “Centre of Excellence for the prevention and treatment of obstetric fistula” in Tanguieta (Northern Benin), which serves as a model to other countries in the region.




Treatment & follow up

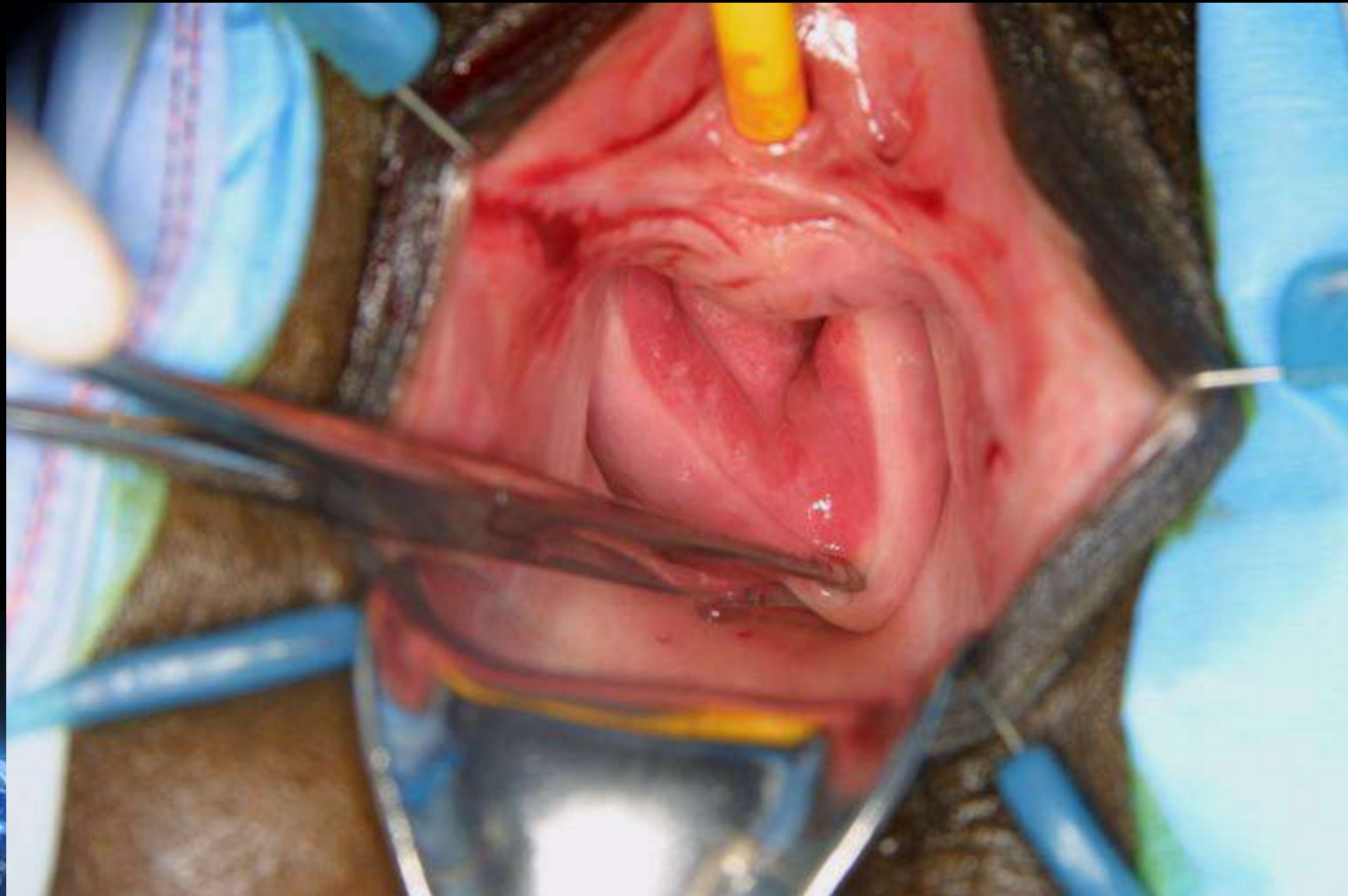
Treatment for obstetric fistula usually consists of surgical intervention provided to simple and complicated cases of obstetric fistula such as:

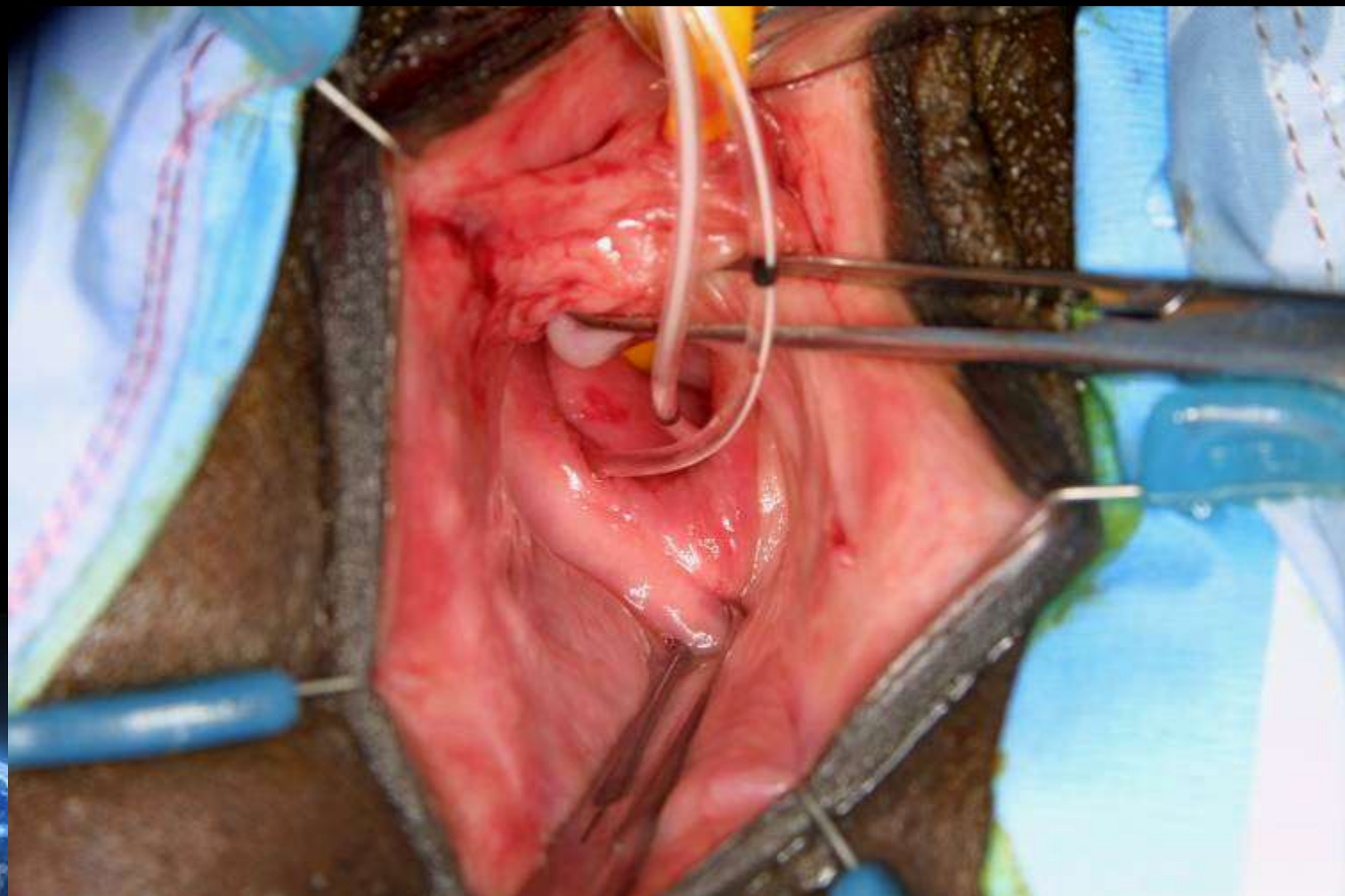
- Circumferential dissection
- Urethral reconstruction
- Diversions
 - Ureterosigmoidostomy
 - Mayence II

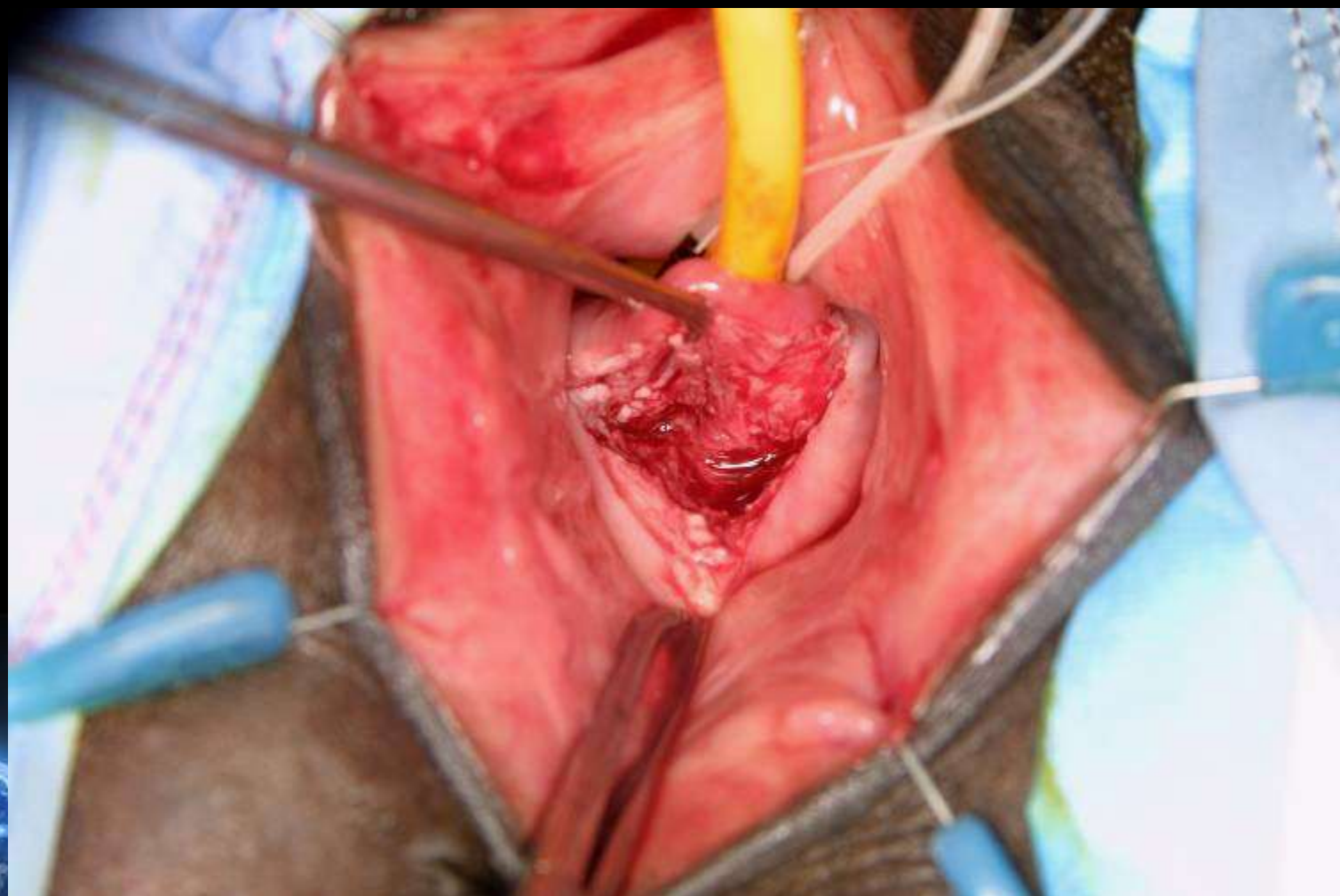
The following slides show the techniques for the above mentioned treatments.

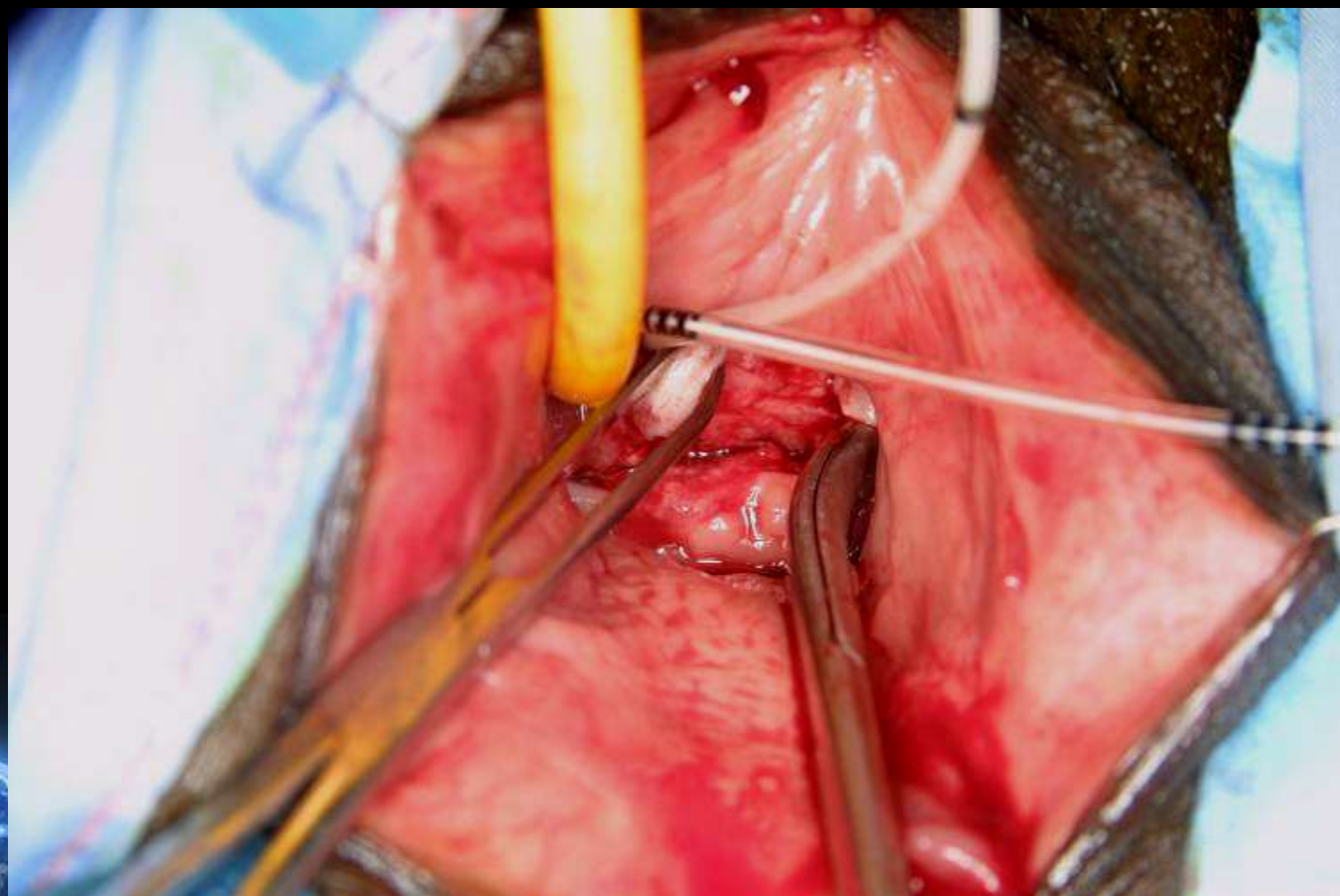


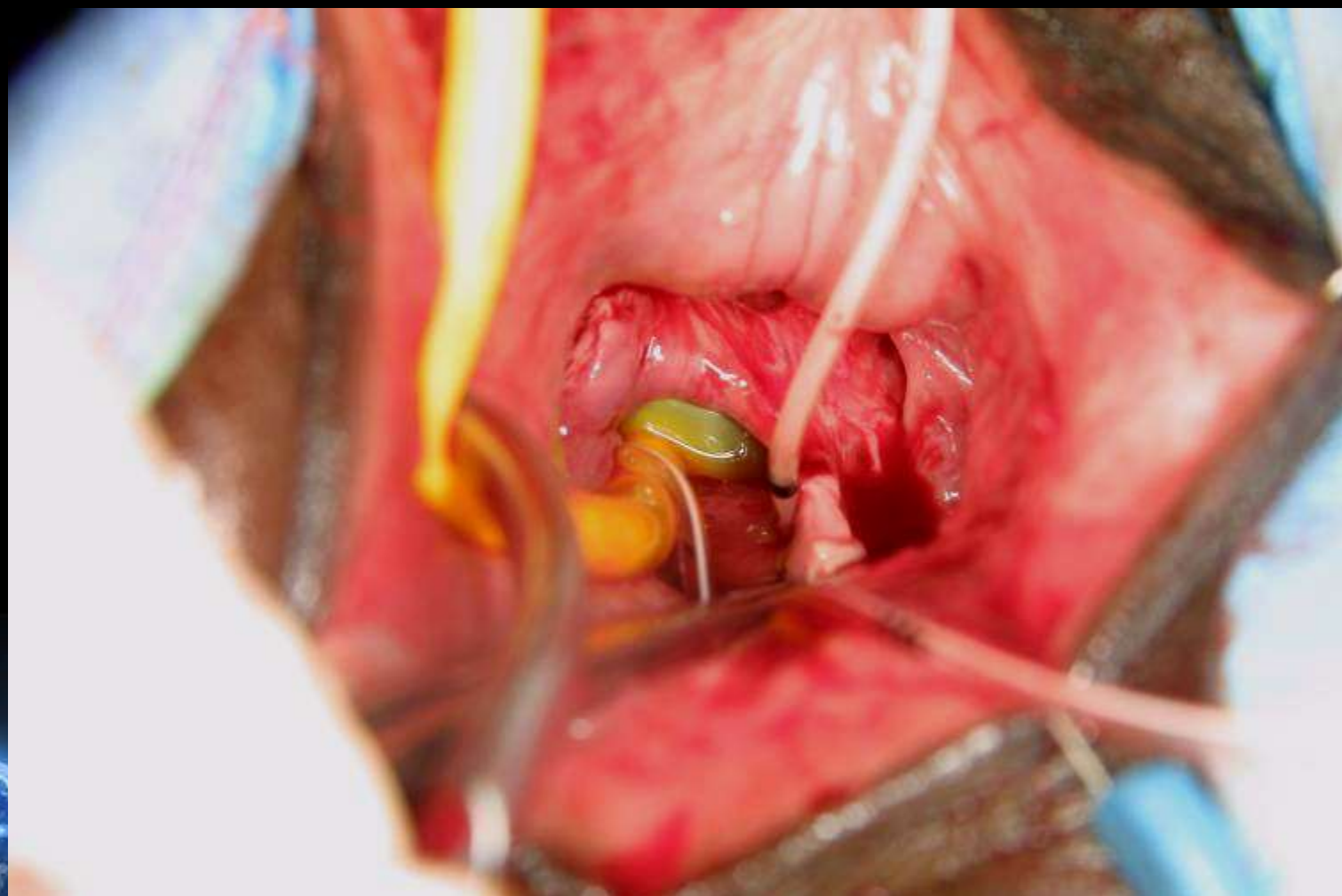
Circumferential Dissection

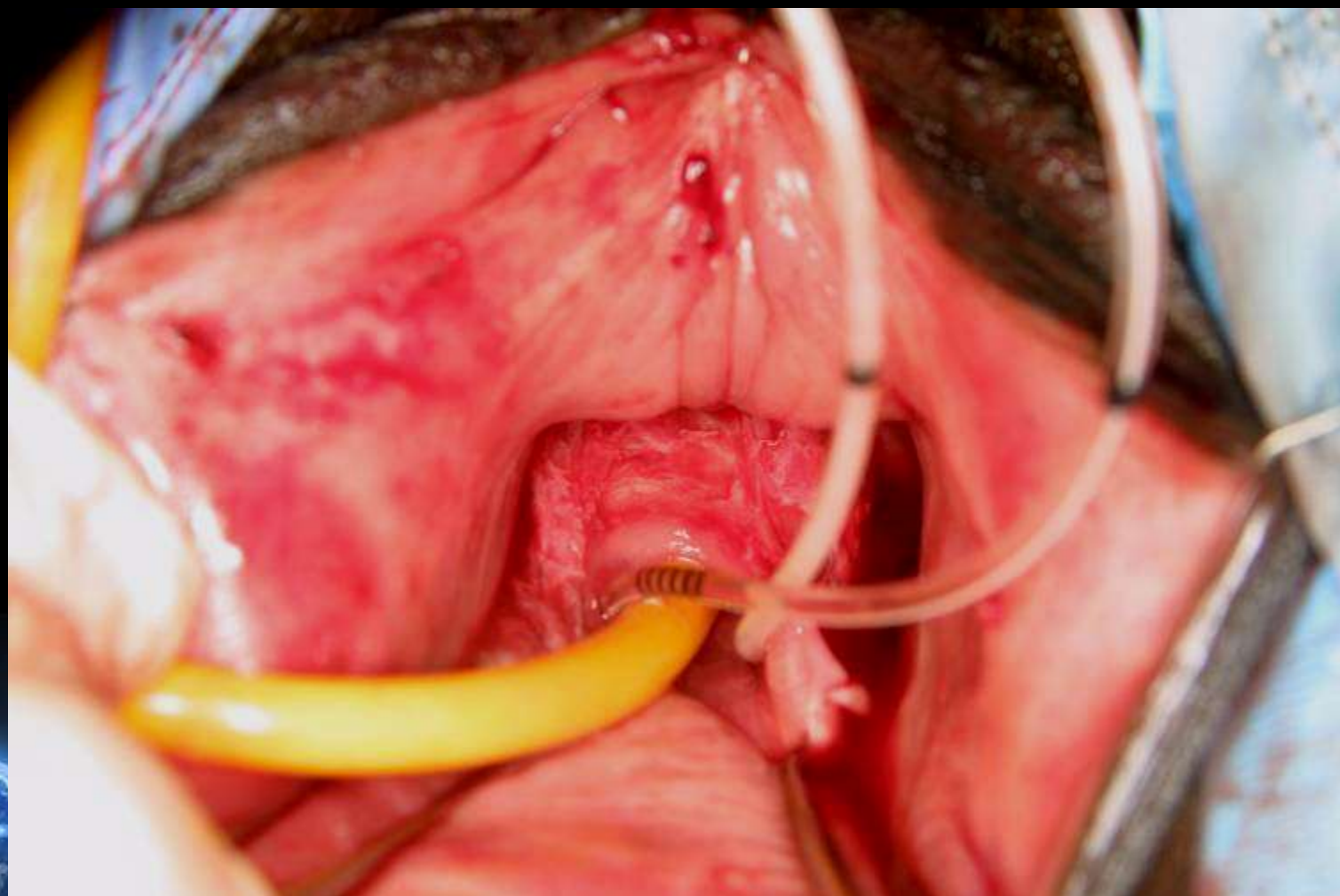


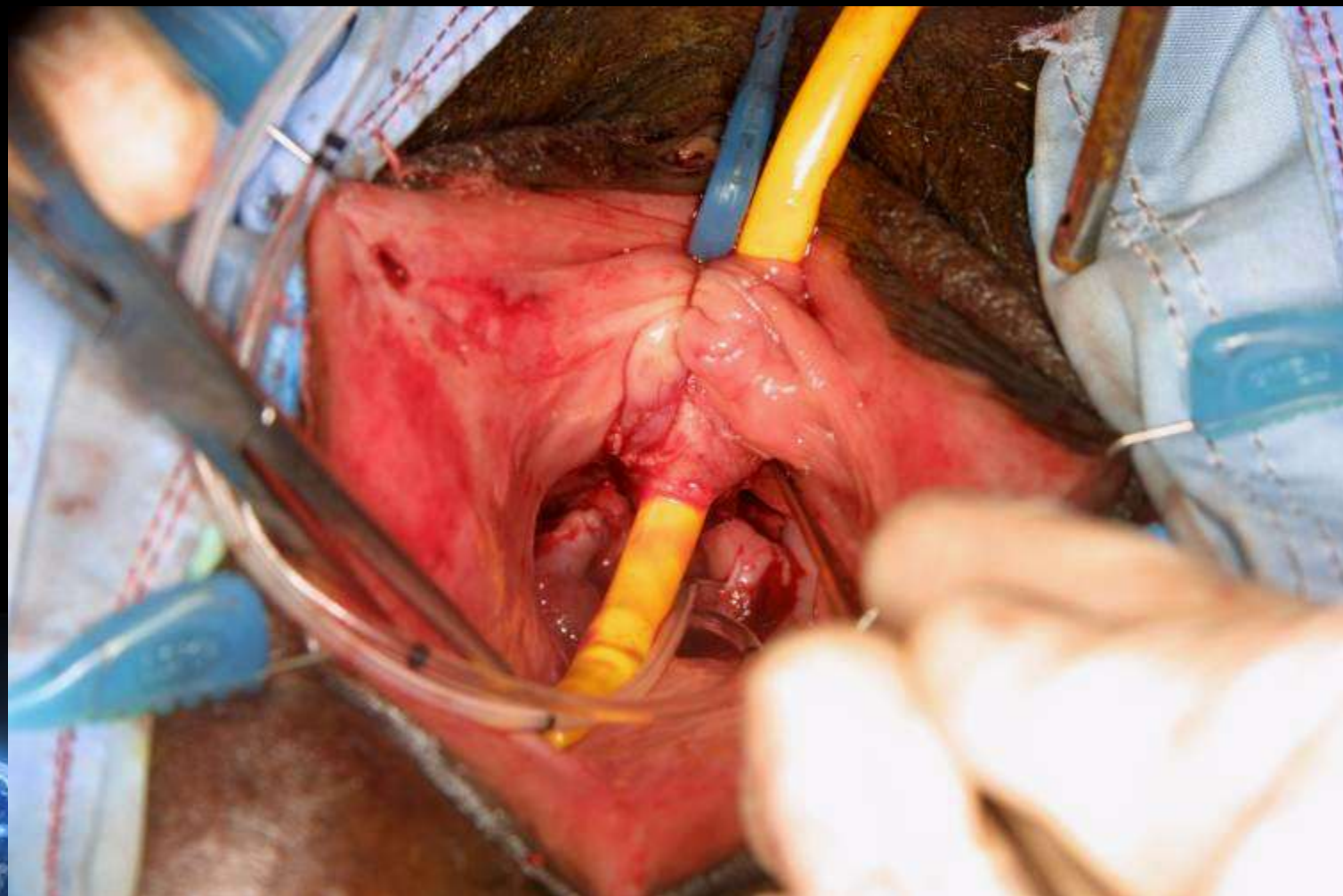


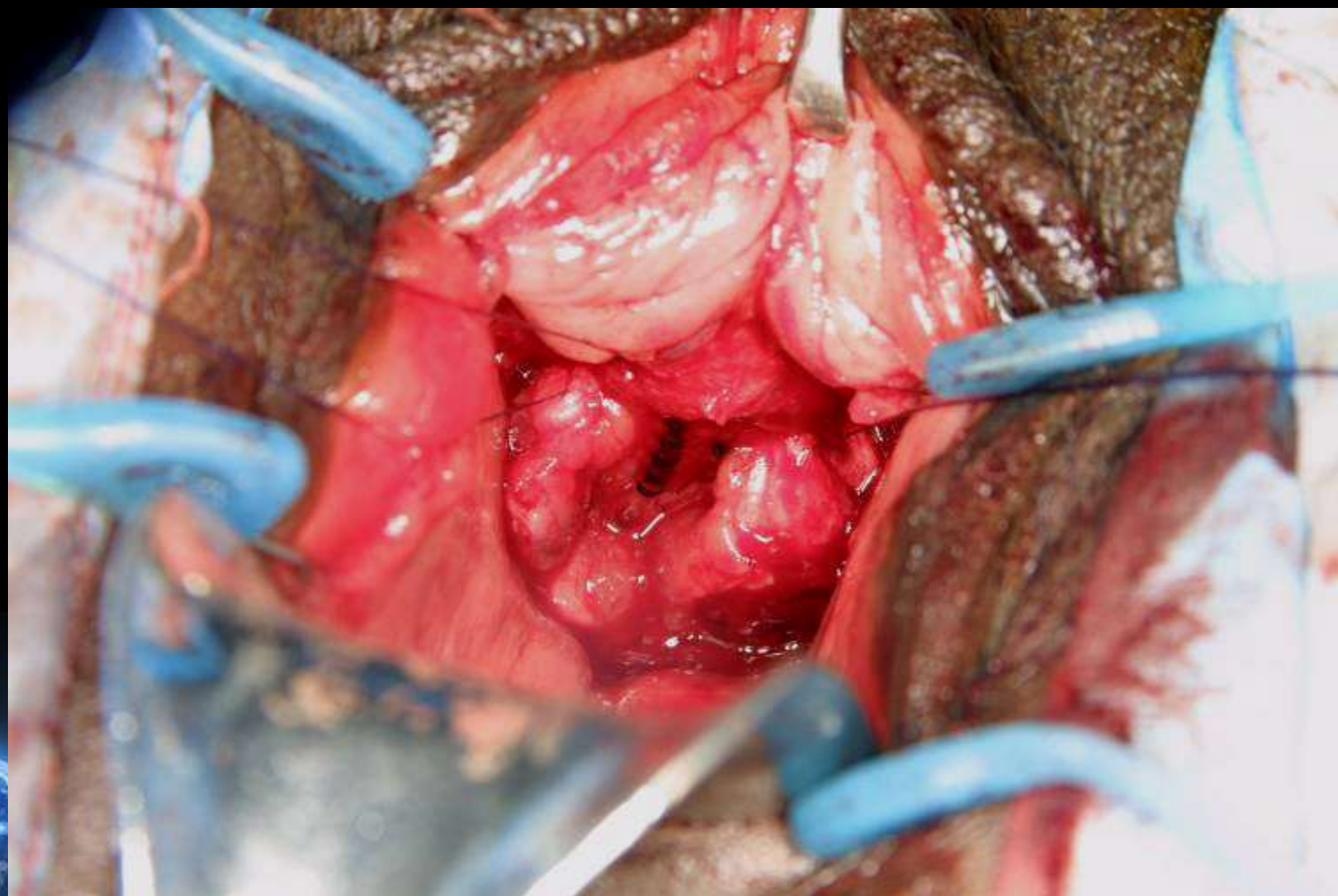


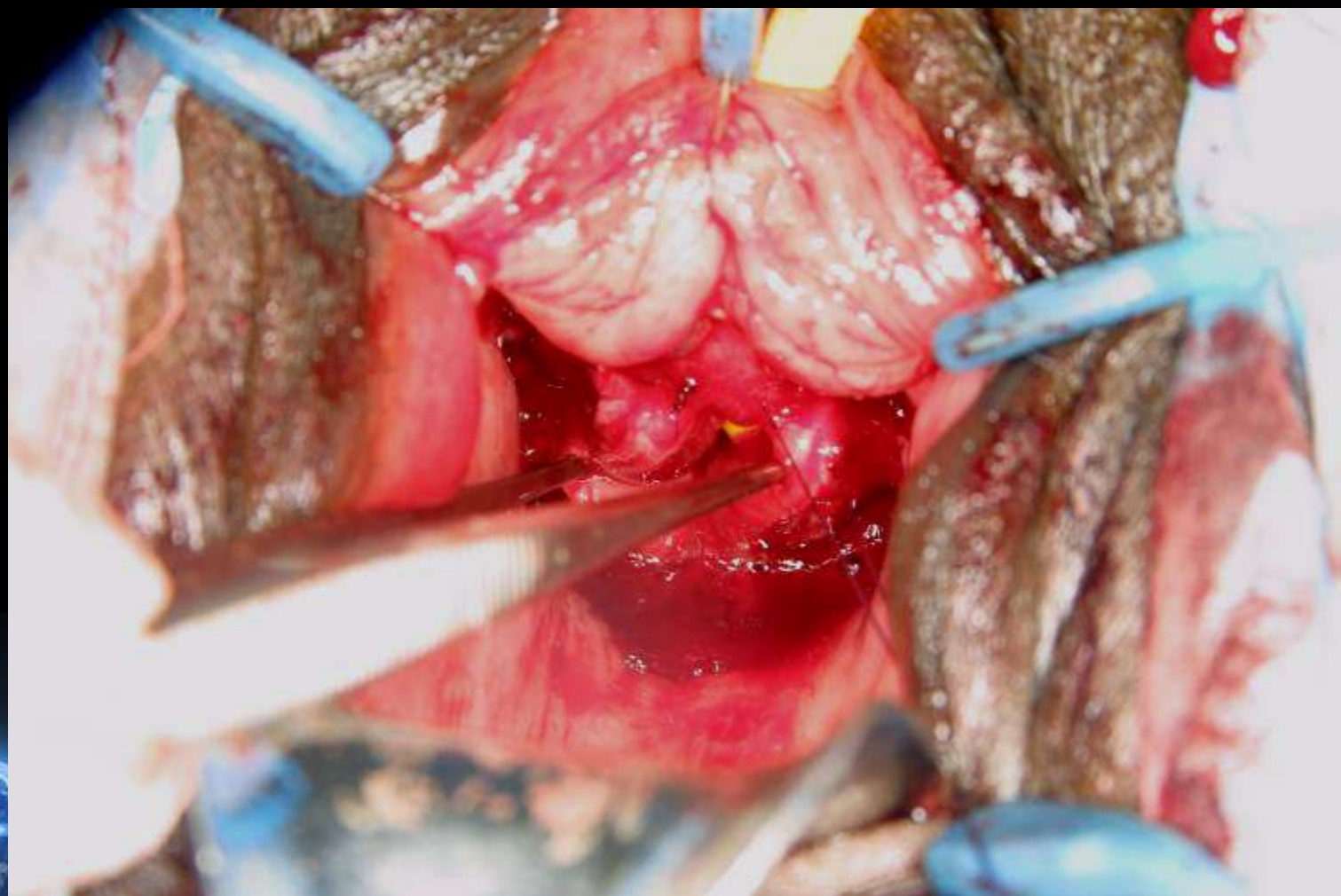


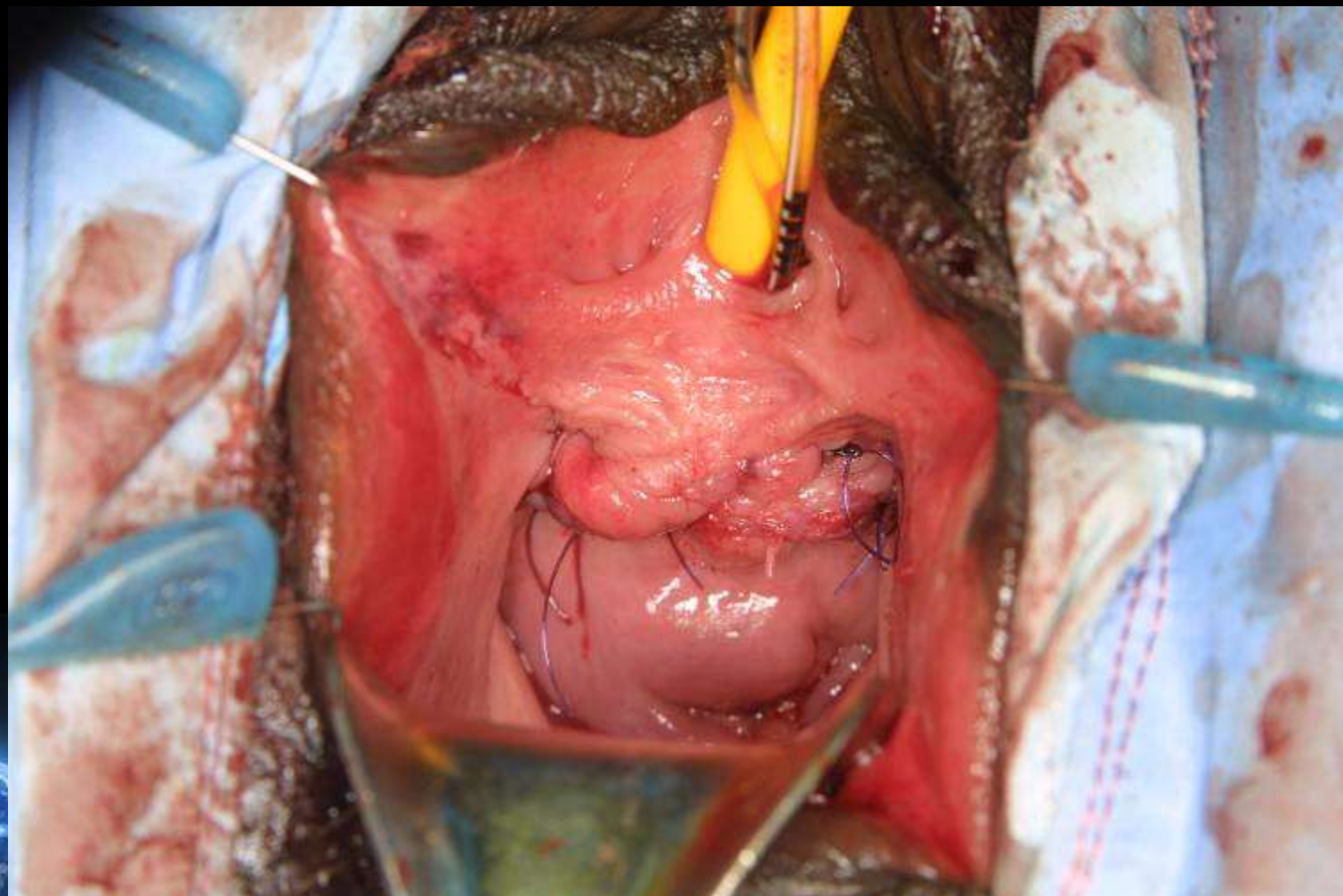


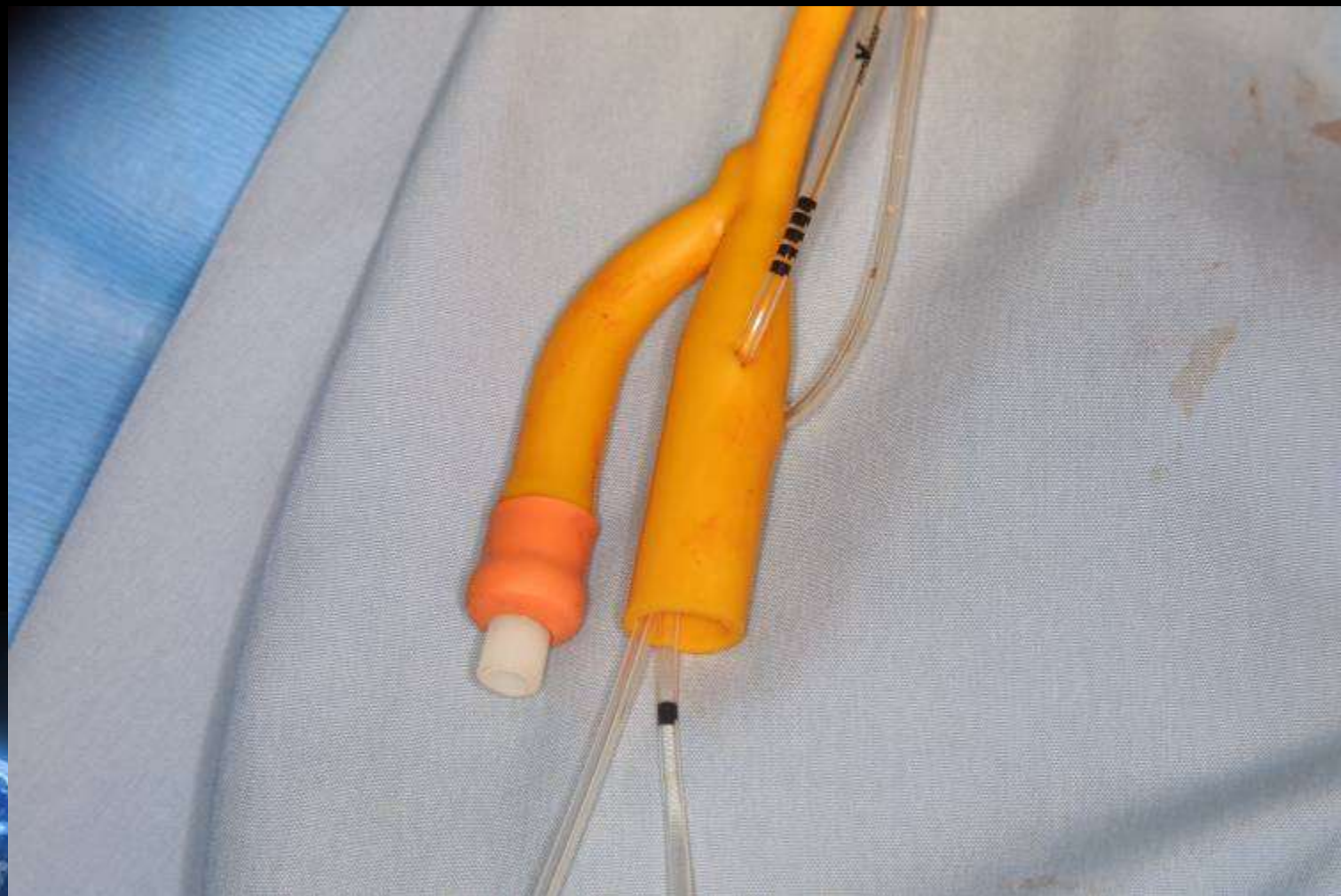










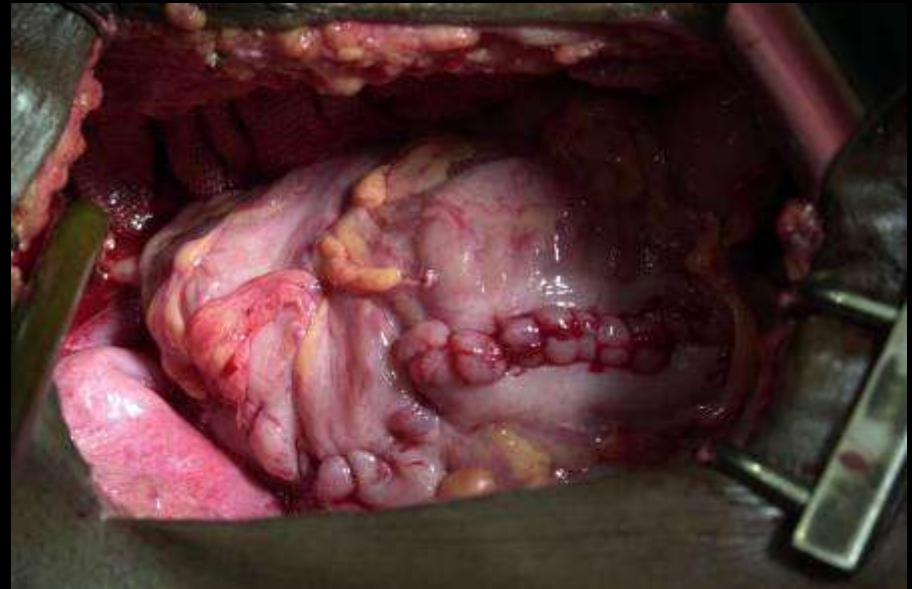
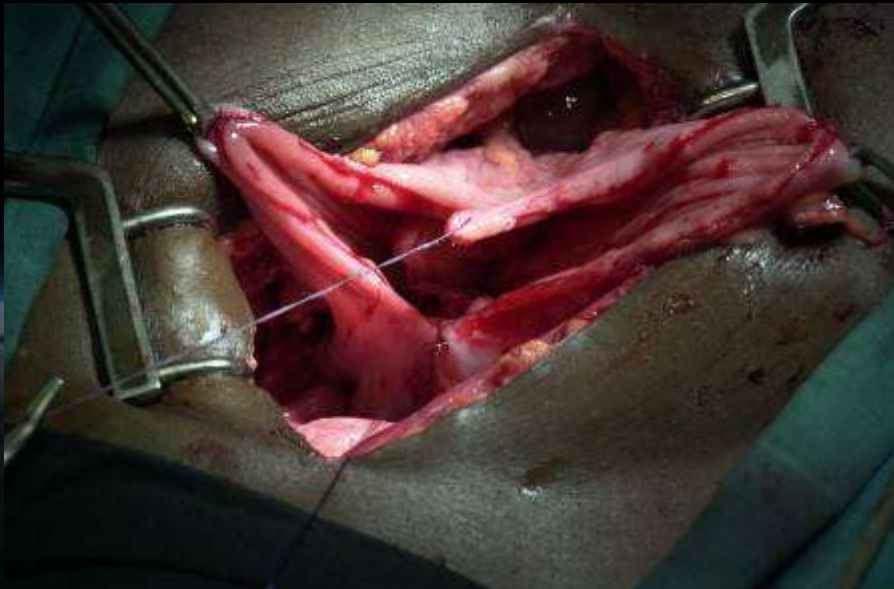
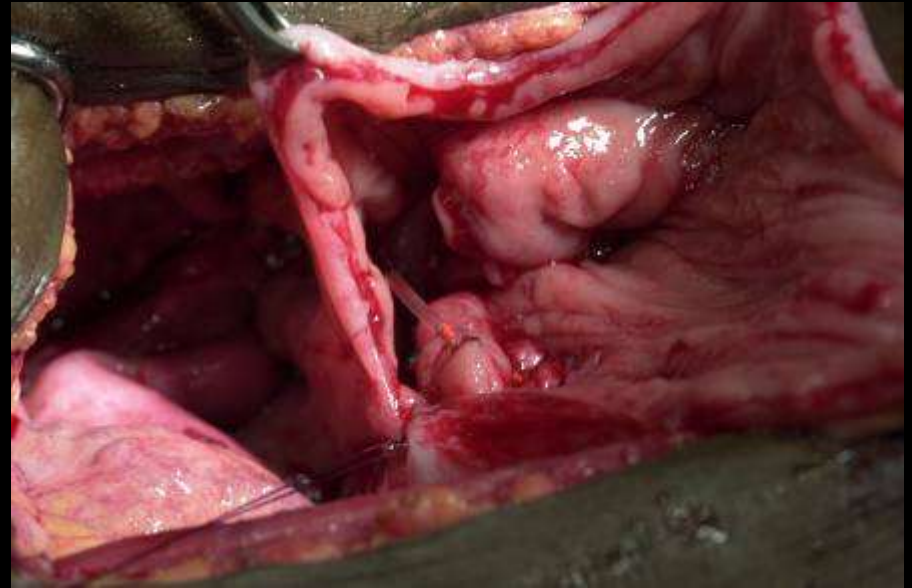


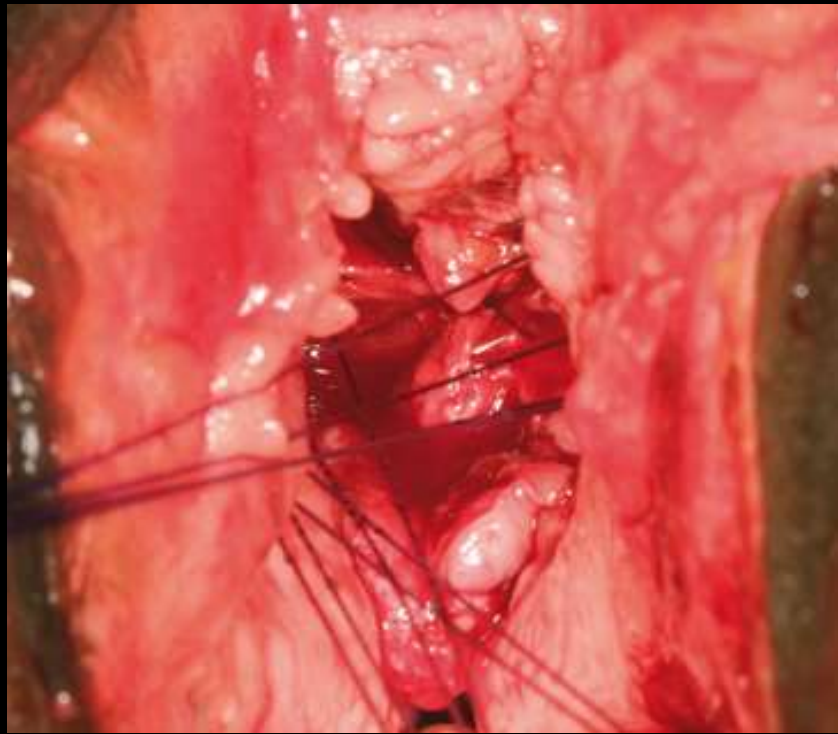
Urethral reconstruction



- 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





Trigonisation with the plication of pubocervical fascia

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

GFMER Research and Studies

3 critical areas of research in collaboration with WHO/RHR

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



www.fistulagroup.org



fistula-group.org

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NGOs and agencies active in the field of obstetric fistula



AFOA
Association
Fistules
Obstétricales
A f r i q u e

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



équilibrés & populations

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](#).



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

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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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
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ZINO Jean Martin	Gynaecologist	150 or more		jmzino@yahoo.fr

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Books

SAWABA Une vie volée

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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](#)

