

**SURGICAL MISSION REPORT AND FORMATIVE COURSE ON THE GLOBAL  
TREATMENT OF OBSTETRIC FISTULAS**

**From March 28th to April 7th 2014**

**TANGUIETA, BENIN**

For this mission, our team was composed of the following expatriates:

**1 Urologist:** Dr. C.H. Rochat, Clinique Générale Beaulieu, Geneva, Switzerland

**3 Gynecologists:** Dr. Felix Strube, Munster University Hospital, Germany

Dr. Jessica Harroche, Albert Einstein College of Medicine, New York, USA

Dr. Keith Downing, Albert Einstein College of Medicine, New York, USA

**1 Anesthesiologist:** Dr. Françoise Giaume, Nice, France

**1 Surgical Tech:** Mrs Nadine Piatkowski, Clinique Cecil, Lausanne, Switzerland

**The Team**



***Dr. Felix Strube, Dr. Jessica Harroche, Dr. Keith Downing, Nadine Piatkowski, Dr. Charles-Henry Rochat, Dr. Françoise Giaume***

The team of African doctors included:

**2 Urologists:** Prof. Prince Hounnasso, Chief of Urology of CNHU from Cotonou

Dr Vodounou, Hospitalist of CNHU from Cotonou

**3 Gynecologists:** Dr Robert Zannou, Assistant Professor, Gynecology service of Homel's Hospital in Cotonou

Dr Dieudonné Zaongo, Director of Obstetrics and Gynecology at Tanguieta's Hospital

Dr Renaud Aholou, Resident Physician in Tanguieta, sponsored by GFMER

Prof. René Xavier Perrin, Chief of Service at Homel's Hospital and President of SAGO (Société africaine des Gynécologues – Obstétriciens) accompanied the mission with Prof. Benjamin Hounkpatin, Gynecologist and Consultant to the Minister of Health.



*Dr R. Zannou, Dr Vodounou, Prof. Hounnasso*

Passing through Fada N'Gourma, we arrived in Tanguieta on Thursday evening at l'Hôpital Saint Jean de Dieu. We were warmly welcomed by Frère Florent, the Director of the Hospital and his team of experts. Dr. Dieudonné Zaongo, Director of Obstetrics in Tanguieta, has prepared the operating schedule for the days to come.

41 patients were recruited for this mission. The Swiss NGO Sentinelles de Lausanne brought patients from Burkina Faso and the NGO ESSOR, brought patients from Benin, Niger and Togo.

For the nine operating days, the main operating room, with two OR tables, was kindly maintained at our disposal.



Mr. Gorgui Wade NDOYE El Hadji, journalist, Director of publication of the Panafrican Magazine ContinentPremier.com and Ms Stéphanie Orsucci, midwife, and head of the labor floor at HUG (Hôpitaux Universitaires de Genève) accompanied us for three days on an observatory mission.



Mr. Gorgui NDOYE directed on site a team from Benin national television. Together they filmed and aired a documentary on the Tanguieta model for management and treatment of obstetric fistulas.

Link to the documentary: [http://youtu.be/QD2\\_n4gxuUo](http://youtu.be/QD2_n4gxuUo)



***In the center, Véronique, a labor floor nurse, is now specialized in caring for women with obstetric fistulas.***



***Estelle Siraud, a representative from Sentinelles discussing the care of patients with Dr D. Zaongo. In the front, Dr. C.H. Rochat reviews patients' charts with the help of Dr. R. Aholou.***

## Details of the Surgical Mission (9 Operating Days)

50 Surgeries

43 women operated (2/3 from Bénin)

- 32 Obstetric Fistulas
- 4 iatrogenic fistulas after hysterectomy or cesarean section
- 10 simple fistulas
- 26 complex fistulas
- 5 cases of severe urinary incontinence treated with rectus facial slings
- 3 extreme fistulas needing a ureteral diversion (Mayence II Sigmoid pouch)

9 Urological Procedures

- 1 nephrectomy for renal tumor
- 3 surgeries for lithiasis (renal and ureteral)
- 1 endoscopic resection of the prostate
- 1 endoscopic resection of a bladder tumor
- 1 ureteral reimplantation for urinary reflux disease
- 1 bladder tumor with renal insufficiency and hydronephrosis
- 1 reimplantation of an ectopic ureter



## **Collaboration with Saint-Jean de Dieu Hospital**

Through the generosity of the hospital administration, 41 hospital beds were allocated for the care of patients. Two new hospital rooms in the maternity ward were built with financial support from GFMER and starting shortly before our arrival, our patients were able to take advantage of the new spaces. The operating room staff carefully and generously dedicated their care and time to our mission. It is clear that the work was intense yet rewarding with cases that kept us operating until the middle of the night.

We would like to thank Dr. Dieudonné Zaongo, who in his usual dedicated fashion, oversaw a remarkable pre-operative and post-operative labor. Dr. Zaongo himself led many of the operations.

## **Scientific Activities using the Tanguiéta Model in 2014**

The women who underwent surgery continue to follow a physiotherapy program created and instituted by Prof. Yves Castille. Pre and post-operative physiotherapy plays an important role in patient selection and surgical outcomes. The results of the Tanguieta physiotherapy program were collected and analyzed by Prof. Yves Castille and his team. The results are published :

**“Impact of a Program of Physiotherapy and Health Education on the Outcome of Obstetric Fistula Surgery”** Yves Jacques Castille, Chiara Avocetien, Dieudonné Zaongo, Jean-Marie Colas, James O. Peabody, Charles-Henry Rochat. *International Journal of Gynecology and Obstetrics* 2013.  
[http://www.ijgo.org/article/S0020-7292\(13\)00432-3/abstract](http://www.ijgo.org/article/S0020-7292(13)00432-3/abstract)

A follow-up paper was recently submitted and is in publication:

**“One year follow-up of a program of physiotherapy and health education on the quality of life and continence of women operated from obstetric fistula.”** Yves Jacques Castille, Chiara Avocetien, Dieudonné Zaongo, Jean-Marie Colas, James O. Peabody, Charles-Henry Rochat

Junior Fellow, Dr. Jessica Haroche, who participated in her second mission to Tanguiéta, obtained an International Session Award in April for her presentation at the Annual Meeting of the Japan Society of Obstetrics and Gynecology.



The issue of stress urinary incontinence even after successful obstetric fistula repair is important to our mission and we continue to address it year after year.

### **Conclusions and Observations**

This mission took place under good conditions thanks to the efforts of all contributors. On average we operated daily for 10 to 12 hours.

The preliminary results of this mission are very promising with an over 80% cure rate. These results are excellent considering the extreme difficulty of many of the cases.

In the last 15 years, the Tanguieta model has been perfected and today the local hospital staff and surgeons can take care of and operate on patients with obstetric fistulas throughout the year. The Saint Jean de Dieu hospital is now a referral center of obstetric and non-obstetric fistulas.

Specialized missions remain necessary to treat complicated fistulas and to allow the organization of true surgical workshops where colleagues from the North and the South can perfect their skills and themselves become mentors in fistula repair.

This said, it is important to recognize that doctors from the South trained in obstetric fistulas need long term financial support to help take care and operate on women suffering from the sequelae of obstetric fistulas.

This support should promote local surgeons to pursue these difficult cases and allow for them to operate in adequate conditions and with proper materials.

To perfect our model, we at GFMER, insist on contributing to social reintegration of patients by providing them the opportunity, once cured, of an education within a trade of their choosing as well as social and psychological support as needed. We believe this multi-disciplinary approach is necessary for our patients have a successful reintegration in society after many years of living in shame and solitude with such a difficult stigma.

To date, many local infrastructures have been implemented from a grass routes methodology in Tanguieta in order to maintain a renowned training and referral center. There are still many objectives to be met in order to economically and socially sustain these local institutions :

- Expansion of the housing facilities by adding another floor in order to accommodate an expanding number of missions to Tanguieta
- Installing electricity in the female housing facilities as well as improving the amenities
- From a human resources stand-point, GFMER contributes scholarships for generalist doctors in training and specializing physicians as well
- Continued reimbursements to the Hospital for each patient undergoing fistula surgery and now expanding to patients with significant pelvic organ prolapse (CHF 500 per patient).

From a national stand point, there is a need to obtain financial participation from the government for fistula surgeries just as the government currently completely reimburses cesarean deliveries. Cesarean deliveries and obstetric fistula surgeries overlap in advocacy issues since it is the women who were unable to obtain cesarean sections that ultimately end up with the devastating sequelae of obstetric fistulas.

From an international stand point, we must continue to advocate for patients with obstetric fistulas in order to help implementation of preventative and curative efforts. Just as advocacy programs against female mutilation were able to result in a resolution by the United Nations banning female mutilation on December 20th 2010, we feel similar resolutions can be made to protect women from obstetric fistulas.

Televised segment Sunday May 4th 2014 « le grand Genève à chaud » sur Léman Bleu au retour de la mission. <http://www.lemanbleu.ch/vod/le-grand-geneve-a-chaud-04052014>

Televised documentary on RTS Saturday May 24th 2014 at 7:30pm

**May 23rd is now officially the International Fistula. In Africa and in Asia, millions of women do not have access to cesarean deliveries. Many complications can ensue including obstetric fistulas.** <http://www.rts.ch/video/info/journal-19h30/#/video/info/journal-19h30/5875767-la-journee-du-23-mai-devient-journee-internationale-de-la-fistule-obstetrique.html>

If GFMER can continue to grow in order to support efforts related to obstetric fistulas and continuously expand to other countries (Guinée Conakry, Burkina Faso, Cameroun), it is thanks to the financial support from its partners :

La Délégation Genève Ville Solidaire (City of Geneva) (full audit completed in 2013).

[http://www.gfmer.ch/Activites\\_internationales\\_Fr/PDF/Rapport-Burnier-2013.pdf](http://www.gfmer.ch/Activites_internationales_Fr/PDF/Rapport-Burnier-2013.pdf)

Communes of Thônex, Chêne-Bourg, Chêne-Bougeries et Collonges Bellerive

Foundations Ambre, Rumsey Cartier, Global Foundation for Life Sciences, Fondation de bienfaisance de la banque Pictet & Cie, Comité philanthropique de la famille Firmenich, and their loyal private donors.

Thank you on behalf of our team and our dear patients.



***Three local organizations, in the market of Yakabissi (Kouande) support the NGO ESSOR with awareness efforts to fight the stigmatization of women suffering from obstetric fistulas.***

***Photo by B. Rafiatou.***

**GFMER is a public utility foundation since 2012.**

Fecerunt Jessica Harroche et Charles-Henry Rochat, 13.05.2014