



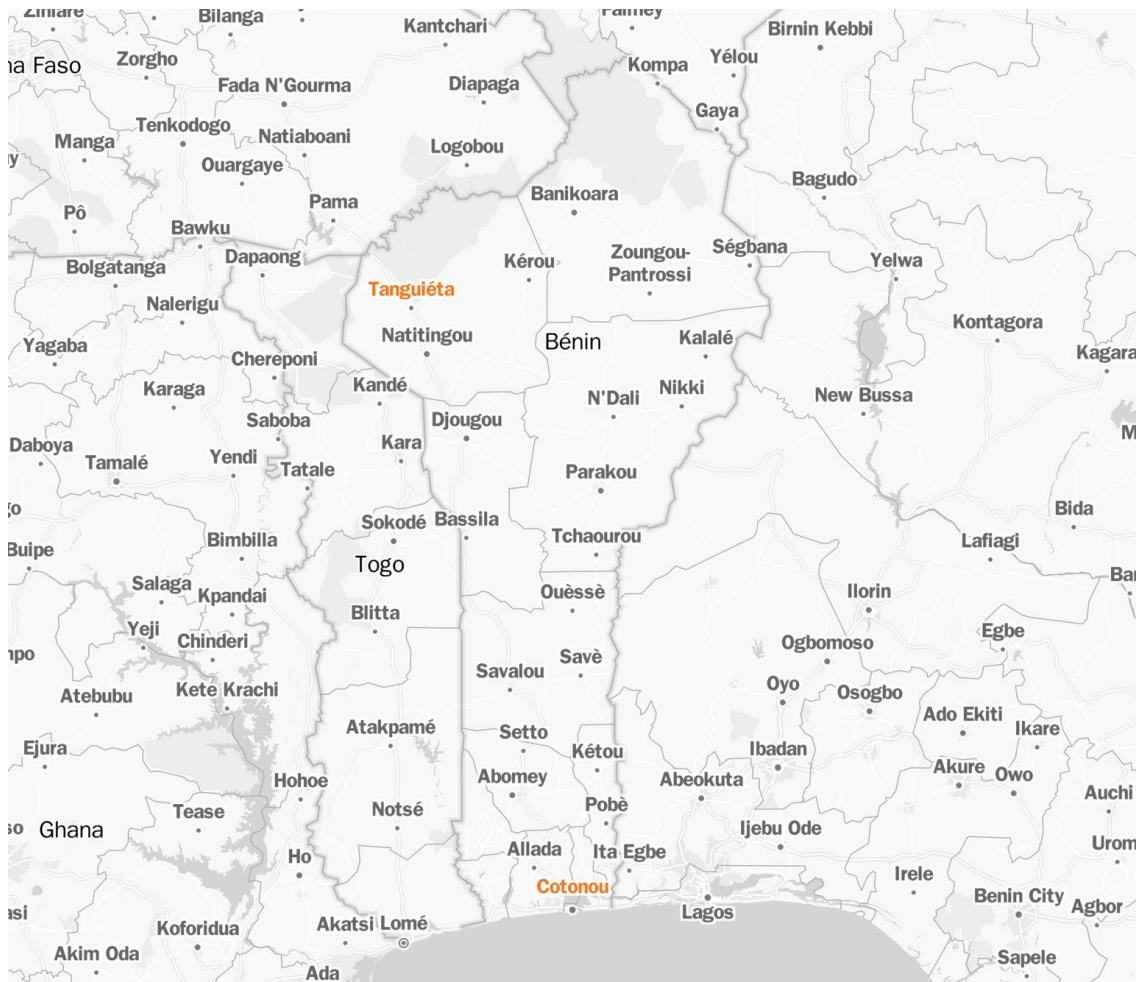
FISTULA GROUP

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

Mission Report

Dr Charles-Henry Rochat

Saint-Jean-de-Dieu Hospital in Tanguiéta and
Centre National Hospitalier Universitaire in Cotonou,
Benin, 29 April – 15 May 2026



33

Number of surgeries performed during this mission

General Background 30 Years of Commitment

In 1996, I organized the first mission dedicated to treating women with obstetric fistulas at Tanguiéta Hospital in Benin. These women are victims of disastrous childbirth with tragic consequences: constant urinary incontinence, and rejection by their husbands and society. It is the lack of access to cesarean sections—leading to the delayed removal of a stillborn baby that became stuck—that causes the destruction of tissue in the vagina, bladder, and sometimes the rectum; this is the definition of an obstetric fistula.

It was while teaching Brother Florent how to perform endoscopic prostate surgeries that I had the opportunity to treat my first fistulas. Since these conditions had completely disappeared from Western medical textbooks, I had no idea how to proceed. The despair of these women and the technical challenge led me to devote part of the last 30 years to treating these patients and passing on the techniques I have refined over the years.



33 Years of Friendship with Brother Florent

Very quickly, the “Tanguiéta model” was created, which includes free access to the hospital, follow-up care and social reintegration, training for regional doctors, prevention through easier access to cesarean sections, and a scientific research component. For years, Tanguiéta served as a fistula treatment center for the subregion and brought significant visibility to this hospital run by the Brothers of St. John of God.

Almost 10 years ago, the Claudine Talon Foundation came to support us in screening, follow-up, and the reintegration of patients, until the insecurity in our area of Benin, on the border with Burkina Faso, forced us to cancel this year’s surgical workshop in Tanguiéta. The fistula mission was relocated to the National University Center of Cotonou (CNHU). However, in recent years, we have been able to train Dr. Renaud Aholou, a gynecologist and chief physician at the Tanguiéta Hospital, in fistula surgery, and he now performs these surgeries routinely throughout the year.

Different Types of Fistulas

There are obstetric fistulas caused by obstructed labor, as well as fistulas resulting from cesarean sections or hysterectomies, known as iatrogenic fistulas. There are also traumatic fistulas, and all of these are classified as genitourinary fistulas. Our program provides free treatment for all of these cases.

My interest in the Tanguiéta Hospital goes beyond fistula missions, which is why I spent a week there operating on various patients and assessing the needs for equipment and infrastructure. I spent the second week at the CNHU in Cotonou for the specific fistula mission. This was the first time I chose not to bring my usual team of doctors and nurses with me; only my wife, Isabel, accompanied me.



In Tanguiéta

Dr. Renaud Aholou, a gynecologist, head of the Maternity Ward, and medical director, was waiting for us with several cases of fistulas and urogenital prolapse requiring surgery. Dr. Roméo Haoudou, head of Surgery, had identified six patients: three with complex urethral strictures and the others for prostate surgeries.

The very next day after our arrival, operations began under favorable conditions, as there were few people in the operating room and only a limited number of procedures.

This week, we had many meetings focused on training healthcare providers and supporting senior physicians who are expected to take on teaching roles.

I was able to confirm that the scanner we installed in 2018 was working perfectly again after a four-month downtime; its repair was made possible thanks to financial support from friends in Geneva.

We also noted that the clinic's renovation was complete, with rooms offering all the necessary comforts.

A bequest received in 2024 made this renovation possible.

Commitment by GFMER/Fistula Group following this past week in Tanguiéta

- Continue to support medical specialists in providing clinical supervision
- Assist a Beninese urologist with regular medical missions
- Help refurbish a perineal rehabilitation room (physical therapy)
- Contribute to the creation of a mother-child space for staff
- Contribute to the training of nurses specializing in emergency and intensive care
- Seek to establish a partnership with a Swiss foundation for a project on breast cancer
- Find contacts to set up shoulder replacement missions (approximately 100 hip replacements and 25 knee replacements are performed annually in Tanguiéta, and there is currently a fairly long waiting list for shoulder replacements)
- Send a surgical microscope for neurosurgery

Today, the hospital relies on highly qualified medical specialists in the fields of trauma and general surgery, pediatric surgery, pediatrics, gynecology, and neurosurgery. We therefore seek to help maintain favorable conditions so that these doctors can continue to provide the best possible care to the people of Tanguiéta and the surrounding area.



At the National University Hospital Center (CNHU) in Cotonou

From May 11 to 14, I was invited to participate in the obstetric fistula mission organized by the Claudine Talon Foundation and the Ministry of Health, in coordination with the “focal point,” Dr. Jean de Dieu Yunga Foma. Twelve patients had been selected, including two with severe urinary incontinence following obstetric fistula repair and one patient with advanced urogenital prolapse.

The surgical workshop took place in two operating rooms provided by the CNHU’s Urology Department, and numerous residents in urology, general surgery, and gynecology were able to observe the operations. Follow-up care will be provided by the Claudine Talon Foundation, and most of these patients will be referred to its rehabilitation and training center.

Number of surgeries performed in Tanguiéta and Cotonou from April 29 to May 15, 2026, by Drs. Yunga Foma, Aholou, and Rochat

- 15 genitourinary fistulas
- 2 incontinence surgeries
- 3 urethroplasties
- 2 prostate surgeries (endoscopic + open)
- 2 other surgeries
- 8 urogenital prolapses
- 1 perineal tear

All genitourinary fistulas have been cured

People met during the mission

In Tanguiéta

Brother Parfait, director of the hospital

Brother Florent, former head physician

All the Brothers of the community

All the senior physicians and residents at the hospital (I was able to attend all the medical staff meetings that week).

Ms. Adama who is responsible for recruiting female patients with fistulas or prolapse in the Tanguiéta area

Ms. Léontine, in charge of monitoring patients hospitalized in the gynecology department

Dr. Bassite Ourou Glabe who is currently the urologist in charge of occasional missions in Tanguiéta. Unfortunately, one week before our mission, he was involved in a motorcycle accident so I had to meet him in his hospital room.

In Cotonou

Mr Benjamin Hounkpatin,
Health Minister

Professor François-Xavier Perrin,
Director of Higher Education

Professor Fred Hodonou, urologist at the CNHU

Ms. Florence Pinson, Project Manager at the
Claudine Talon Foundation

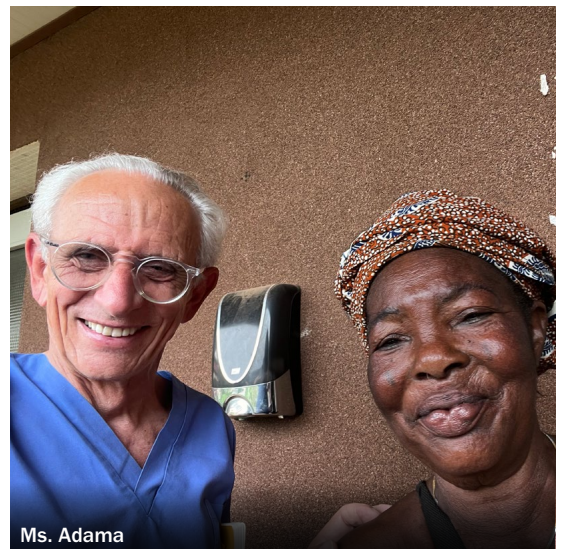
Ms. Punami Doko, Advisor to the Claudine
Talon Foundation

Ms. Olayinde Chico, coordinator of the FCT's
obstetric fistula program

Several **senior physicians and residents**
at the **CNHU**.



Dr Edwige Lawin, surgery resident



Ms. Adama



Mr Benjamin Hounkpatin, Dr Charles-Henry Rochat
and Prof. François-Xavier Perrin

In conclusion

This mission went very well, both in Tanguiéta and in Cotonou, and I can only thank the Claudine Talon Foundation, the Ministry of Health, and the Brothers of the Saint-Jean de Dieu Hospital in Tanguiéta for their hospitality and friendship. All operations took place under very good conditions. The situation at the Tanguiéta Hospital is encouraging, with stable—and even increasing—patient numbers, a very high standard of patient care, a new emergency center, and excellent medical specialists. The security situation has led to the emergence of new partners collaborating with the hospital, such as the ICRC for orthopedic equipment, MSF for malaria-related programs—which also provides assistance for the wounded and emergency cases—and La Chaîne de l'Espoir for pediatric surgery. The If Foundation has become a key partner of the hospital, increasing its commitment year after year for the past three years.

GFMER/Fistula Group will continue to support the Tanguiéta Hospital in providing comprehensive care for patients suffering from genitourinary fistulas as well as general urology cases. Special mention should be made of urogenital prolapse, for which GFMER/Fistula Group funds a number of surgeries throughout the country. These women face a significant daily challenge, with the uterus protruding from the vagina, and surgery restores their comfort and dignity. For several years now, we have been incorporating the treatment of prolapse into our obstetric fistula program.



The new adult and pediatric emergency department building in Tanguiéta

Fistula Group is a program of GFMER
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