



## FISTULA GROUP

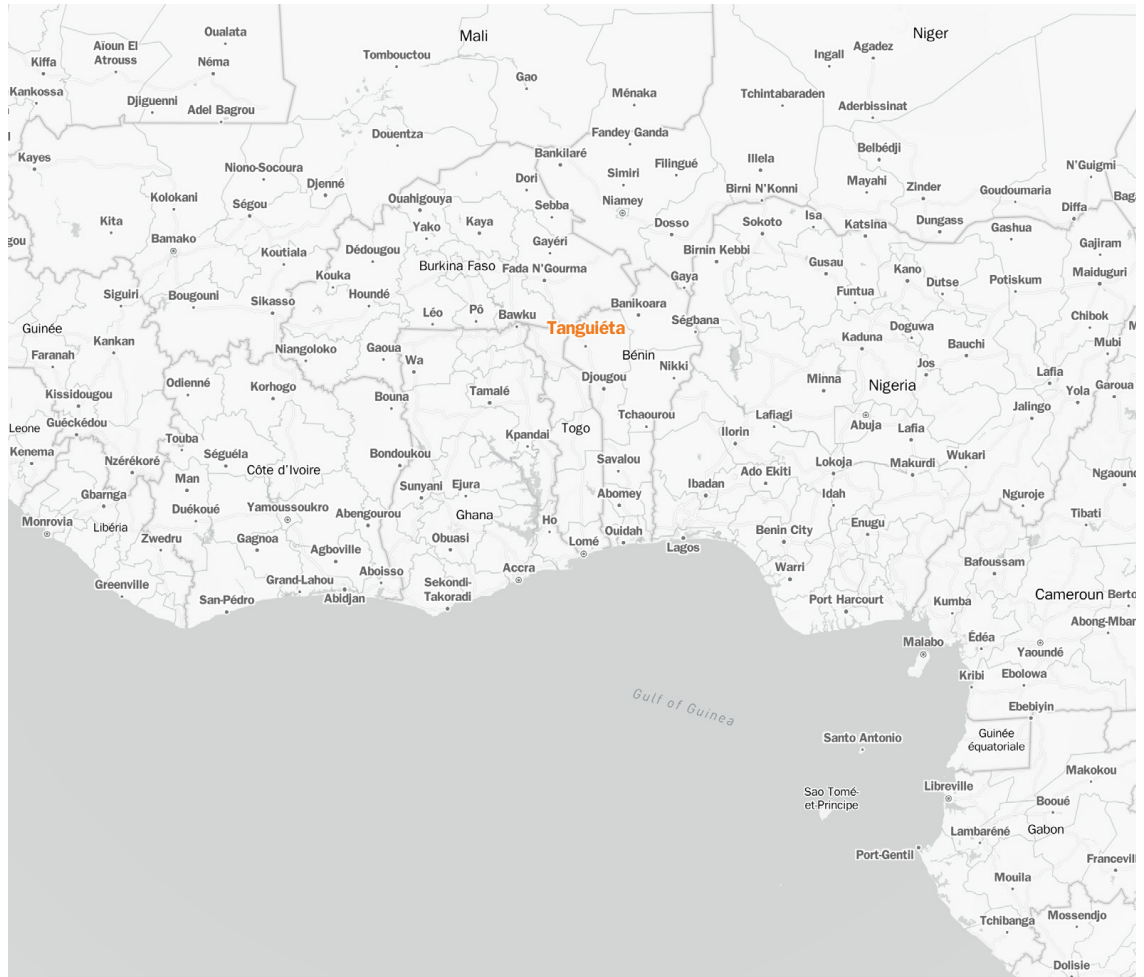
A program of the Geneva Foundation for  
Medical Education and Research (GFMER)

## Mission Report

Dr Charles-Henry Rochat

Saint-Jean-de-Dieu Hospital, Tanguiéta, Benin

April 30 – May 12, 2025



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translated from French.

**This mission in video**  
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### Foreign participants

**Charles-Henry Rochat**  
Urological surgeon  
Geneva, Switzerland

**James O. Peabody**  
Urological surgeon  
Detroit, USA

**Nadine Piatowski**  
Nurse  
Geneva, Switzerland

**Martin Randriantsalama**  
Urologist completing training  
Dakar, Senegal



Our scholarship recipient Martin with Jim Peabody

### National participants

**Renaud Aholou**  
Gynecologist  
Head physician of the maternity ward  
Tanguiéta Hospital

**Jean de Dieu Yunga Foma**  
Gynecologist  
Focal point for the national program  
to eliminate obstetric fistula  
Benin



Nadine Piatowski, with us for nearly 20 years

### Partners

Saint Jean de Dieu Hospital in Tanguiéta, Benin

Claudine Talon Foundation (FCT)

Local NGO, Madame ADAMA

University centers in Parakou and Cotonou



With Nadine and Dorette, manager of the accommodation and rehabilitation center and psychologist at the FCT

# 48

Number of cases operated on during this mission

## Context

Since 1996, Dr. Charles-Henry Rochat has been organizing specific missions to treat obstetric fistulas, but what are they?

## The 3 delays

- **Delayed diagnosis** when a woman is unable to give birth naturally.
- **Delayed transport** due to the distance to health centers for women living in the most remote areas.
- **Delayed treatment** in facilities that are not always equipped or do not have the necessary staff available quickly to perform a cesarean section.

These three delays invariably lead to the death of the child and, for women who survive these obstructed deliveries, to the destruction of vaginal and bladder tissue due to prolonged compression of the child's head in the pelvis.

We have developed a comprehensive care model, the “Tanguiéta model,” which has several components: recruitment, follow-up, and social reintegration of patients. Free operations and training for doctors during surgical workshops, prevention through the development of emergency obstetric care. Research and awareness-raising to publicize this disease and validate surgical techniques. We therefore offer comprehensive care to enable these patients to regain their dignity.

In 2002, this program was integrated into the Geneva Foundation for Medical Training and Research (GFMER)<sup>1</sup>, relayed by the Fistula Group website<sup>2</sup>. This program brings together activities in Cameroon, Burkina Faso, Benin, Guinea Conakry, and Madagascar.

In Benin, our activity has been ongoing for three decades. More recently, we have expanded our scope of intervention to include free treatment for severe urogenital prolapse and urinary incontinence secondary to fistula surgery. In Tanguiéta, we treat numerous cases of urethral strictures in men and have introduced

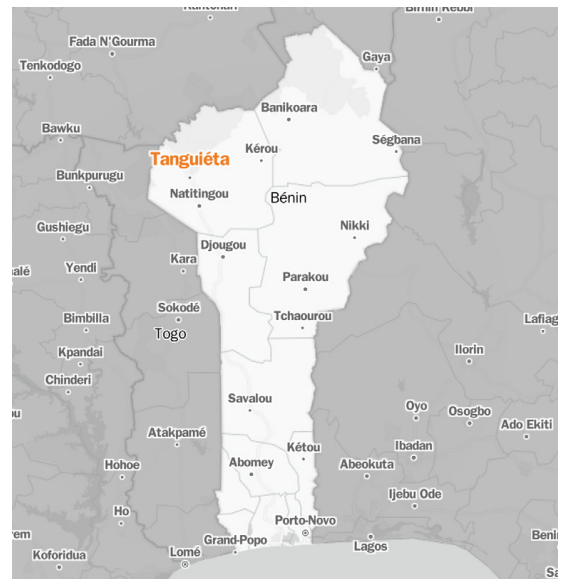


Dr. Renaud Aholou, Chief Physician of the Maternity Ward and Medical Director of Tanguiéta

endoscopic prostate surgery from the outset, with laparoscopic surgery to follow in 2023.

## Mission goal May 2025

Treatment of genitourinary fistulas and incontinence, treatment of urethral strictures in men and prostatic hypertrophy. Training and support for local doctors. Updating of operating room equipment. Meeting with the various program stakeholders.



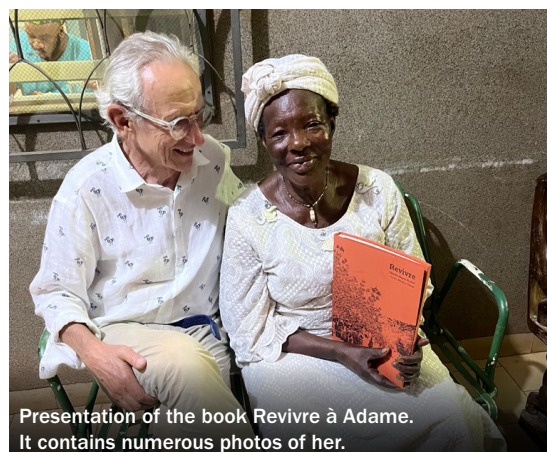
<sup>1</sup> [www.gfmer.ch](http://www.gfmer.ch)

<sup>2</sup> [www.fistulagroup.ch](http://www.fistulagroup.ch)



## Mission progress

Over seven days of surgery, Doctors Yunga, Peabody, and Rochat gave clinical demonstrations, including video-assisted procedures. Doctors Aholou and Yunga gave theoretical lectures, and many participants were also able to attend the webinar on obstetric fistulas organized by FIGO (International Federation of Gynecologists and Obstetricians) on May 8, 2025. Dr. Rochat is a member of the Fistula Committee.



Presentation of the book *Revivre à Adame*. It contains numerous photos of her.

## Cases operated on

- **22 genitourinary fistulas** (5 iatrogenic following caesarean section or hysterectomy)
- **5 complex repairs of urethral strictures** in men (including one revision in an 8-year-old child)
- **7 endoscopic procedures** in men (including a two-year-old child)
- **2 open prostate surgeries**
- **12 urogenital prolapses** operated on as part of the mission
- **A total of 48 cases** operated on as part of this mission.

## Highlights

- High-quality equipment in the operating room, including excellent surgical lights.
- Highly motivated medical teams and excellent patient care in the department.
- Work on the clinic building is almost complete and it is now fully operational.
- Very good activity in the field by Adama, who is responsible for recruiting and monitoring patients in the Tanguiéta health zone in parallel with the activities carried out by the FCT.
- Excellent management of the patient reception center by the FCT team and support from a psychologist for almost a year now.

## Weaknesses

- Less motivation in the operating room to extend working hours during missions (if a patient cannot be included in the operating schedule, they will have to wait up to a year for another opportunity).
- Resignation of Dr. René Gayito, general surgeon, in April 2025. With his departure, the endoscopy and laparoscopy program has come to a halt. No replacement is planned, which also means that it is impossible to have university interns (DES) without a supervisor.
- The reception facility for aid workers is poorly maintained, even though it was the GFMER that paid for the building some fifteen years ago.
- The situation in Tanguiéta has deteriorated due to declining purchasing power and insecurity, but the major deterioration is the condition of the 60 km road between Natitingou and Tanguiéta.
- There is no national backup for the treatment of complicated fistula cases.
- ENGENDERHEALTH wanted to intervene in Benin as early as 2025 in the field of obstetric fistula. This funding was cut by the Trump administration.

# 90%

Fistula healing rate at  
six-week follow-up

## General considerations

During this mission, we placed a plaque in recognition of Mrs. Marcelle Thevenoz, a loyal supporter of our cause, who left behind a sum of money after her death in 2024, which we used to renovate the clinic building.

It was important to have a high-quality facility to welcome patients who come from Cotonou to see the various highly qualified specialists who still work at the hospital. Whether in neurosurgery, pediatric surgery, or traumatology, we can count on excellent practitioners, which is also the case in the Medical Department. It is also one of GFMER's goals to improve the working conditions of our practitioners as much as possible in a difficult and even hostile environment. Clinical supervision grants and the provision of modern equipment are among our priorities.

## Conclusion

Overall, the mission went well, considering the number of interventions and the way in which they were carried out. We were able to produce two short videos, which we hope will be of interest to our followers, as they are more lively than a written report.

We would like to express our sincere thanks to all those who support us, namely foundations and private donors.



Plaque in memory of our friend  
Marcelle Thevenoz



Brother Florent, more than 30 years of friendship

**Fistula Group is a program of GFMER**  
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**Non-profit foundation**

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