

## NEW FISTULA CLASSIFICATION

### Aims of the study

To find classification of fistula simple, descriptive and consider all important features of each fistula .

In order to find the optimal surgical management for any individual fistula ,and it is necessary to compare the different surgical techniques and the result .

### Study design ,materials and methods

**Design** Retrospective study, from February 2003 to April 2008

**Materials**- Medical records of 500patients

**Methods** – Review of Booking diagram which include Urethra ,Cervix and Anus.

### Result

To describe a fistula is very difficult and complicated because many anatomical varieties further relating and contributes I difficulties of operative correction .from our study with 500 fistulae we found these anatomical varieties play an important role in the management of fistula because there is no two case of fistula that are similar , and even the picture of the same case changes in the process of epithelization .the approach of surgical correction depends upon the type of fistula .

We offer a classification of fistula consider all important features of each fistula , the anatomical groups , the site of damage , the level of fistula ,the size of defect , scarring process , adhesion to pelvic bone , recurrence , complication and description of more than one fistula .

### Interpretation of result

#### **Model of classification**

Level (L) Anatomical groups(VVF)Size (w\l)Scarring (S) Adhesion (B)\*  
Site (Rt\LT) Site ( A Rt\Lt)

\*Level Anatomical groups Size Scarring Adhesion Complication (+)  
Site Site

\*Recurrence (Rc)Level Anatomical groups Size Scarring Adhesion  
Site Site

\*Compound Level Anatomical groups Size Scarring Adhesion  
Site Site

### Example

L VVF W2L3B0 S0

Lt

-Low Vesico-Vaginal Fistula at Left side width 2cm and length 3cm no scarring not attached to the bone .

### Concluding message

We offer a new classification of fistula simple, descriptive and consider all important features of each fistula , the anatomical groups , the site of damage , the level of fistula , the size of defect ,adhesion to the pelvic wall ,complication , scarring and recurrence .

### References

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**Is this a clinical trial?**

No

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**What were the subjects in the study?**

NONE

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