

PREDICTORS AND OUTCOME OF SURGICAL REPAIR OF OBSTETRIC FISTULA AT A PRIVATE HOSPITAL OF DHAKA CITY (MAMM'S FISTULA & BIRTH TRAUMA HOSPITAL AND TRAINING AND RESEARCH INSTITUTE)

Hypothesis / aims of study

This study was conducted over a period of 2 years in a private hospital (MAAM's Fistula & Birth trauma hospital, Training and Research institute) in Dhaka City which is a complete charitable hospital. This study was undertaken in order to achieve the following specific objectives:

- ✓ To find out the predictors and outcome of obstetric fistula surgery attending the (MAAM's Fistula & Birth trauma hospital, Training and Research institute)
- ✓ To identify the challenges in providing care and rehabilitation in a private sector.
- ✓ To identify individual; familiar and socio-demographic issues that increases the probability of obstetric fistula and makes recommendations to prevent these conditions.

Study design, materials and methods

- ✓ This was an observational descriptive type of study. All women with obstetric fistula who attended the (MAAM's Fistula & Birth trauma hospital, Training and Research institute) during the period of Sep 2010-Feb 2014 were recruited. They were assessed pre-operatively and post-operatively for-
 - Socio-demographics
 - Fistula characters
 - Outcomes of surgery
- ✓ Data was collected from a prescribed booklet which is filled up from the entry of the patient to the hospital till her surgery, post-operative period and even follow-up.

Results

- Total 103 women were recruited for this study
- Out of them 88 had successful repair which is about (85%) of the total recruited.
- Socio-demographic factors for these patients were-
 - i) All of them had an early marriage and
 - ii) First child birth on an average age of 15-18 years.
 - iii) Most of them (87%) had home delivery by unskilled birth attendant.
 - iv) Almost all (92%) of them blamed their 'misfortune' for their misery.
 - v) Few blamed their husband and mother-in-law for not seeking appropriate health care.
 - vi) All had financial constrain for coming to hospital.
 - vii) 78% were illiterate, 22% had formal education for 5 years.

Unsuccessful closure was significantly associated with-

- i) Several time previously failed repair in other hospitals.
- ii) Very big circumferential fistula.
- iii) Level of vaginal scarring.

- 10 of them which is 10% had residual stress incontinence after successful repair.
- This suggests even after successful repair stress incontinence is a significant problem.
- Independent predictor for stress incontinence after successful repair was-
 - Involvement of urethra badly, where urethral reconstructions were done.
 - Most of the patients had the operative time of 1-1.5 hours.
 - Only five patients had an operative time of greater than 3 hours.
 - 90% cases were done by spinal anesthesia without any per operative complication.
 - Only 10 of them had spinal anesthesia converted to general anesthesia for surgery.
 - All were repaired by vaginal route.
 - All had a short pre-operative waiting time of 2-5 days and total hospital stay was <21 days.
 - Except for 3 cases, all others had continuous catheterization for 7-10 days.

Interpretation of results

- Obstetric fistula was more common problem of rural area and primiparous poor women.
- The success rate after repair was high (about 85%) in this study.
- The study demonstrated that large fistula size, circumferential fistula, and marked vaginal scarring are the predictors for successful fistula repair.
- Successful closure with stress incontinence was more likely to occur in type II b fistula (fistula involving the urethra), circumferential fistula and vaginal scarring.
- We have also observed that a team of specialized surgeons, anesthetist can successfully accomplish surgical procedures.
- Repair of even very complex fistula in a private hospital setting is possible in a resource poor nation.
- Good surgical training for the expertise is essential to combat the problem.

Concluding message

- Prevention is the key to new case formation in female fistula.
- Raise the community awareness about the issue is vital for both men & women.
- Involving media specially electronic has vital role for awareness development in large scale.
- 3 delays module has to be considered.
- Many patient need rehabilitation, so rehabilitation and reintegration for life skill training should be included along with treatment.
- Much more trained manpower should come forward for this specific type of surgery.
- Type of fistula is a great predictor for repair.
- Systematic approval in fistula surgery is essential.
- Dedicated post-operative care.
- Counseling of the patients.
- Overall, as there is a overburden of these neglected women, so public hospitals should come forward to take this challenge and rebuild the fortune of these poorest of the poor women.

Disclosures

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