

REPAIR & OUTCOME OF THE PATIENT WITH MULTIPLE OBSTETRICAL LOWER URINARY TRACT FISTULAS

Hypothesis / aims of study

Obstetrical fistulas in sub-Sahara Africa result from obstructed labor with the consequence of a severe field injury effect and necrosis causing large defects between the base of the bladder and the upper vagina. In Niger, Africa, a number of women were encountered with multiple small (less than 2cm) communications between the bladder and vagina. The purpose of this study was to evaluate the characteristics and significance of these small multiple obstetrical fistulas.

Study design, materials and methods

A programme for ongoing care of women with fistulas has been set up in Niamey, Niger under the auspices of the International Organization for Women and Development, Inc., in collaboration with volunteer physicians and the Nigerian government. Between October 2003 and December 2004 a total of 147 women have had surgical correction of their fistulas, of which 36 (24%) presented with multiple small fistulas. Follow up data continues to be collected with the help of local Peace Corps volunteers as patients return to their remote villages. The clinical information collected at the time of evaluation, treatment and follow up are reviewed.

Results

The average age was 28.7 (16-68), the average number of fistulous tracts was 2.3 (2-4) and the average number of procedures was 2.3 (1-8). The majority of patients (29) underwent a vaginal layered closure with wide mobilization of the vagina while 2 underwent an abdominal approach and 5 a combined abdominal and vaginal procedure. Follow-up data was available on 20 (56%) patients while the search continues for the remaining sixteen to document their current status. Of the 20 patients, 11 (55%) were dry at follow up. Of the 9 wet patients, 6 (30%) had documented persistent fistulas and 3 (15%) had incontinence resulting from bladder dysfunction despite closure of their fistulous tracts. The patients that failed to close their fistulas had an average of 4 procedures (2-8) while those that succeeded in their repair had an average of 1.7 (1-5) procedures.

Interpretation of results

This data supports and expands the concept of a vascular and neurologic field of injury in obstetrical fistulas in Africa. Multiple fistulas often occur in this devascularized field and are more difficult to successfully close with higher failure rates than single fistulas. Identification and closure of all fistulous tracts is critical to the success of the procedure, however the surgical correction in poorly vascularized operative fields renders treatment challenging and prevention mandatory, as closure does not guarantee continence.

Concluding message

Vesico-vaginal fistulas are common in the non-industrialized developing world. They have catastrophic emotional and physical results. This health care crisis has not yet received the international awareness that is necessary to promote strategies for prevention and treatment.