

## A BRIEF OVERVIEW OF FEMALE GENITAL TRACT FISTULA & MANAGEMENT OF FISTULA CASES IN A FISTULA CENTER.—A REPORT ON 532 CASES.

### Hypothesis / aims of study

Aim of this study is

1. To know different etiological factors,
2. To delineate different types of fistula,
3. To find out different complicating factors during surgery and
4. To analyze the results of reconstruction of fistula cases.

### Study design, materials and methods

This study is a retrospective institutional clinical study carried out from Jan 2004 to December 2007. Permission for review of records was taken from institutional head. Data were collected from data collection sheets which were used to collect information from all fistula patients admitted in the hospital from admission to discharge. In this period total number of operations performed was 673. This study was done on 532 cases (VVF 508 & RVF 24). Data of 141 patients were incomplete & so excluded from this study. After proper history taking & clinical examination with necessary investigations patients were selected for surgery. All cases were reassessed under anesthesia & planning of surgery was done. Problems encountered during surgery & post operative period were recorded and outcome of surgery were analyzed.

### Results

- Socio demographic factors showed that about 91% patients got married below the age of 20 years, about 11% patients develop fistula at the age below 15. About 60% patient did not seek care for hospital facilities due to traditional belief & remaining for economic problem. After development of fistula 65% patients are living with in their husband's territory & 35% are divorced, separated or abandoned by their husband.
- The etiological factors showed that 83.33% fistula develops due to prolong obstructed labor and 16.67% fistula due to different gynecological operations and injury,
- Different types of fistula found during study were: Vesicovaginal, Ureterovaginal, Urethrovaginal, Rectovaginal, Vesicocervical, Circumferential etc.
- Route of operation – vaginal approach was undertaken on 89.53% cases. Combined abdomino vaginal 7.66%. extraperitoneal transvaginal 5.6% cases. About 68.3% cases fistula were associates with bony attachment, vaginal scaring & stenosis, Urethra was avulsed on 9% fistula cases
- For urinary incontinence, operations were successful in 82.48% (419) cases & failed in 17.51% (89). For rectovaginal incontinence, 87.21% (21) patients were completely cured and 12.79% (3) cases were failed.

### Interpretation of results

As the study was done in a developing country patients got pregnant in early age, do not receive care in time, suffer prolong obstructed labor and develop fistula. Poor maternal care is responsible for development main bulk of fistula. This Fistula Center is a training center and for being the only fistula center in the country, all complicated fistula cases are referred to this center. Along with experienced surgeons, trainees were also performing the operations which affect the success rate of the surgery.

### Concluding message

Obstetric fistula is not only a medical problem but also a big social and psychological issue. Millions of women are still living a life full of disgrace and misery. Most of the fistulas are preventable with obstetric attention & care during gynecological surgery. To improve success rate modification of the procedures, more scientific knowledge & more clinical research is necessary.

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<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>Yes</b>
<b><i>Specify Name of Ethics Committee</i></b>	<b>Ethical Review Committee, Dhaka Medical College</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>