

Surgeons’ perspectives for a future obstetric fistula classification system: exploring the key parameters

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Introduction

- ❖ Obstetric fistulas are aberrant connections between the genital tract, urinary tract, or GI tract which are most common in resource limited settings where fertility is high, obstetric healthcare is limited, and the socioeconomic status of women is poor.
- ❖ Social implications can include isolation, divorce, abandonment, ostracism, and malodor.
- ❖ There is currently no unified classification scheme for accurately describing vesico-vaginal fistulas, thereby limiting communication between surgeons and the ability to compare research.
- ❖ Previous attempts at categorizing obstetric fistulas have had poor prognostic value.
- ❖ Many factors related to surgical failure or success have not been explored, and surgeons currently do not universally use the same classifications.

Objectives

- ❖ To determine which factors are the most important to include in a future obstetric fistula classification scheme.

Methods

- ❖ Members of the International Society of Obstetric Fistula Surgeons were surveyed using a non-validated questionnaire
- ❖ The questionnaire explored which factors surgeons thought would be most important to include in an updated classification scheme.
- ❖ Based on the surgeons’ response, an average ranking of each determinant was computed

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Results

Determinant	Should this factor be included?	Average Ranking
Location of the fistula	100%	9.22
Whether the fistula is circumferential	94.4%	9.06
Degree of urethral damage	88.9%	9.34
Bladder size	88.9%	8.53
Degree of fibrosis of the vagina	83.3%	8.12
Previous fistula repair	77.7%	8
How long the patient had the fistula	55.5%	7.11

Conclusion

- ❖ The Goh Classification
 - Includes bladder size, fibrosis of the vagina, and circumferential defect
 - Does not include degree of urethral damage
 - Its description of the location of the fistula does not account for whether the fistula is lateral to the sagittal plane of the urethra
- ❖ The Waaldjik and WHO Classification
 - Includes circumferential defect
 - Does not characterize bladder size, fistula location and urethral length
- ❖ Given the inconsistency between what expert surgeons deem important and what current classification schemes include, we call for the construction of a new classification system.
- ❖ This new classification system should include robust characterization of the location of the fistula and include all of the factors deemed important.