

AN INTERNATIONAL CONTINENCE SOCIETY (ICS) INTERNATIONAL UROGYNAECOLOGICAL ASSOCIATION (IUGA) / JOINT REPORT ON THE TERMINOLOGY FOR FEMALE PELVIC FLOOR FISTULAE (PFF)

NEED FOR A WORKING GROUP ON FEMALE PELVIC FLOOR FISTULAE

Background

There are many different classification systems for genitourinary fistulae, most of which are based purely on the location of the fistula within the reproductive tract. There is currently no standardized surgical technique, nor widely accepted classification system. Thus, communication between different surgeons and centres can be inaccurate as no common system exists.

A classification system should;

1. Reflect outcome, that is be prognostic, and also reflect which operative technique should be applied to a particular case.
2. Be a reliable tool for study and communication.
3. To allow the trainer to choose appropriate cases for the trainee at the appropriate time of their training program and similarly enable surgeons to select cases that they are competent to attempt.

What we know at present:

Outcomes with regards to on-going incontinence post repair can be predicted by;

1. Urethral involvement (OR 8.4 for persistent incontinence).
2. Significant scarring (OR 2.4 for persistent incontinence).
3. Size of the defect (OR 1.34 for each cm increase in size of defect)
4. Size of bladder (OR 4.2 if bladder volume <100ml at the end of the operation).¹

**Odds ratio (OR) is a measure of association between an exposure and an outcome. The OR represents the odds that an outcome will occur given a particular exposure, compared to the odds of the outcome occurring in the absence of that exposure.*

Current systems

1. Waaldijk system- based on the continence mechanism and circumferential damage. This has been studied and is being used in West and East Africa (Waaldijk 1990; Waaldijk 1995).
2. Goh system- based on urethral involvement, size and scarring, also included within scarring is circumferential or a repeat operation. Has been studied and currently used in East Africa (Goh, Browning et al. 2008).
3. Franco-phone classification system. Used in Franco-phone Africa. It has been validated and forms the basis of the Waaldijk Classification
4. Tafesse system- a two staged system including urethral involvement, scarring, continence mechanism and bladder size. This has been validated in Ethiopia predominantly (Tafesse 2008).

Until there is a standardized and accepted classification system, one cannot be recommended over another, but a system should be used to enable the above points of communication, record keeping, audit, study and case selection. Thus, this new initiative by the ICS and IUGA should be welcomed.

SCOPE

The ICS and IUGA Standardisation committees are looking at the terminology for female pelvic floor fistulae (PFF) and how they should be defined and organized in a clinically-based consensus Report. (Please note that the name PFF was agreed for various reasons – primarily to accommodate prolapse and incontinence).

This report will:

- Combine the input of members of two International Organizations assisted at intervals by external referees.
- Be clinically-based with the most common diagnoses defined. Clarity and user-friendliness will be key aims to make it interpretable by practitioners and trainees in all the different specialty groups involved in female pelvic floor fistulae.
- Develop appropriate core clinical categories and a sub-classification which will be developed to give a coding to definitions.

- Have well defined sections outlined thus:
 - Introduction
 - Symptoms
 - Signs
 - Assessments, tools and questionnaires
 - Classification
 - Investigations
 - Conservative Managements
 - Surgical Managements
- Appropriate figures will be included to supplement the text.
- Give a specific defined code to each of the approximately 100 definitions, anticipated.
- The Report will be contemporary with new concepts in the literature that may need further validation and research included and defined in an Appendix.
- Undergo an extensive process of multiple rounds of internal and external review, to exhaustively examine each definition, with decision-making by collective opinion (consensus).
- Be a consensus-based Terminology Report for female PFF that will aid clinical practice and research. It will be appropriately referenced.

MEMBERSHIP OF THE COMMITTEE

- Chair
- Members (up to 12-14)

DURATION

- 18-24 months
- 30 months (maximum)