Obstetric Fistula Experience

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Transformation: Making Waves

Introduction

The first istula case backdated 4000 years ago for Queen Henhenit as a birth injury, Child birth is a special occasion in the families and women's lives but it can end by serious complication may affect the women's lives, The medical consequences of fistula include incontinence of urine and or/ faeces, genital sores and ulcerations, frequent infection and in some cases infertility, Obstetric fistula is a critically important and largely neglected issue in the field of reproductive health. In Obstetric fistula corresponds significantly to high maternal mortality rate. Factors leading to fistula: delay in deciding to seek care, delay to arrive to heath facility, delay in receiving adequate care in deciding to seek care. Inadequate health facility,

Objectives

Social impact on fistula patients and Surgical outcome of the repair of different type of fistula

Methodology

Basic principals of fistula repair were applied: 1. Adequate access, good light, proper position of the patient, labial retraction2. Mobilization of fistula: the fistula circumscribe using blade 12, vaginal skin is then dissected of the bladder or rectum, exeision of fistula edged fibrous tissue, 3. Tension free repair: continues or interrupted inverted 2/0 or 3/0 of delayed absorbable sutures in 2 layers..closing the fistula angles is the corner stone of the repair, use of mental or martius flap when size more than 1 cm

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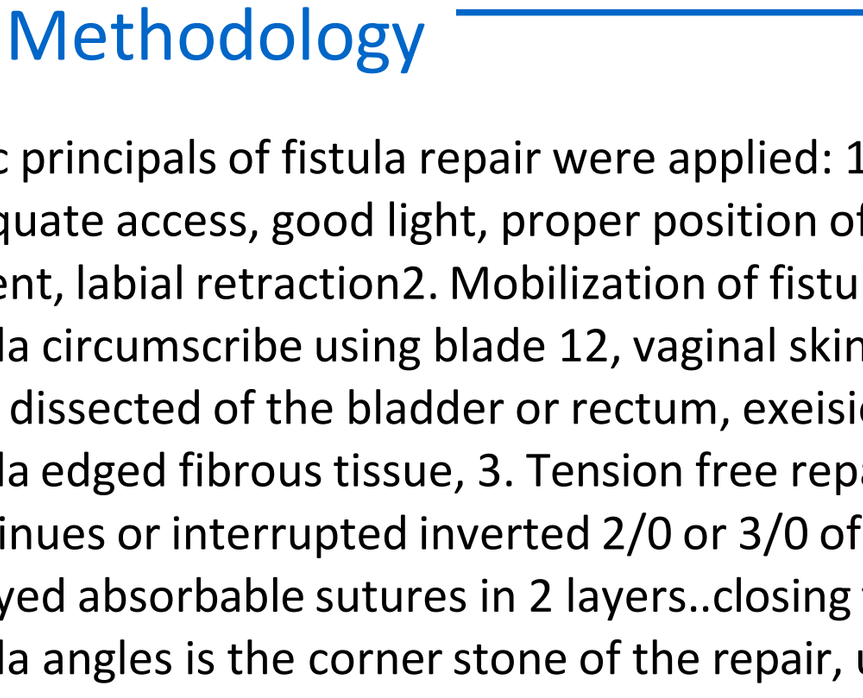
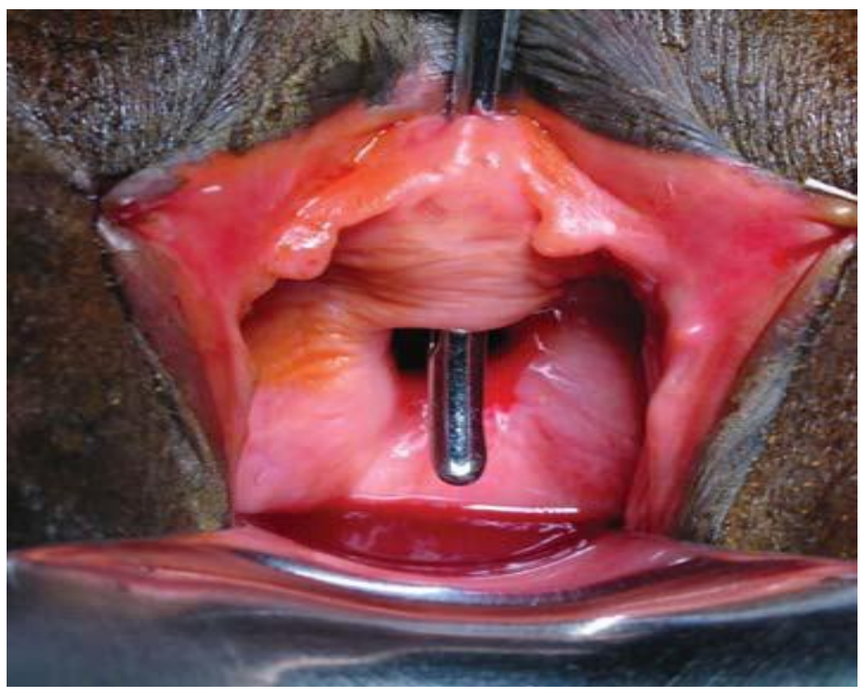


Results



Total numbers of patients 354 cases:<20 years:46%, 20-30 years: 31.7%, >30 years: 21.5%. Urinery incontinence:
89%, urinery&stool incintinence: 6.6%, stool incontince: 4.2%, those sufferers without social support: 44.5%, those receiving social support from parents were36%.
92.1% of cases caused by obstructed labor. Total operations 380: VVF repair:70.5% , Urine diversion: 10.8%,RVF repair:5.8%, Uretero-neo-cystostomy: 3.7%, 4th degree perineal tear repair::4.2% vesicle uterine fistula repair: 1.8%, Boary flap, Killys plication, vsicocutaneus, utero cutaneous, Burch operation: 3.2% total success rate: 93.4%

Discussion & Conclusion

Several papers from Africa have been reviewed, that from Ghana: 91.5% resulted from obstructed labor while 8.5% were from difficult Gyn. Surgery(1), Tahzip in North Nigeria reviewed 1443 patients with VVf, 52% were primigravida.(2), RVF significaly less than VVF(3)
In experienced and skilled hands, more than 80% success closure rate or better are achieved, the best chance for successful closure is the first attempt. VVF and RVF are common in Sub-Saharan Africa, Asia, special: India, Pakistan, Bangaladesh, TL and Papua New Guinea, this problem was a neglected by governments, NGO's, WHO, and safe motherhood for long time. Because the Fistula is related to maternal mortality, the best way to prevent fistula is to provide essential obstetric care

References
1. *CarterB, Plumbol, Creadisck RN, Ross RA.1952*
2. *Ampofo, Out, and Uchebo 1990, Onolemhen and Ekwempu 1990*
3. *Arrowsmith 1994, Aziz 1965, Bird 1967 and Tahzib 1983 among others*

Disclosure
1D·isclose any relationship