

# Reports

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## OBSTETRIC FISTULA IN NEPAL



## NESOG-SAFOG CONFERENCE 2015

### Disclosure and Acknowledgments

- The presenter gratefully acknowledge the invitation of Jhpiego for this presentation in the international conference of NESOG-SAFOG.
- However, I have no conflicts of interest.
- Some of the slides are from Hamlin Hospital.

### Presentation Outline

- Some basics about obstetric fistula (OF)
- Overview OF care in Nepal
- Some national and international initiatives
- Opportunities and challenges
- Conclusions

### Overview of Obstetric Fistula

Obstetric fistula is the only major public health problem where—prevention and treatment—take place at secondary health level by high-quality surgery by highly qualified staff in highly specialized units, with individual patient care.

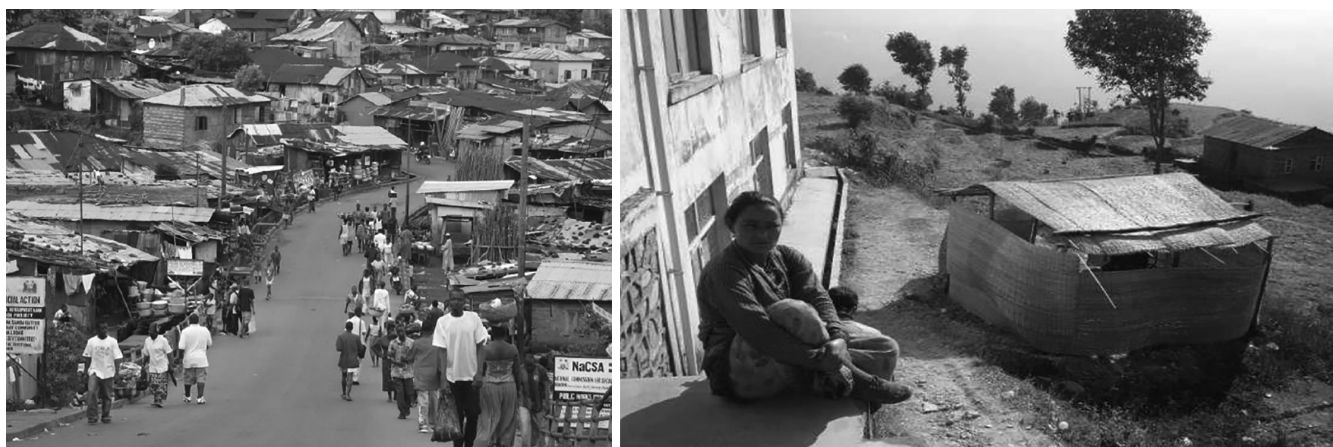
Prevention by well-trained nurses/midwives, using the partogram and if necessary vacuum extractor; secondly, by well-trained registrars and obstetricians, when an operation/CS is necessary.

Treatment is by selective complicated reconstructive surgery by gynecologists, urologists, general surgeons, reconstructive surgeons as such—prevention and treatment—require well-trained health workers of all categories, specialists and staff, and well equipped operation theaters; all of this is expensive (*Source: Dr Kees Waaldijk, International Society of Fistula Surgeons*).

### THE CAUSE OF OBSTETRIC FISTULA

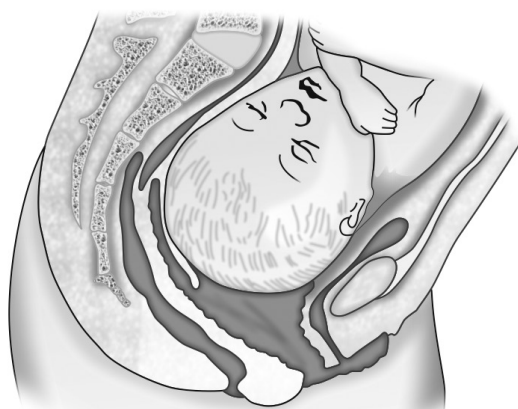
Unrelieved obstructed labor

- Urban poverty
- Lack of free medical care
- Remote dwellings
- No transport
- No hospitals/no CS facility



## Unrelieved Obstructed Labor

Prolonged pressure of the babies head crushes the base of the bladder against the back of the pubis



## RESULT

A hole between the vagina and bladder vesicovaginal fistula (VVF)



## Effect of VVF

She will be incontinent of urine for life. She will become a social outcast unless she can find a skilled surgeon.



## Causes of Fistula

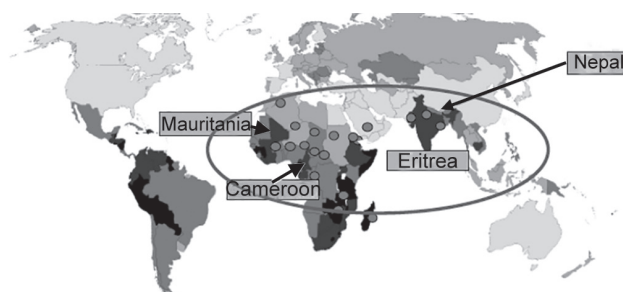
- Childbirth—95.4%
- Surgery—1.2%
- Others—0.5%
- Coitus—2.1%
- Trauma—0.8%

## Epidemiology

- Prevalent in Africa and Asia
- Obstetric fistula: 0.3% deliveries (WHO)
- Worldwide: 100,000 new cases per year
- Prevalence of up to 2 million
- Ethiopia: 9,000 new cases per year
- Nepal: 400 to 500 new cases per year; prevalence—5,000 cases

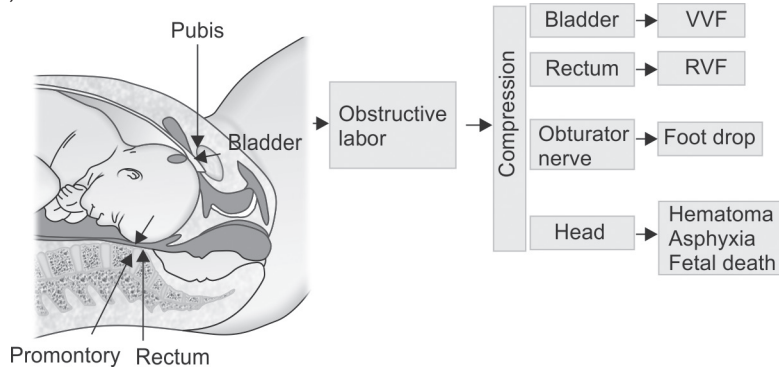
## Geographic Distribution of Obstetric Fistula

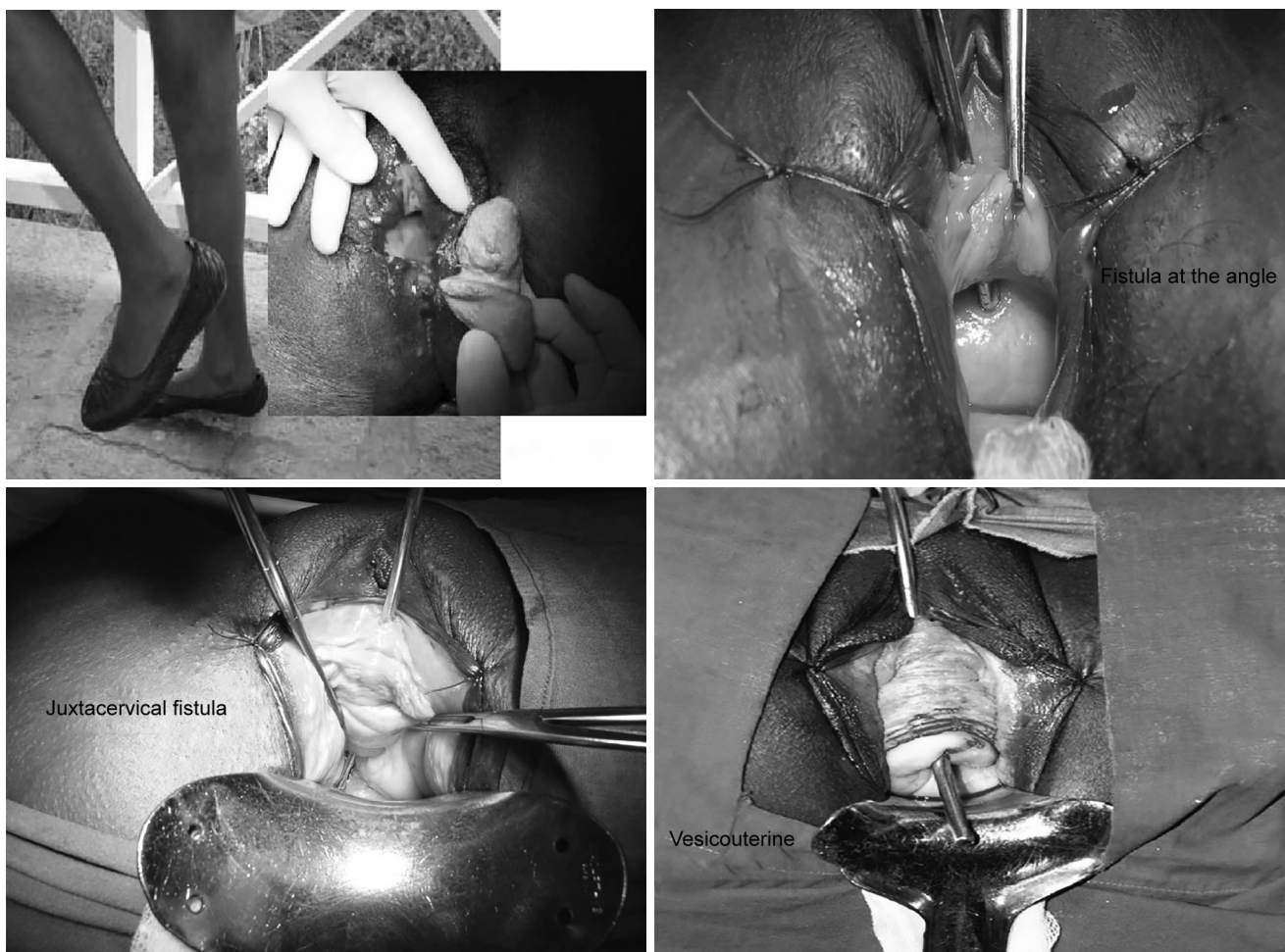
Almost all in OF belt from Mauritania to Eritrea, Middle-East and South of Asia. Waaldijk 1994; Danso 1996; Ijaiya 2004; Sefrioui 2001; Stanton 2007.



## Physiopathology of Obstetric Fistula

WHO, UNDP, UNICED, World Bank IMPAC 2003





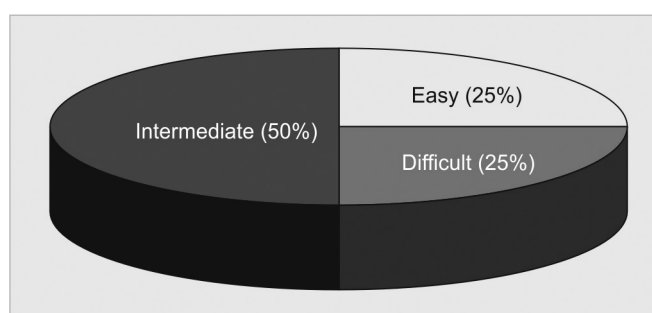
## Treatment

Supportive and surgical

- Counseling
- Nutritional support
- Medical treatment
- Physiotherapy
- Psychotherapy
- Local care
- Infection management

## Can All Patients with VVF be cured?

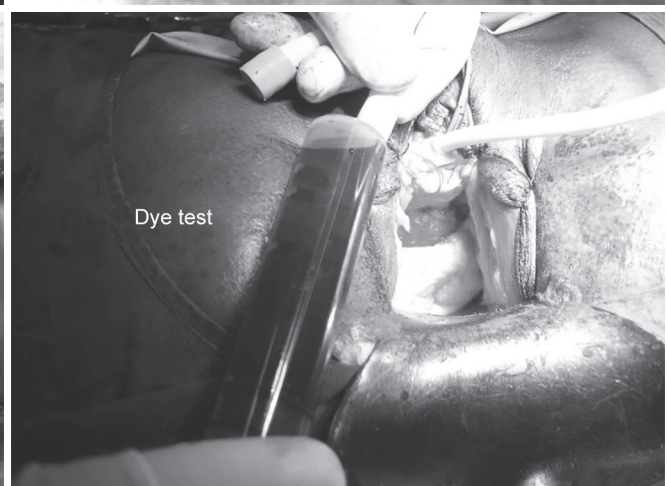
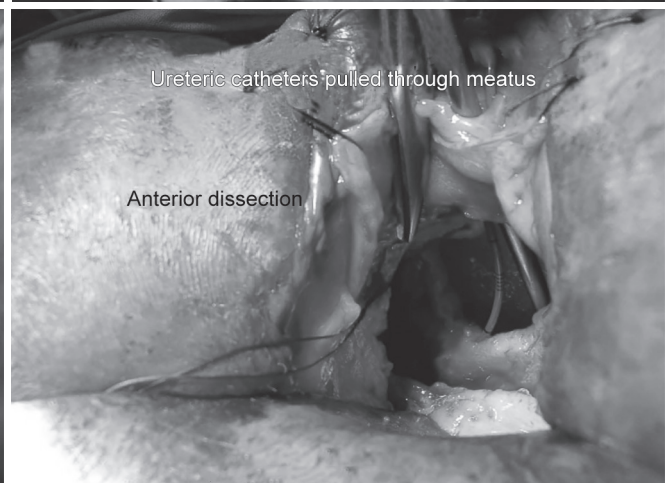
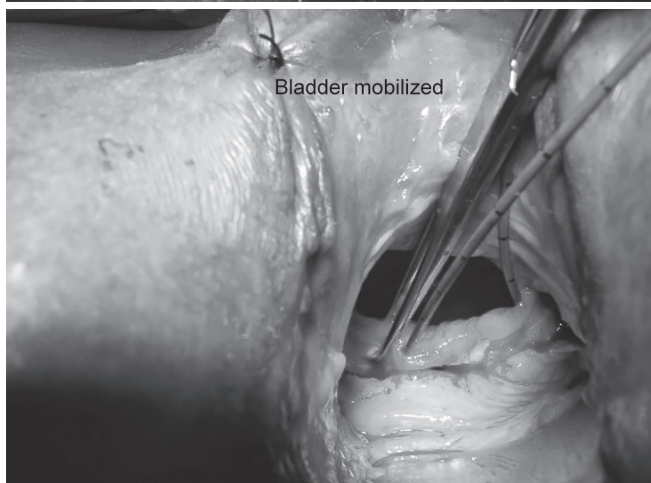
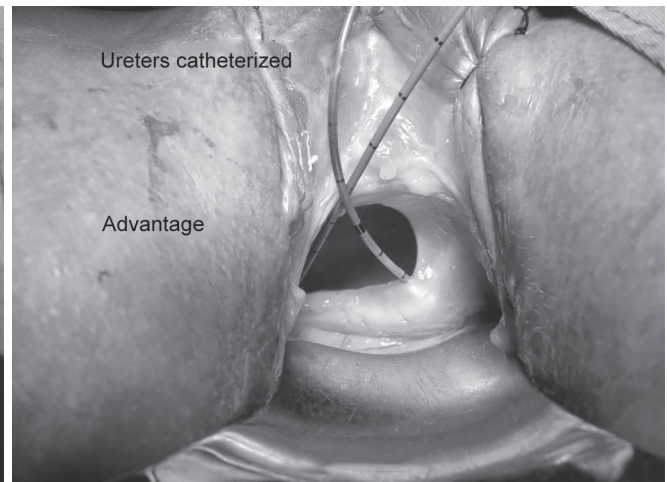
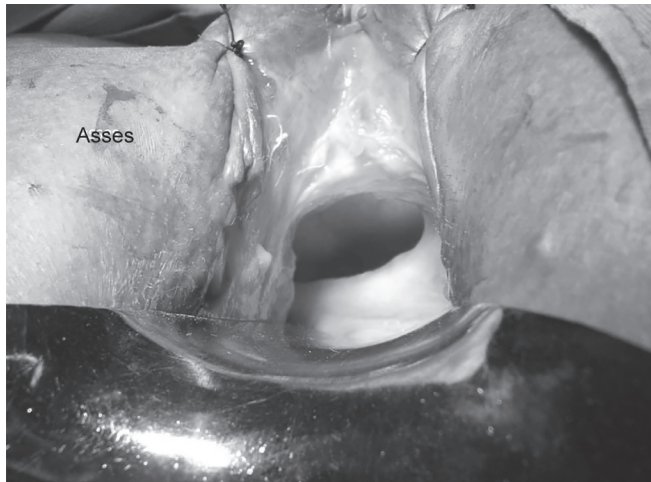
- One quarter are easy with near 100% success.
- One half are intermediate in difficulty, 90% success for an expert.
- One quarter are very difficult, 50% success rate for an expert.
- Success means closure of the fistula and no stress incontinence.



## Surgery (Preoperative and Postoperative Care)

### Principles of Surgery

- Timing of surgery 3 months
- Protect the ureters—stent them
- Wide mobilization
- Excision of scar tissue
- Tension-free closure; check with dye
- Graft?
- Proper postoperative care: The 3Ds
- Ambulation



## FIGO Surgical Training Program at Hamlin Hospital, Addis Ababa



- The hospital was founded in 1974
- Charitable hospital
- Operated more than 40,000 patients
- Training, research and publication
- Five surgeons from Nepal trained there
- One selected for 2015 (from Nepal)

### Fistula Surgery Training—Hamlin



### Nepal Experience: Very Limited

- There has been lot of work in recent years—obstetric fistula workshops, studies (UNFPA, FHD), national (Nepal Treatment Network of FF, Sessions), regional (KTM, Pakistan) and international meetings (FIGO, Tanzania).
- UNFPA, Fistula Foundation, Australian Embassy (DAP) and others have been supporting the program.
- Community-based outreach clinics, camps and awareness raising activities are on the rise.
- National training package on OF has recently been prepared and piloting done (Jhpiego, UNFPA, NHTC, FHD).
- Publications national/international and presentations in conferences/meetings.

### Background: Obstetric Fistula Training in Nepal

Until very recently, obstetric fistula was not officially recognized as a public health problem in Nepal.

Every year 500 women suffer from obstetric fistula in Nepal, but most of the cases remain hidden in Nepal due to the lack of knowledge about its treatment and shame.

Preventing and managing OF contributes to the MDG 5 of improving maternal health.

There was no competency-based training under National Health Training System for OF. So, a need for developing training curriculum as well as training site.

## COMPETENCY-BASED ON-THE-JOB TRAINING

### Training Package Development

Training package developed with technical support from Jhpiego through UNFPA program (funds) in close co-ordination with Family Health Division and National Health Training Center.

- First workshop—December 27 to 29, 2013
- Finalization workshop—March 4 to 6, 2014
- Review and technical inputs by national and international consultants



Glimpses of workshops for training package

Management of Obstetric Fistula  
for Health Care Providers –  
On-the-Job Training

Reference Manual  
March 2014

  
Government of Nepal  
Ministry of Health and Population  
National Health Training Center

  
an affiliate of Johns Hopkins University



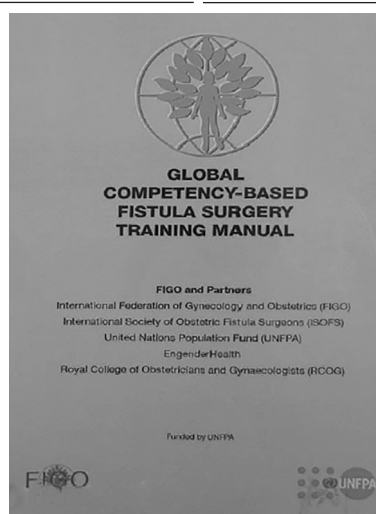
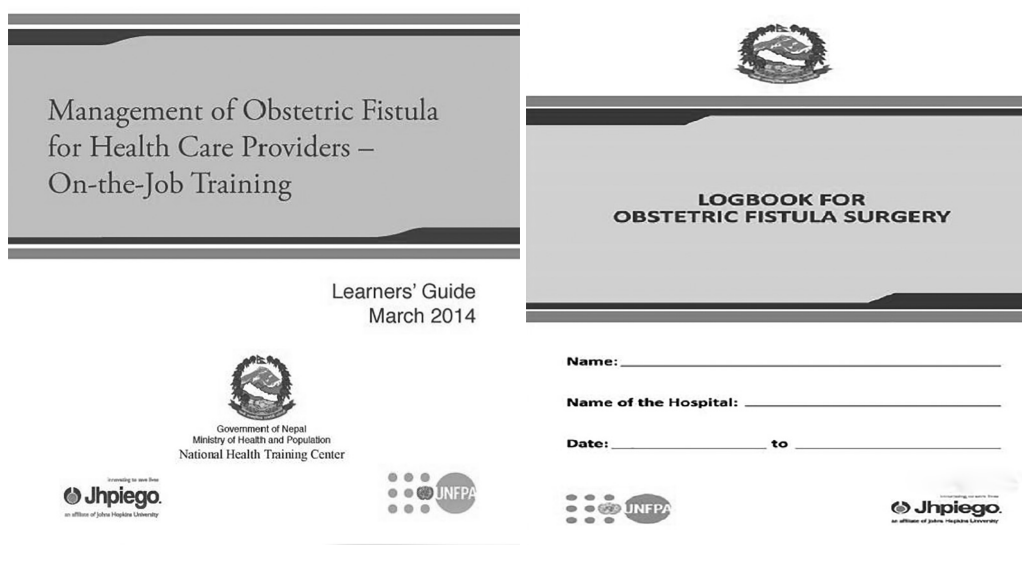
Management of Obstetric Fistula  
for Health Care Providers –  
On-the-Job Training

Facilitators' Guide  
March 2014

  
Government of Nepal  
Ministry of Health and Population  
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## TRAINING SITE DEVELOPMENT

### Memorandum of Understanding signed

- BPKIHS was selected as obstetric fistula training site by NHTC
- MoU signed between BPKIHS, NHTC, UNFPA and Jhpiego
- Strengthened training site by providing necessary training materials through UNFPA/Jhpiego program



### On-the-Job Training-Field Test of Training Package

- Conducted OJT—May 16 to Sept 19, 2014
- One Trainer, four participants: two doctors and two nurses



### Participants Practice at Satellite

- Participants (two doctors and two nurses) visited Mid Western Regional Hospital for 6 days, Nov 17 to 21, 2014.
- All participants got hands on practice with Dr Shirley Heywood on three patients.



### Achievement

- National Obstetric Fistula Training Site established under National Health Training Center.
- Competency-based on-the-job training package finalized.
- Skills standardization workshop conducted through UNFPA/Jhpiego program in coordination with National Health Training Center.

### Still Learning and Working to improve

- Patan Hospital—working for two decades with 500 VVF surgeries.
- INF working with the Regional Hospital in Surkhet—few hundred cases—since 2010 and camp-based approach.
- BPKIHS, Dharan—working for few years—few hundred VVF surgeries.

- Kathmandu Model Hospital is a new fistula center and has three FIGO-trained fistula surgeons >50 surgeries in 2014/15.
- TUTH, PWMH and other institutions—involved in OF care.

## Obstetric Fistula Surgical Workshops

- 2014: Dr Tom Rasson, ISOFS—BPKIHS
- 2014: Dr Steve Arrowsmith, Fistula Foundation—KMH/phect
- 16 to 20 March 2015: FIGO-Hamlin-phect—Nepal workshop, Dr Fekade, Director, Hamlin Hospital, Ethiopia

## Workshops (Dr Arrowsmith of FF)

- Needs Assessment on OF in Nepal: Dr Tebeu Pierre Marie, MD, MPH, Gynecologist, Obstetrician, Fistula Expert, Dr Meera Thapa Upadhyay MBBS, DGO, MD, Sr Consultant Gynecologist, 8 Dec 2011, UNFPA.
- RH Morbidity Study by FHD/UNFPA in 2014



## Studies- Clinic based: Dharan, Patan, KMH experiences published

NJOG 2013 Jul- Dec;8(2):5-15

REVIEW ARTICLE

### Obstetric Fistula in the Developing World: An Agonising Tragedy

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Obstetric fistulae is the most tragic of preventable childbirth complications in the developing world, as affected women are often abandoned by their husbands and family, and forced to live in shame. They occur almost entirely in the developing world and their incidence is poorly studied. Their management requires accurate diagnosis, sufficient pre-operative work-up, fine surgery following standard surgical repair steps and principles by skilled surgeons, specialised post-op care, and follow-up. As obstetric fistula is a serious preventable public health issue in developing countries, national and international organizations should launch a campaign to end fistula by increasing the resources and skilled staff available locally to treat obstetric fistula for improving the lives of women currently living with this condition. Moreover, effective preventive strategies for obstetric fistula such as better education to women and provision of improved obstetric care and searching for the best approaches to both prevention and treatment should be the priority. The materials published in PubMed, Lancet, Medline, WHO and Google Scholar web pages from 1990 to 2013 have been utilized to prepare this paper.

**Keywords:** fistula prevention, fistula repair, Nepal, obstetric fistula, obstructed labor.

#### INTRODUCTION

Obstetric fistula is an abnormal opening between the reproductive tract and the urinary tract or alimentary tract or both. Obstetric fistula typically develops after several days of prolonged or obstructed labour. The genitourinary or rectovaginal fistula occurring after labor and its complications are labeled as obstetric fistula (OF).<sup>1-4</sup>

Obstetric fistula remains a major public health problem in developing world where unattended obstructed labor is common and maternal mortality is unacceptably high. It is a tragedy of developing world because of illiteracy, poverty, ignorance and lack of health facilities. Obstetric fistulas can be completely prevented by the provision of proper health care. Obstructed labor fistula or obstetric fistula occurs almost exclusively in developing countries where access to intra-partum clinical care is far from the

ubiquitous, hyper-vigilant standards employed for women living in wealthy nations. In developed nations, genital fistulae occur most commonly as a result of gynecologic surgery, and less commonly by infections, radiation injury, sexual violence or obstetrical trauma.

The evaluation and treatment of obstetric fistula is one of the most challenging clinical scenarios for surgery, surgical technique, and post-operation wound healing, each bear significant impact on the final outcome. The first operation presents the best opportunity for successful outcome. Fistula recurring after attempted surgical repair is often bigger, more fibrotic, or more complex. Optimal fistula programming is predicated on the principle that all fistula warrant hyper-vigilant attention to the details of patient preparation, meticulous reconstructive surgical technique, and rigorous postoperative care paradigms.<sup>1,2</sup>



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## Coverage: FF Newsletter, Headline in National Daily



### YOUR DONATIONS AT WORK

**Nepal – Kathmandu Model Hospital** | Rates of obstetric fistula and other maternal morbidities are believed to be exceptionally high in Nepal, yet awareness is low and there are very few facilities providing fistula services in the country. Kathmandu Model Hospital is our third and newest partner in Nepal, and they are working to create the first comprehensive fistula care program in Kathmandu, Nepal's capital city. This program will provide 50 free surgeries initially, as well as a community education and outreach campaign, training of nurses and community health workers, purchase of new equipment for the fistula ward, and counseling/social reintegration services for fistula patients.


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**Nigeria – Laure Fistula Center** | Laure Fistula Center was established in 1987 and performs over 500 fistula repair surgeries a year, including many referrals from throughout Nigeria as well as neighboring countries. They were recently accredited by the International Federation of Gynecology and Obstetrics (FIGO) as an official fistula surgery training site; however, much of their equipment had been in use since its inception over 20 years ago and was therefore not in optimal condition. Funding from Fistula Foundation and our Small Grants Partnership with Johnson & Johnson allowed the Center to purchase much-needed new equipment and medical supplies in August in order to provide the highest quality of patient care and surgeon training possible.

*"On behalf of the People of Kenya State and Nigeria, I would like to thank all of you who made this possible and promise you that the equipment and your goodwill would be put to the best use to assist all patients with obstetric trauma."*

– Dr. Kabiru Abubakar, Laure Fistula Center



The newspaper clipping is from 'Nepal Samachar Patra' (नेपाल समाचारपत्र). The main headline is 'प्रसव फिस्टुला लुकेको पीडा' (Pain hidden by obstetric fistula). The article discusses the suffering of women with obstetric fistula and mentions the Kathmandu Model Hospital's efforts to provide free surgeries and comprehensive care. It also mentions the need for community education and training of health workers.

### प्रशव फिस्टुला (Obstetric Fistula)को निःशुल्क उपचार

लामो समय कठिन प्रशवव्यथा पछि महिलाको योनीमार्गाबाट निरन्तर रुपमा पिसाब वा दिसा चुहिरहने अवस्था प्रशव फिस्टुला हो ।

काठमाण्डू मोडेल अस्पतालमा प्रशव फिस्टुलाको नियमित निःशुल्क शल्यक्रिया उपचार भईरहेको छ । शल्यक्रिया गरेका विरामीको लागि निःशुल्क खाना तथा अस्पताल सम्म आउन र जान खर्च (बस भाडा) समेत उपलब्ध गर्ने व्यवस्था छ ।








## OPPORTUNITIES

- Funds, support and commitment: FF, DAP, UNFPA, direct relief, etc.
- Advocacy for prevention and care: NESOG, FHD, others
- Capacity building: Jhpiego, NHTC, FIGO, UNFPA
- Collaboration—Nepal Treatment Network, Asian Treatment Network of FF
- Community mobilization: NGOs

## CHALLENGES

- Case-finding, bringing them for treatment and follow-up
- Outcome of treatment, e.g. failure, stress incontinence-demoralizes physicians/staff
- Social reintegration needs to be addressed
- Awareness raising, education, prevention
- Training of nurses and health workers for fistula care
- No physiotherapy and rehabilitation center
- Inoperable cases—need of expertise

## CONCLUSION

Fistula does not occur in isolation. Therefore, its prevention and treatment require an integrated and coordinated approach and collaboration.

