

Prevention and Recognition of Obstetric Fistula Training Package

Module 8:
Pre-repair Care and Referral for Women
with Obstetric Fistula



Early detection and treatment

- If a woman has recently survived a prolonged or obstructed labor, take the following steps to prevent the development of an obstetric fistula OR to encourage spontaneous closing of a small fistula (estimated to prevent 10-20% of fistulas)
 - Indwelling urinary foley catheterization (size 16-18) for at least 2 weeks (and as long as 4-6 weeks for larger fistula)
 - Clean the perineum and vagina with mild detergent and soap twice a day
 - Encourage the woman to drink 4-5 liters of fluid per day
 - IF there is an experienced clinician available, explore the vagina and gently excise any necrotic tissue

Early detection and treatment (cont'd)

- For all pregnant women who have had prolonged/obstructed labor
 - Educate on the symptoms of fistula and
 - Encourage to seek care if symptoms develop

Pre-repair care

- Most women who present with obstetric fistulas will have had them for months or years and will have many other associated problems
- Women need to be as healthy as possible prior to surgical repair in order to have the best possibility for success and post-operative recovery.
- For women with chronic obstetric fistula, immediate referral for surgery is recommended after pre-repair care is complete
- For acute cases of obstetric fistula (leaking urine immediately postpartum) the standard procedure currently at AAFH is to wait for three months before referring for surgical repair

Outpatient card for fistula patient (side 1)

OUTPATIENT CARD FOR FISTULA PATIENT

Card # _____

Date _____

Time _____

IDENTIFICATION

Name of the Patient _____ Age _____

Address: Woreda _____ Kebele/PA _____ H.No. _____

Occupation _____ Parity _____

Marital Status _____ Number of alive children _____

Educational Status _____

HISTORY

Patient came by herself or referred? _____

If referred, by whom? _____ When? _____

When was the index delivery? _____ Who attended the index delivery? _____

Where was the index delivery? _____ Outcome of the index delivery _____

How long did the index labor take? _____

When, after the index delivery, did you notice the continuous leakage of urine/stool? _____

How long did it take you to walk by yourself after the index delivery? _____

Did you seek treatment for the problem? _____

If "yes", When? _____

Where? _____

Is the patient amenorrheic? _____ If "yes", since when? _____

Additional relevant medical/surgical history _____

PHYSICAL EXAMINATION

Weight _____ Kg Height _____ cm

Vital signs: BP _____ mmHg; Temp _____ °C; PR _____ /min; RR _____ /min

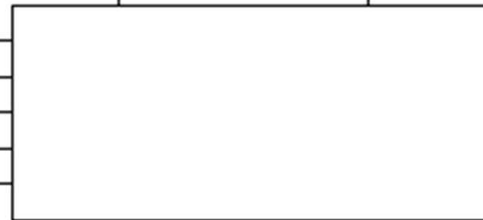
GENERAL PHYSICAL EXAMINATION

Outpatient card for fistula patient (side 2)

FISTULA:

- 1. Site _____
- 2. Size _____
- 3. Scar _____
- 4. Perineal skin _____

Sketch of the fistula



DIAGNOSIS:

INVESTIGATION:

MANAGEMENT:

Health Worker's Name _____ Signature _____

Medical and obstetric history

- Age, parity and past obstetric history
- Any history of FGM or other genital or sexual trauma
- Description of last labor and birth, including whether the infant was born live or stillborn and mode of delivery
- Duration of symptoms of urinary or fecal incontinence
- Any problems with mobility or walking
- Other past medical history including any illnesses, other surgery or allergies
- Social history, including marital history and any problems which have arisen due to consequences of obstetric fistula

Physical examination

- Complete physical examination, with attention to:
 - Fever and signs of infection
 - Anemia
 - Nutrition
 - Dermatitis
 - Lower limb weakness and contractures
 - Bed sores or ulcers

Genito-urinary examination

- SEE JOB AID
- Careful and sensitive examination of external and internal genitals
- Methylene blue injection by a trained provider through foley catheter in bladder to initially assess the size, location and number of fistulas
- Careful recto-vaginal examination for recto-vaginal fistulas and any involvement of the anal sphincter or presence of rectal strictures

Laboratory evaluation

Depending on local resources and condition of patient:

- Blood type and hemoglobin
- HIV test
- Stool for parasites
- Evaluation for urinary tract infection
- Evaluation for sexually transmitted diseases

Pre-repair care (for PRUs or where inpatient care available)

- Treatment for anemia with iron/folate supplements
- High protein diet
- Treatment for any infections – parasitic medication, antibiotics if any signs of UTI or STI
- Skin care for dermatitis
- Perineal care with mild detergent in water twice a day
- Initiation of rehabilitation and physical therapy for foot drop or contractures
- Psychological and emotional support
- After complete evaluation, explanation of treatment options to the woman (and her family) including recommendations for surgery and obtaining consent

Counseling women with obstetric fistulas about repair

- Most fistulas can be repaired with surgery, especially if:
 - They are small
 - They are not associated with other complications
 - They have not been present for a long time AND
 - This is the first attempt at repair
- Women need to know that the surgery is not always successful
- Even if the fistula is closed, some women will still leak urine (15-20%) and most will have urinary frequency because of a smaller bladder
- Complications such as infertility, chronic pelvic pain and infections will not likely be corrected with obstetric fistula surgery

Referral process

- Women with acute obstetric fistulas are currently encouraged to wait for three months before surgical repair at AAFH
- Women with chronic obstetric fistulas should be referred from health centers to the nearest PRU as soon as possible
- Women are cared for at the PRU for rehabilitation and pre-repair care for approximately one week and then referred to the fistula hospital
- The Fistula Patients Referral form summarizes important information for referral and feedback between the Health Center and PRU and the Fistula Hospital

Referral process (cont'd)

- Most women will stay at the fistula hospital for two weeks (with a urinary catheter) and after discharge will return to the PRU for 2-5 days for follow-up and post-repair care before returning to their homes
- The cost of transportation to/from the fistula hospital is covered by the project. It is not necessary for family to accompany the patient to the hospital
- The cost of surgical repair is covered by funding through the fistula hospital

Counseling about surgery

- The woman will not be restricted from eating and drinking the day before surgery. Usually she will be given an enema in preparation for surgery
- Surgery takes 60 minutes on average for uncomplicated fistula, but can be as long as 3-4 hours if complicated
- The usual approach for repair is through the vagina, but occasionally an abdominal incision is needed
- Usually performed under spinal anesthesia
- Most women will receive antibiotics before and after the surgery to prevent infection
- Usually the woman will need to be admitted to the fistula hospital for two weeks and may need help with dressing changes, eating, bathing, etc.

What is the optimal timing for fistula surgery?

- There is no clear consensus or data to support specific timing
- Surgeons have traditionally waited for three months after delivery but many now advocate for repair as soon as leakage of urine is noted and the diagnosis is made
- The AAFH continues to follow a recommendation of three months delay before repair of acute obstetric fistula
- The longer a woman's repair is delayed, the more physical, social and emotional damage there may be for the woman

How the Fistula Project Works

