

*Prevention and Recognition of Obstetric Fistula Training Package*

Module 9:  
Principles of Postoperative Care and  
Reintegration of Women  
with Obstetric Fistula



# Post-operative care

- For simple repairs, women are usually able to get up and walk within 1-2 days of surgery
- Usually women can eat soft foods on the day after surgery and then return to a normal diet
- Sutures on the labia and within the vagina are either absorbable or removed in the first few days after surgery
- For complicated fistula surgery, women may:
  - have labial pressure dressings or vaginal packing for a few days
  - be on bed rest (for as long as 2 weeks) and need help with bathing, eating, etc.
- For women with neurologic damage, it is important to prevent bed sores and worsening contractures by gentle movement
- Women should continue to drink 4-5 liters of water or liquids per day

# Post-operative bladder catheter

- After surgery, the woman will have a foley catheter in place for at least two weeks. Some women may have a separate catheter in their ureter(s).
- The catheters are irrigated at least daily with saline solution or dilute boric acid.
- It is **EXTREMELY** important that the catheter does not get blocked and the bladder become distended.
- The catheter is clamped/released intermittently for a few hours on the day before removal to help with the return of normal bladder function and the ability to hold urine

# Possible post-operative complications

- Secondary vaginal hemorrhage
- Blockage of urinary catheter and distention of bladder
- Anuria (absence of urine) because of accidental ligation of ureters or obstruction
- Development of bladder stones
- Breakdown of fistula repair due to infection or necrosis
- Dyspareunia (pain with intercourse), urethral or vaginal strictures, or infertility – in MOST cases these problems are NOT due to the surgery but may worsen after surgery

# Post-repair counseling

- Family planning:
  - Women should abstain from genital sexual relations for three months after repair
  - Pregnancy should be delayed for at least one year
- Many women will need to do pelvic muscle exercises to regain strength in their bladder and pelvis
- Delivery of next child:
  - Should be at a hospital with emergency obstetric care
  - In most cases, cesarean birth is recommended. Obstetric fistulas may reopen during a subsequent vaginal birth

# Reintegration

- While a woman with obstetric fistula is waiting for and recovering from surgery, she can:
  - Learn skills that will help her for the future
  - Be encouraged and educated about:
    - Delaying marriage, sexual activity and first births
    - Family planning and reproductive health
    - Safe obstetric care
    - The rights of women in society and importance of education for women
    - Microenterprise and ways to reintegrate back into family and community life
- These messages should be reinforced at the local health centers when women who have had repair return to their communities.

# Return to community

When a fistula client returns to her community, whether she joins her husband's home or not, she will need:

- A sense of belonging (to feel loved and supported)
- Support for reintegration into her family and community (using existing community support structures)
- To feel comfortable sharing her life with friends and family
- To feel respected and to maintain or redevelop her dignity
- To have access to any follow-up care needed, including family planning, reproductive health services and emergency obstetric care for her next birth

# Material and socio-economic support

Women recovering from obstetric fistula repair may also need:

- Nutritious food and clean water
- Personal hygiene products (soap, cosmetics, sanitary pads or clean cloths to contain incontinence)
- Financial support for her and her children
- Clean clothes and shoes
- A clean protected environment
- Access to educational opportunities and income generating skills development