

# JOB AID: DIAGNOSIS OF OBSTETRIC FISTULA

Woman presenting with leakage of urine at primary health center

▶ **DOES SHE LEAK URINE CONTINUOUSLY?**

**YES** MORE likely to be due to Obstetric fistula

**NO** MORE likely to be due to other causes such as stress incontinence

▶ **DID THE LEAKAGE BEGIN SOON AFTER CHILDBIRTH?  
DID SHE HAVE PROLONGED LABOR AND/OR A STILLBIRTH?**

**YES** MORE likely to be due to Obstetric fistula

**NO** LESS likely to be due to Obstetric fistula; MORE likely due to stress incontinence

▶ **DOES URINE PASS THROUGH URETHRAL OPENING WITH SUPRAPUBIC PRESSURE?**

**YES** LESS likely to be due to Obstetric fistula

**NO** MORE likely to be due to Obstetric fistula

▶ **PERFORM CAREFUL PELVIC EXAM WITH SPECULUM: IS AN OPENING VISIBLE ON THE WALL  
OF THE VAGINA? PALPATE: CAN ANY OPENING(S) BE FELT WITH A FINGER?**

**YES** DIAGNOSE Obstetric fistula

**NO** LESS likely to be due to Obstetric fistula

▶ **INJECT DILUTED METHYLENE BLUE DYE THROUGH FOLEY CATHETER INTO BLADDER –  
DOES THE DYE STAIN A GAUZE PLACED IN THE VAGINA?**

**YES** DIAGNOSE Obstetric fistula

**NO** Consider referral for examination under anaesthesia if urine leakage persists

▶ **IS THE CLIENT LESS THAN 4 WEEKS POSTPARTUM?**

**YES** This is an Obstetric fistula which MAY rarely heal without surgery – gently debride any necrotic tissue, sitz bath for perineal care, foley catheter x 4 weeks with weekly reassessment, encourage 4 liters fluid intake daily. Recommend surgery if still leaking after 4 weeks.

**NO** MORE likely to be Obstetric fistula requiring surgical repair



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1. **DESCRIBE FISTULA; IS THERE MORE THAN ONE FISTULA VISIBLE? IS IT MORE THAN 2 CM IN SIZE? DOES IT INVOLVE THE URETHRA? IS THERE EXTENSIVE VAGINAL SCARRING PRESENT?**
2. **IS THERE ALSO STOOL IN THE VAGINA OR DOES THE WOMAN COMPLAIN OF BEING UNABLE TO DEFECATE NORMALLY THROUGH THE RECTUM?**
3. **DOES THE CLIENT ALSO HAVE FOOT DROP OR HIP CONTRACTURES?**

If **YES** to any of these questions, likely to need more complex surgery or extensive preparation for surgery and rehabilitation – **REFER** for first repair where specialist available

If **NO** to **all** of these questions – simple Obstetric fistula – prepare for repair

## Preparing for Obstetric Fistula Repair:

### NUTRITION

High protein diet, iron/folate supplements

### LAB SCREENING

Blood type and Hgb, urine microscopy, stool for parasites

### TREATMENT

Treat infection if necessary

### HEALTH AND HYGIENE

Perineal care 2x day, encourage fluid intake of at least 4 liters water per day, discuss family planning needs

### COUNSELING

Will need catheter for at least 2 weeks after surgery, family planning, HIV and hygiene counseling. Inform clients to refrain from penetrative sexual relations for 3 months, and that even after surgery, some women may be wet. Emphasize importance of early antenatal care, skilled attendance and the potential of C/S delivery for any future pregnancies.

## References

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