FISTULA CARE

FISTULA TREATMENT COMPLICATIONS: Reporting Guidelines

Updated

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EngenderHealth/Fistula Care defines a clinical complication as a medical or surgical problem that requires intervention or management beyond what is normally necessary and that is associated with a fistula-related procedure or anesthesia and occurred within 42 days of the procedure.

A complication can make an existing problem worse or more difficult to treat and should be identified and treated early, if possible and advisable, so as to avoid more harm to the client.

Assumptions about Complications

- The medical or surgical problems arise from interventions at the facility, not from preexisting conditions.
- Laboratory diagnosis is desirable where feasible and advisable, depending on the particular complication, the local resources, and the clinical urgency; however, for some types of diagnoses, clinical diagnosis may be acceptable in lieu of a standardized minimum package of laboratory investigations.
- The root cause of the complication is reported, where known (e.g., anuria is a reportable complication, but if it is known to be due to bilaterally blocked ureters, then "bilaterally blocked ureters" is what would be reported in the causal sequence, so as to reduce multiple counting).

Medical and surgical problems can be grouped as major complication or as minor complications.

Categories of complications are reported as aggregates in the quarterly and supervision reports, but some specific examples may be disaggregated.

Major Complications

A **major** complication is a problem that requires intervention and management beyond what is normally necessary, including unintended surgery, unexpected blood transfusion, or treatment of an event that is life-threatening or that results in death.

In other cases, a major complication may include abandonment of surgery due to problems encountered during the operation; excessive bleeding requiring additional surgery to control; damage to other viscera, requiring additional surgery; serious anesthetic problems; infection or wound problems requiring surgery; or repeat hospitalization after discharge.

Major complications are reportable.

Selected **major complications** (This is *not* an all-inclusive list.) include the following:

- Anuria
- Convulsions
- Hemorrhagic shock
- Anaphylactic shock

- Aspiration of vomitus
- Cardiac depression or arrest
- Respiratory depression or arrest
- Excessive bleeding treated with blood transfusion and/or a return to the operating theater
- Excessive bleeding treated with blood transfusion
- Hematoma requiring surgical evacuation
- Prolapse of colostomy
- Pulmonary embolism
- Bowel obstruction
- Obstruction of the ureter(s)
- Perforation of the bowel or other viscera
- Difficulty encountered during surgery that causes abandonment of surgery
- Peritonitis
- Septicemia
- Pyelonephritis
- Hyponatremia
- Malignant hypertension
- Malignant hyperthermia
- Unplanned surgery for removal of urinary stones or release of genital adhesions
- Mental confusion or deterioration in consciousness (after initial recovery from anesthesia)
- Other complications fitting the definition of "Major complication" (specify)….
- **Death** *(The service delivery site should follow fistula mortality investigation and reporting protocols* ***expeditiously.*****)**

Minor Complications

A **minor** complication is a problem that requires intervention and management beyond what is normally necessary, but not unintended surgery, a blood transfusion, or treatment of a condition that is life-threatening or that results in death.

Minor complications are not reportable, unless:

- They are related to anesthesia (any type).
- They are related to the perceived "success" of the fistula repair (e.g., type of urinary incontinence).

Selected minor complications commonly associated with anesthesia include the following:

- Moderate hypotension
- Moderate hypertension
- Vasovagal attack
- Spinal headache
- Allergic reaction
- Postspinal paresis

- Other minor complications commonly associated with anesthesia (will need to be specified in quarterly narrative reporting)

Selected minor complications associated with perceived "success" of fistula repair include the following:

- Perceived failure of repaired urinary fistula; continued leakage
  - Inability to close (at least one) fistula
  - Stress incontinence
  - Urge incontinence and/or low bladder capacity
  - Ureteral leakage
  - Other
- Blockage of urinary catheter (urethral or ureteric) that needed changing in the operating theater
- Perceived failure of repaired fecal fistula
  - Fistula still not closed, leakage of soft and firm stool
  - Fistula still not closed, leakage of soft stool only
- Prolapse
  - Colostomy
- Urethral stenosis
- Ancillary surgery (not rigorously seen as a complication, but in need of tracking)
  - Diversions, permanent (Specify in quarterly narrative reporting if immediate preceding repair attempt was not at the same site, or if no repair attempt was made.)
  - Surgery associated with fistula surgery (e.g., removal of urinary stones or release of vaginal/perineal adhesions)
- Other complication

Minor complications that are not related to anesthesia or to perceived success of fistula repairs are not reportable. They need only be referred to in the quarterly narrative report if the rates are considered significant or if they are of concern to the quality of services.

Selected minor complications not reportable except in the narrative report (*unless* they are anesthesia-related or associated with the perceived success of fistula surgery) include the following**:**

- Moderate hypotension
- Moderate hypertension
- Vasovagal attack (non–life-threatening)
- Allergic reaction
- Bleeding requiring no more than intravenous fluids or packing without return to the operating theater
- Hematoma responsive to conservative management
- Blockage of the urinary catheter (urethral or ureteric), treated without return to the operating theater
- Fever

- Cystitis
- Pelvic infection
- Urinary tract infection
- Deep vein thrombosis
- Injection-site abscess
- Pressure sores
- Wound disruption
- Dyspareunia and/or other coital dysfunction
- Urine retention not requiring staff or self-repeat catheterization
- Wound infection or abscess (e.g., episiotomy, abdominal wall, other) responsive to conservative treatment

Long-Term Complications

Long-term complications are those that occur more than 42 days postprocedure; they are not reportable. Selected long-term complications include the following:

- Genital fibrosis, atresia
- Infertility
- Urinary stones
- Emotional disruption or depression