

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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