JOB AID:

DIAGNOSIS OF OBSTETRIC FISTULA

Woman presenting with leakage of urine at primary health center

MORE likely to be due to other causes YES NO Does she leak urine continuously? MORE likely to be due to Obstetric fistula such as stress incontinence **LESS** likely to be due to Obstetric fistula; DID THE LEAKAGE BEGIN SOON AFTER CHILDBIRTH? YES NO MORE likely to be due to Obstetric fistula **MORE** likely due to stress incontinence DID SHE HAVE PROLONGED LABOR AND/OR A STILLBIRTH? **MORE** likely to be due to Obstetric fistula Does urine pass through urethral **LESS** likely to be due to Obstetric fistula YES NO **OPENING WITH SUPRAPUBIC PRESSURE?** Perform careful pelvic exam with speculum: **LESS** likely to be due to Obstetric fistula **DIAGNOSE** Obstetric fistula YES NO IS AN OPENING VISIBLE ON THE WALL OF THE VAGINA? Palpate: can any opening(s) be felt with a finger? INJECT DILUTED METHYLENE BLUE DYE THROUGH Consider referral for examination under YES NO **DIAGNOSE** Obstetric fistula FOLEY CATHETER INTO BLADDER — DOES THE DYE anaesthesia if urine leakage persists STAIN A GAUZE PLACED IN THE VAGINA? This is an Obstetric fistula which MAY rarely heal without surgery – gently debride any necrotic tissue, Likely to be Obstetric fistula requiring YES NO Is the client less than 4 weeks postpartum? sitz bath for perineal care, foley catheter x 4 weeks surgical repair with weekly reassessment, encourage 4 liters fluid intake daily. Recommend surgery if still leaking after 4 weeks. DESCRIBE FISTULA: IS THERE MORE THAN ONE FISTULA VISIBLE?

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

NO

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?

DOES THE CLIENT ALSO HAVE FOOT DROP OR HIP CONTRACTURES?

Is there also stool in the vagina or does the woman complain of being unable to defecate normally through the rectum? YES

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









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.

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