

FISTULA SURGERY

OPTIMUM PRE AND POST-OP
CARE

No robust studies (RCTs)

Recommendations are from

“Accepted Practice”

First Visit

**Careful history and
examination**

**Respecting the dignity of each
woman**

Rehabilitation

(A most important outcome)

Begins at first visit

SOME STARK FACTS

- 850 Million people will go to bed hungry tonight
- 1 Billion today lack access to safe drinking water
- 10 Million children will die this year before their 5th birthday
- 0.5 Million mothers (1 per min) will die in childbirth (<1/2 of 1% of these will be in Developed World) while many suffer serious morbidity - all because appropriate emergency obstetric care is not available (nor accessible) to those who require it.

Pregnancy history

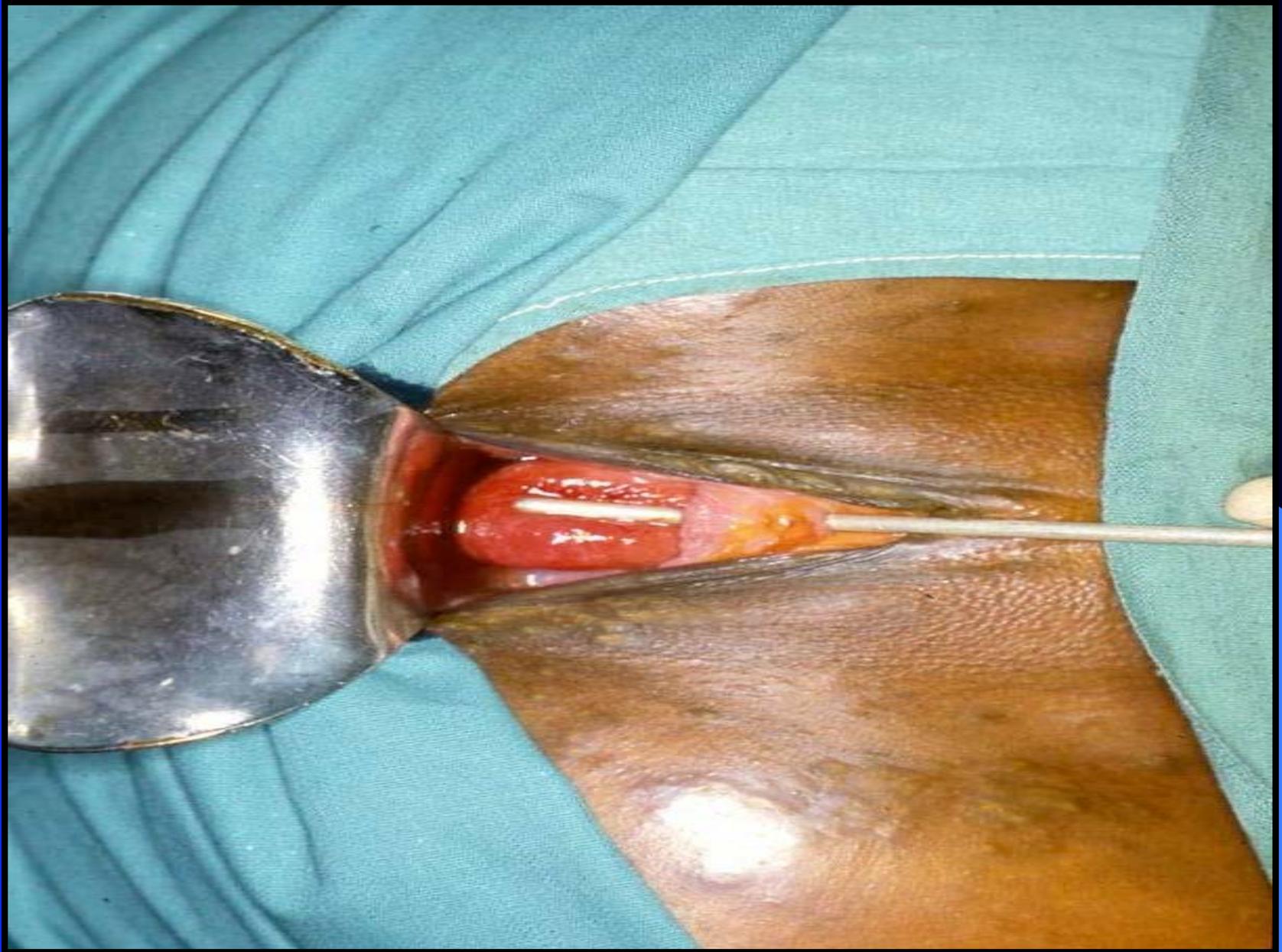
How many children
alive?

Gentle vaginal examination
(1 finger)

Exaggerated left lat. (Sims') to
view VVF

Gentle P.R. – leakage may not
be volunteered





Bladder stones felt
with metal catheter





Counselling / Explanation

Removal of stones → interval →
weeks later, repair

Why advise colostomy?

Counselling re HIV

Advisability of any diversion
procedure

Pre- Op

Water: drinking (boiled), other fluids, washing

Soap: washing pre and post-op

Soap powder for clothes

Keep Ambulated

Foot drop

Prevent / treat pressure
sores















Enema

24 hours before surgery

Soiling during surgery seems increased with 'late' enemas

RVF

If no colostomy, have enema

Fluids (oral only) for 2 to 3
days

Anaesthesia guidelines agreed
by the team, with advice from
anaesthesiologist, about
what to do when certain
problems arise.

(Someone capable of intubation).

Beware, that in treating
a maternal morbidity
we do not end with a
mortality

Post-op

Nurse on alternate sides,
change 4 hourly and always
look towards drainage receptacle(s)

Encourage fluids

No food for RVF till day 5

Analgesia

Pethidine 50 mg I.M.
4 hourly

KEEP

PATIENT

CLEAN

Drainage of Bladder

Balloon no more than 10 ml.

No kinks in catheter or
tubing

Bag or receptacle at lower
level than bladder

‘Water flows down,
not up, hill’

Beware waist belt or cord

Avoid 'trousers' pre and post-op

Aim to get as much air as possible to vulva

Maintain dignity with long wide skirt

Closed or open
drainage system ?

Prophylactic antibiotics

No satisfactory RCTs in
fistula surgery

If given, give appropriate
antibiotics

I.V. at induction of anaesthesia

Specific problems

No or little urine

Blood stained urine

Ureteric catheters

Rectal tube

'Early' closure

Numerically not a significant problem
in developing world – many seek
treatment after years

Spontaneous healing

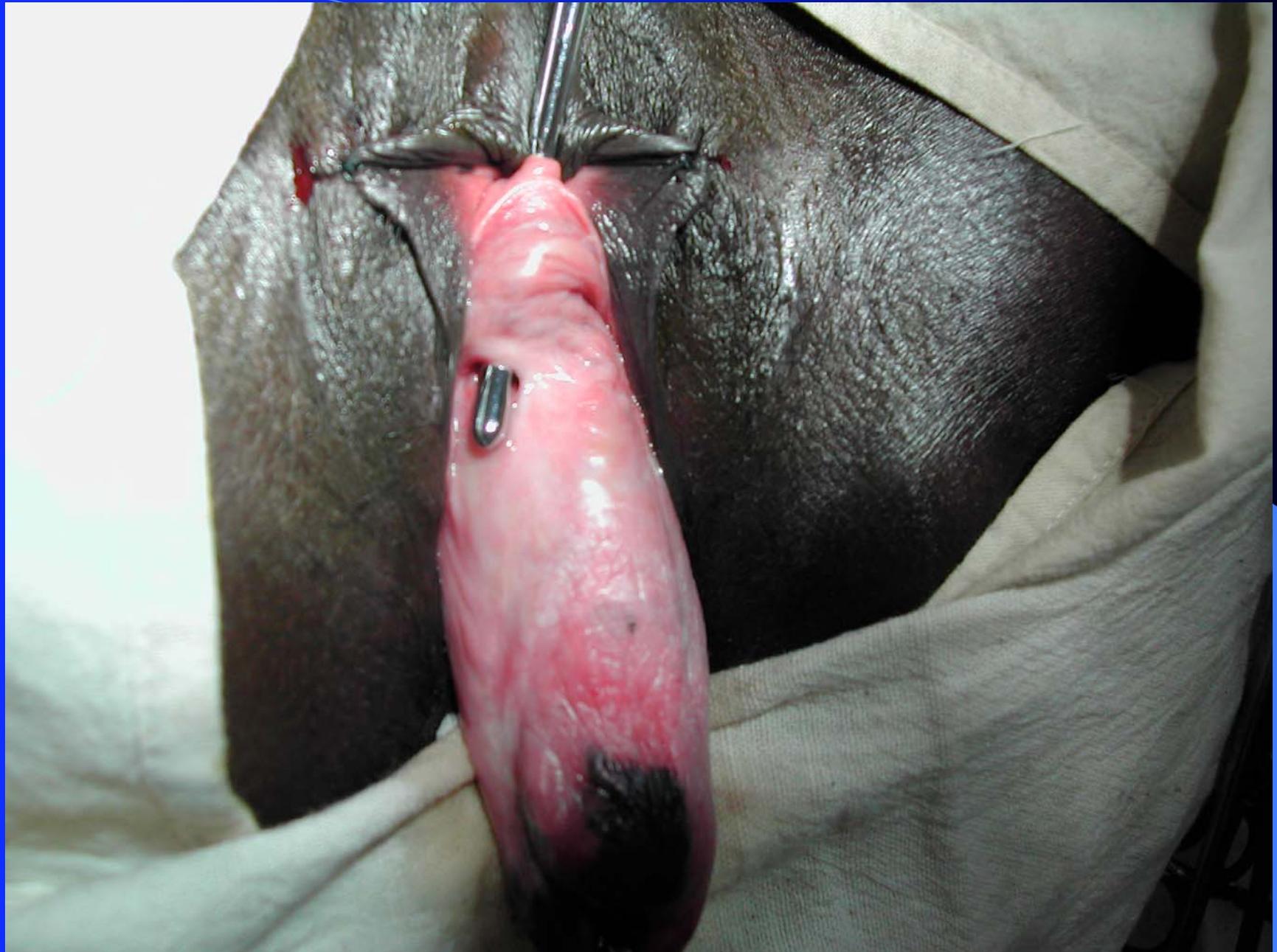
Check catheter position

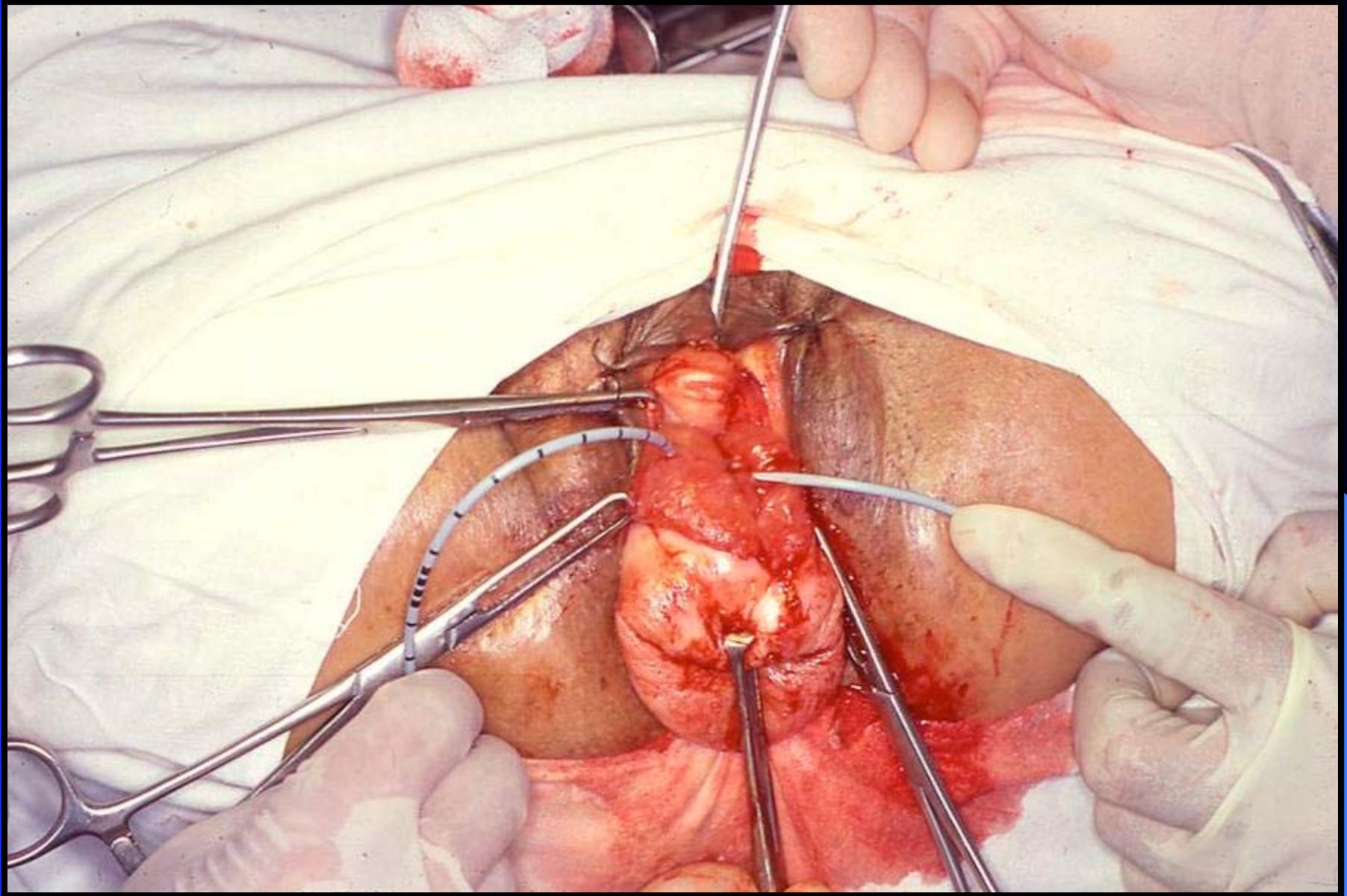
Most studies at 2 months – not early

Where fail, success rate
subsequently decreased

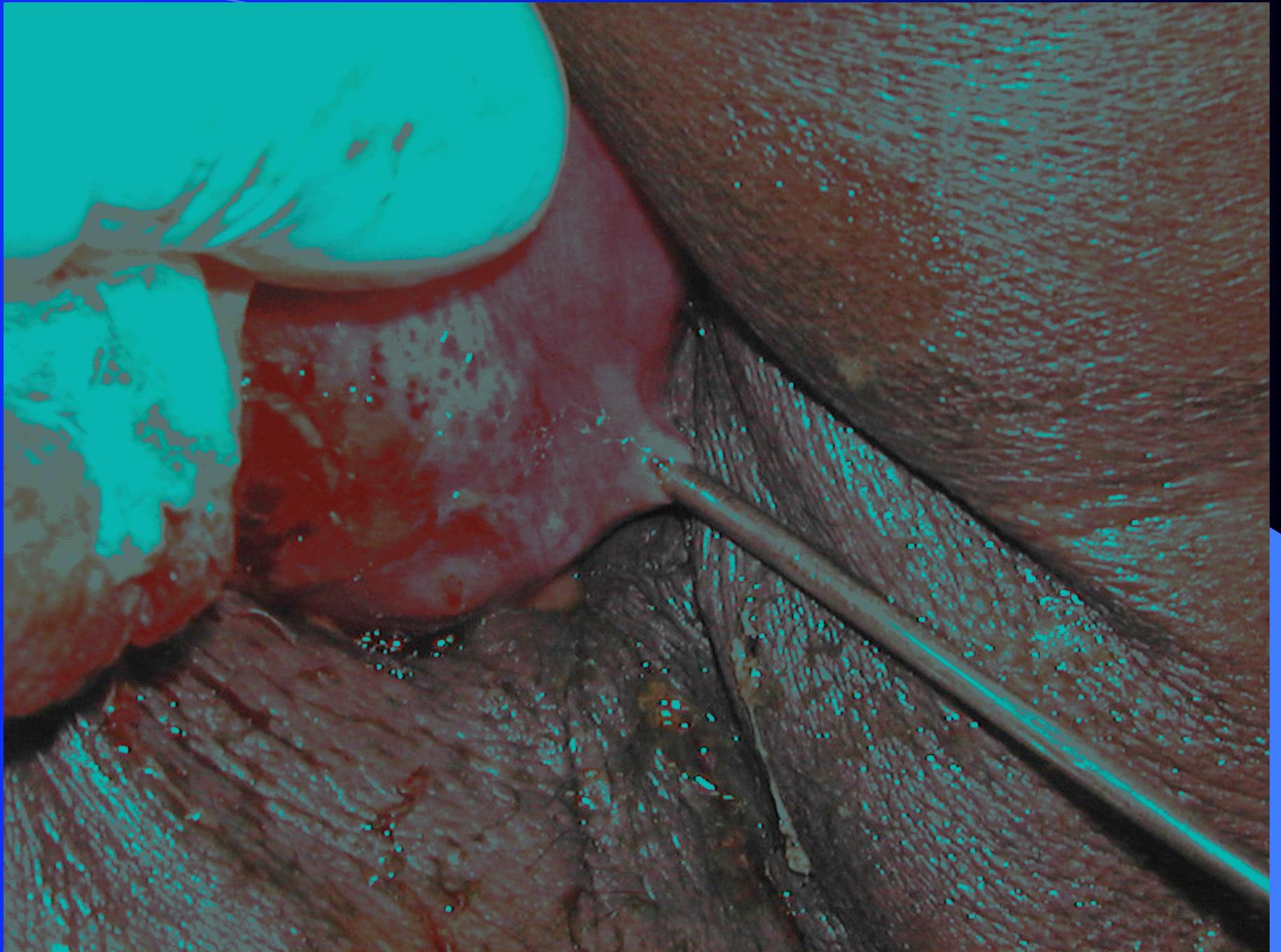
The best time
to cure fistula
is at the
first attempt



















Prevention
is
Best Treatment

Catheter Drainage

- Early – tip: not in vagina
balloon not keeping fistula open
- Early and late – not more than 10ml
balloon

Waiting period 2-3 months

- Tissues become healthier and less friable
- Infection can be eradicated
- Waiting hostel
- Physiotherapy

Other Clinical Problems

- Severe anaemia
- Severe malnutrition
- HIV infection



Involved in prevention and
treatment strategies

Clinicians can learn so
much from collaboration
with, and guidance from,
colleague(s) in
Public Health and
Epidemiology

We owe it to the poor women
who suffer, to obtain robust
scientific evidence so that we
may inform correct,
appropriate health care
policies at regional, national
and international levels



