

# ORGANIZATION AND STRATEGY OF FISTULA CARE SERVICES IN MALI

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## Plan

ó - FOREWORD

óOUR APPROACH

óROLE OF ELEMENTS OF THE UNIT

ó-CENTRAL UNIT OF HOSPITAL POINT G

óPROCESS OF FISTULA CARE SERVICES

óSOME RESULTS OF SURGERICAL TREATMENT

ó- LESSONS LEARNED

CONCLUSION

VVF on screen



## FOREWORD

As you know the traditional work of fistula surgery defers from country to country. In Mali , it is **THE NATIONAL HOSPITAL Point G provides** that has for many years provided at the Urology Unit and still continue to provide surgical treatment of VVF.



# OUR APPROACH TO ASSURE QUALITY OF VVF

is global and includes:

**Prevention**



## **- PRIMARY PREVENTION**

- ✓ **Awareness ( IEC, CBC, Advocacy)**
- ✓ **Training of matrons**
- ✓ **Support of CSCOM**
- ✓ **Recruitments,**
- ✓ **Organization of clients in women's association**
- ✓ **Activities of reinsertion**



## **- SECONDARY PREVENTION**

**Reinforcement of CSRF's capacities  
(Performing C- section which is free in  
Mali)**

## **- TERTIARY PREVENTION**

**Support to regional and central  
hospitals**



**OUR STRATEGY**

**FOR QUALITY  
OF VVF SERVICES  
IN MALI**



**ESTABLISHMENT OF**

**SURGERY TREATMENT UNITS**

**FOR OBSTETRIC FISTULA**



# EVERY UNIT CONSISTS OF

- **A WELCOME UNIT**
- **AN OPERATION ROOM** reserved mainly to VVF surgery .
- **MAIN SERVICES** ( of surgery, urology , or obstetrics -gynecology depending on the case).



**Surgery units of VVF are planned to be opened in:**

**- 8 regional hospitals in Mali - The central unit, Hospital Point G, is in Bamako.**



# Role of the constitutive Elements of the Unit



# THE CENTER FOR RECEPTION AND IN- PATIENT CARE

**FONDAMENTAL** Element: it serves not only the welcoming purpose of clients, but also for:

- **Care to patients** with some conditions (urogenital infection treatment especially from a plausible anemia, a parasitism, constipation or diarrhea),



- **Preparation to surgery** by vaginal cleaning with the betadine gynecologic, pose of ovule , other hygiene – dietetical aspects, etc.

- **counseling; alphabetization recovery ; evaluation of short term result; income generating activities , etc.**



## OPERATION ROOM RESERVED FOR SURGERY OF VVF

-The ideal: **individualize** one surgery room for the **treatment of OF** given the **specificity of the surgery**.

-Otherwise “**institutionnalize**” one or more days a week for VVF surgeries.



## MAIN SERVICE

IT IS WHERE PATIENTS AFTER  
SURGERY

WILL STAY FOR A BETTER POST SURGERY

FOLLOW UP

BEFORE THEY RETURN TO

THE WELCOME UNIT



# ACTUEL REPARTITION OF Obstetric Fistula CARE UNITS IN MALI

Segou Region

Tombouctou Region

Mopti Region

Bamako Hospital Point G

Gao Region



# CENTRAL UNIT IN HOSPITAL POINT G



1- It has:  
**UROLOGY SERVICE**  
**(Main Service)**

Capacity  
of 43  
beds

-



## 2- **AUTONOMOUS** SURGERY ROOM *for* *OF surgery* Equipments - **UNFPA**



# 3 . WELCOME AND IN PATIENT CARE ROOM

DONATION FROM FONDATION PARTAGE - CAPACITY 40 BEDS

COMPLETELY RENOVATED, TILED, AND EQUIPPED BY  
L'UNFPA



**4. A service of kinesitherapy and practical reeducation**

**5. A dynamic social service in charge of the management of the Oasis center ( donations , drug kits , assistance to patients )**



# HUMAN RESOURCES



# 1. CENTRAL UNIT - BAMAKO

(human resources)

- **4 urologist surgeons**- qualified in VVF surgery.
- A paramedical staff qualified in **nursing care of VVF.**
- A paramedical staff specialized in **kinesitherapy and practical reeducation.**

(HUMAN RESOURCES)

- **A Medical Assistant Team** who masters all techniques of **loco regional anesthesia**
- Many **interns and CES, support staff** who are very involved in supporting this category of patients (one thesis on OF per year – Affiliation requirement with the Faculty of Medicine and with the university).

## 2. OTHER UNITS

(HUMAN RESOURCES )

### National Surgeons

SEGOU	-	2
MOPTI	-	2
GAO	-	2
TOMBOUCTOU	-	2
SIKASSO	-	expat Surgeon 1
KAYES	-	
KIDAL	-	

# PROCESS OF SERVICES



## 1- RECRUITMENT OF PATIENTS

- Recruitment of patients during simple visits (4 visits weekly) which take place in **Main Service**

- Patients who come **on their own** or are referred by some **NGOs** that provide surgery in the field (lamaneh), or who come from other facilities.



## 2 – IN-PATIENT CARE IN OASIS CENTER

- **Medical and technical records are established.**
- **Pre surgery checkup is set up.**
- **Patient preparation to surgery**
- **preparation of surgery area (vagina)**



# 3- HOSPITALIZATION IN UROLOGY UNIT (Main service)

➤ Pre –anesthetic Visit



➤ treatment of fistula



## 5- Immediate Follow-up Post-Surgery Visit in Urology Unit

( period of stay from 10 to 15 days )

- **Monitoring the functionality of urinary bladder catheterization**
- **Medical Treatment (a/b, analgesic)**
- **Ablation of vaginal gazes**
- **Wound dressing and cleaning of affected area**



## 6 –Return to Oasis Center, evaluation of Surgical results

-- If **successful**, return home after counseling on sexual intercourse, family Planning, if pregnant again, necessity to deliver in a qualified hospital and orientation to a specialized health center for **REHABILITATION.**

-- If **unsuccessful**, make an appointment for a new visit in three months.

# **CENTRAL UNIT SUPPORT REGIONAL UNITS BY**

**Training of Human Resources**

**The Organization and the activities  
of surgical campaigns in place**



## **Our Strategy Allows us to practice yearly**

- about 300 interventions for VVF every year.
- To assure one training activity
  - 8 national surgeons trained and can perform surgery
  - 12 as part of the North-South and south-south cooperation



## 10 French Urologist trained in 2007

Équilibres et  
Populations  
Coopération française



Cooperation Development  
of South - South  
VVF Campaign  
**MAURITANIA**  
2004

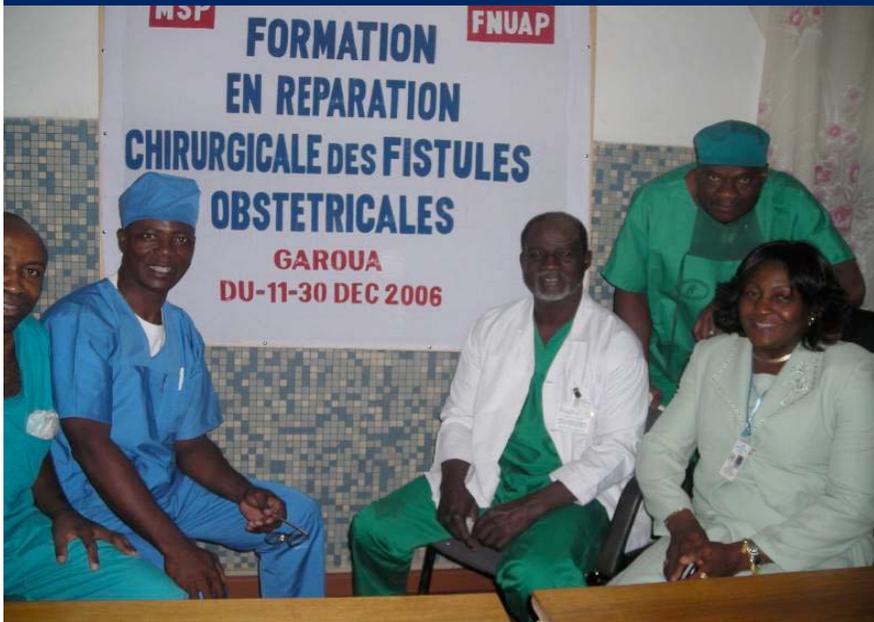


# EQUATORIAL GUINEA

FVV CAMPAIGN



# CAMEROUN - GAROUA



# THERAPEUTICS RESULTS

About **400 à 500** per year of surgical repairs of VVF are performed in Mali. The treatment of **380** patients (**427** interventions ) in **24** months ( **January 2004- December 2006** ) gives the following results.



- **Closed Fistula**                      **369**    **97,1 %**
- **Bladder irretrievable**    **11**    **2,8 %**
- **Healed women**                      **327**    **86,0 %**
- **Closed Fistula**                      **53**    **13,9 %**  
**+ sphincter problems**  
**(persistent urine incontinence)**



# LESSONS LEARNED

- **INDIVIDUALIZATION OF FISTULA SURGERY**
- **DECENTRALIZATION OF SERVICES BY CREATING REGIONAL UNITS OF FISTULA**
- **TRAINING OF HUMAN RESOURCES ESPECIALLY AT THE NATIONAL LEVEL**



# LESSONS LEARNED

- **CREATION OF A CENTRAL UNIT FOR FISTULA TREATMENT IN EVERY COUNTRY.**
- **INCREASE OF FONDS AND Basic Obstetric Care (BOC) (FREE OF CHARGE FOR C-SECTION),**
- **ADEQUATE REPARTITION OF GYNECOLOGISTS AND WIDWIVES,**



# LESSONS LEARNED

## INDISPENSABLE NATIONAL AND SUB-REGIONAL SURGICAL CAMPAIGNS OF VVF

- **THIRD PARTY - PAYING, FREE OF CHARGE OF TREATMENT**
- **IMPLICATION OF NGOs, CAN NOT BE BY-PASSED IN ALL PHASES**



## Cont. LESSONS LEARNED

- EXISTENCE OF AN INSTITUTIONAL CADRES AND A NATIONAL PROJECT FOR FISTULA CARE PREVENTION.
- NOMINATION OF A FOCAL POINT NATIONAL AND ON SITE .
- NOMINATION OF REGIONAL FOCAL POINTS ON SITE.
- NECESSITY TO CREATE A NATIONAL NETWORK OF O.F. ERADICATION.



# CONCLUSION

***BETTER PREVENT VESICO-  
VAGINAL FISTULA THAN  
PERFORMING ITS SURGERY.***



**THANK YOU FOR YOUR KIND ATTENTION**



# vesico-vagina wall types of Fistula

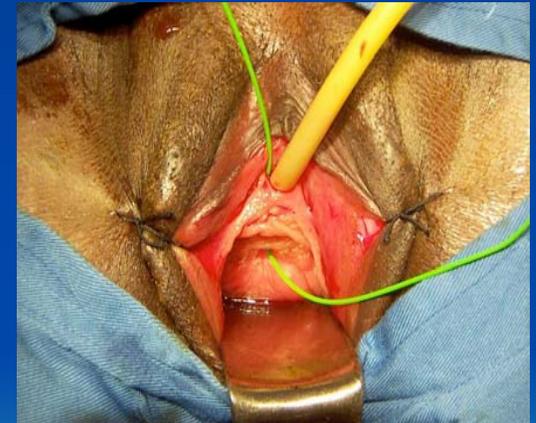
a) median



b) left side



c) right side



# Cervix Fistula (vesico-cervical-urethral)

- a) vesico-urethral-vaginal fistula
- b) partially desinsertion cervical-urethral
- c) total desinsertion cervical-urethral

a)



b)



c)



# Trigono-cervico -uterine Fistula



# Complex Fistula (mixtures)



**THANK YOU FOR YOUR KIND ATTENTION**

