

# Dialog with USAID: Fistula Research Priorities

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# Objective

- Review potential areas for obstetrical fistula investigation
- Create possible rank list of feasible and high impact studies that could be accomplished in reasonable time frame

# Background

- Lack of data about many social, demographic and clinical factors
- Most studies have collected data *retrospectively*, so results are limited to information available in the records being reviewed
  - Collection of consistent information from multiple sites/countries has not been conducted
  - Additional indicators that could provide a more nuanced description of fistula clients are needed

# Needed Studies

- Studies looking at the association of current clinical practices at the study sites with the outcome of repair surgery
- *Prospective* data collection at fistula care sites
- Studies that help answer pressing clinical epidemiological and Operations Research questions, and that inform future interventions and further research in fistula treatment and prevention

# Identification of Optimal Clinical Management Regimens

- **For simple and moderate complexity fistulas**
  - **Criteria to identify and grade complexity (in absence of a standard classification system)/optimal pre-op evaluation**
- **Prophylactic antibiotics**
  - **What is the optimal regimen for antibiotics before/during/after surgical therapy**
- **Place of Catheterization in management**
  - **RCT of duration, open vs closed drainage, women ambulatory vs in bed**
  - **Optimizing cost-effectiveness of care, e.g. in duration of hospitalization for post-op care**

# Management Regimens for Complicated Fistulas

- **Stress incontinence post fistula repair**
  - incidence
  - prediction pre-op
  - management (pre-emptive and post-op)
- **Repeat fistula**
  - Causative associations e.g. cultural factors, repeat lack of access to EmOC, lack of counseling, FP, iatrogenic fistulas
  - Repair algorithms used, how to avoid complications
- **Irreparable fistulas**
  - Incidence, and non-repair management

# Identification of the Best of Emerging Technologies

- **Urethral plugs for stress incontinence**
  - **Fistula plugs for small VVF and RVF**
  - **Other emerging technologies**
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# Epidemiology

- Details of the circumstances surrounding development of fistula
  - Including iatrogenic; and preventive interventions needed
  - Availability of and access to obstetric services

# Traumatic Fistula

- Severe trauma
  - Case studies of what surgeons are seeing in the field
  - Description of range of cases seen,
  - Approaches, principles and techniques for repair and outcomes-different than obstetrical fistulas?

# Short Term Intervention

- Timing of surgical repair
- Role of early catheterization in fistula management
  - as prevention
  - as treatment
- Elective c section post repair
  - necessity and best program models
  - (E.g. voucher system for c section)

# Discussion

- What are the potential areas for additional investigation?
  - \*WHO creation of classification system
  - \*Surgical approaches
  - \*Creation of evidenced-based data

# Discussion

➤ What are the potential areas for investigation?

\*Optimal clinical regimens

Diagnosis

Antibiotics

Catheterization

\*Best models of early intervention

Timing

Catheterization

# Discussion

- What is a possible rank list of feasible and high impact studies that could be accomplished in reasonable time frame?

Most important

Time frame

# Discussion

- How can further discussions occur?

# Thank you!

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