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.

LESS likely to be due to Obstetric fistula; MORE likely due to stress incontinence

MORE likely to be due to Obstetric fistula

MORE likely to be due to Obstetric fistula

MORE likely to be due to Obstetric fistula

Consider referral for examination under anaesthesia if urine leakage persists

Likely to be Obstetric fistula requiring surgical repair

Does she leak urine continuously? NO MORE likely to be due to Obstetric fistula

More likely to be due to other causes such as stress incontinence

More likely to be due to Obstetric fistula

More likely to be due to Obstetric fistula

Is the client less than 4 weeks postpartum? NO

Perhaps less likely to be due to Obstetric fistula

Perhaps less likely to be due to Obstetric fistula

Perhaps less likely to be due to Obstetric fistula

Consider referral for examination under anaesthesia if urine leakage persists

Does she leak urine continuously? NO

Does the leakage begin soon after childbirth? NO MORE likely to be due to Obstetric fistula

Does she have prolonged labor and/or a stillbirth? NO MORE likely to be due to Obstetric fistula

Does urine pass through urethral opening with suprapubic pressure? NO LESS 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

Inject diluted methylene blue dye through Foley catheter into bladder — does the dye stain a gauze placed in the vagina? YES

Is the client less than 4 weeks postpartum? NO

More likely to be due to Obstetric fistula

More likely to be due to Obstetric fistula

More likely to be due to Obstetric fistula

Does the client also have foot drop or hip contractures? NO

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

Describe fistula: is there more than one fistula visible? NO

Describe fistula: is there more than one fistula visible? NO

Is there also stool in the vagina or does the woman complain of being unable to defecate normally through the rectum? NO

Is there also stool in the vagina or does the woman complain of being unable to defecate normally through the rectum? NO

If YES to any of these questions, likely to need more complex surgery or extensive preparation for surgery and rehabilitation – REFER for fist repair where specialist available

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

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. Emphasise importance of early antenatal care, skilled attendance and the potential of C/S delivery for any future pregnancies.

References