Module 9: Principles of Postoperative Care and Reintegration of Women with Obstetric Fistula

Prevention and Recognition of Obstetric Fistula Training Package
Post-operative care

• For simple repairs, women are usually able to get up and walk within 1-2 days of surgery
• Usually women can eat soft foods on the day after surgery and then return to a normal diet
• Sutures on the labia and within the vagina are either absorbable or removed in the first few days after surgery
• For complicated fistula surgery, women may:
  – have labial pressure dressings or vaginal packing for a few days
  – be on bed rest (for as long as 2 weeks) and need help with bathing, eating, etc.
• For women with neurologic damage, it is important to prevent bed sores and worsening contractures by gentle movement
• Women should continue to drink 4-5 liters of water or liquids per day
After surgery, the woman will have a foley catheter in place for at least two weeks. Some women may have a separate catheter in their ureter(s).

The catheters are irrigated at least daily with saline solution or dilute boric acid.

It is EXTREMELY important that the catheter does not get blocked and the bladder become distended.

The catheter is clamped/released intermittently for a few hours on the day before removal to help with the return of normal bladder function and the ability to hold urine.
Possible post-operative complications

- Secondary vaginal hemorrhage
- Blockage of urinary catheter and distention of bladder
- Anuria (absence of urine) because of accidental ligation of ureters or obstruction
- Development of bladder stones
- Breakdown of fistula repair due to infection or necrosis
- Dyspareunia (pain with intercourse), urethral or vaginal strictures, or infertility – in MOST cases these problems are NOT due to the surgery but may worsen after surgery
Post-repair counseling

• Family planning:
  – Women should abstain from genital sexual relations for three months after repair
  – Pregnancy should be delayed for at least one year

• Many women will need to do pelvic muscle exercises to regain strength in their bladder and pelvis

• Delivery of next child:
  – Should be at a hospital with emergency obstetric care
  – In most cases, cesarean birth is recommended. Obstetric fistulas may reopen during a subsequent vaginal birth
Reintegration

• While a woman with obstetric fistula is waiting for and recovering from surgery, she can:
  – Learn skills that will help her for the future
  – Be encouraged and educated about:
    • Delaying marriage, sexual activity and first births
    • Family planning and reproductive health
    • Safe obstetric care
    • The rights of women in society and importance of education for women
    • Microenterprise and ways to reintegrate back into family and community life
  
• These messages should be reinforced at the local health centers when women who have had repair return to their communities.
Return to community

When a fistula client returns to her community, whether she joins her husband’s home or not, she will need:

• A sense of belonging (to feel loved and supported)
• Support for reintegration into her family and community (using existing community support structures)
• To feel comfortable sharing her life with friends and family
• To feel respected and to maintain or redevelop her dignity
• To have access to any follow-up care needed, including family planning, reproductive health services and emergency obstetric care for her next birth
Material and socio-economic support

Women recovering from obstetric fistula repair may also need:

- Nutritious food and clean water
- Personal hygiene products (soap, cosmetics, sanitary pads or clean cloths to contain incontinence)
- Financial support for her and her children
- Clean clothes and shoes
- A clean protected environment
- Access to educational opportunities and income generating skills development