ORGANIZATION AND STRATEGY OF FISTULA CARE SERVICES IN MALI

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Fistula Partners Meeting
Accra, April 15 – 17 2008
Plan

- FOREWORD
- OUR APPROACH
- ROLE OF ELEMENTS OF THE UNIT
- CENTRAL UNIT OF HOSPITAL POINT G
- PROCESS OF FISTULA CARE SERVICES
- SOME RESULTS OF SURGICAL TREATMENT
- 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
- ✓ Recruitment,
- ✓ 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 – dietetrical 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**.
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 (Iamaneh), or who come from other facilities.
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
CAMEROUN - GAROUA
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 INSTITUTIONNAL CADRES AND A NATIONAL PROJECT FOR FISTULA CARE PREVENTION.

- NOMMINATION 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
Trigono-cervico -uterine Fistula
Complex Fistula (mixtures)
THANK YOU FOR YOUR KIND ATTENTION