URINARY CATHETERIZATION FOR NON-SURGICAL TREATMENT OF FISTULA

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Background: Conventional surgical fistula repair

- Generally accepted that surgical repair of fistula should be delayed for 3 months following the original injury to allow tissues to heal
- Where fistula is prevalent, routine repair services are often not available so women may have to wait considerably longer than 3 months for surgery
- Assuming that women are correctly and promptly diagnosed, aware that fistula repair services are available, and can afford to get to services
A new approach: Urinary catheterization for immediate treatment of fistula

- Over the past two decades Kees Waaldijk, Dutch fistula surgeon, has pioneered urinary catheterization for immediate treatment of women with obstetric fistula in Nigeria.
- 264 of 1716 women with ‘fresh’ fistula (between 3-75 days after original injury) spontaneously closed with catheterization alone (15.5%)*
- Estimated that routine implementation of immediate catheterization treatment could lead to spontaneous closure in up to 25% of suitable cases

How does it work?

• Existing evidence suggests that this approach is only likely to be effective if implemented within 4 weeks of original injury. Treatment initiated after this window of time usually fails due to epithelialization of the fistula tract*

• Catheterization keeps the bladder empty which aids healing by
  – Improving blood supply
  – Reducing tensile strain on injured areas

• Open drainage system reduces infection risk

Rationale for routine implementation of this approach

1. Low-cost and simple
2. Reduced delays to care. Immediate treatment could be available at any health center. Even if this approach fails, women who need surgery will be referred earlier.
3. Reduced social/emotional morbidity. Evidence that need for reintegration and rehabilitation support is related to how long a woman suffers with fistula*
4. Potential to spare women additional trauma of surgery and to reduce backlog of women awaiting surgery
5. Reduced health system costs

Reaching consensus on a standardized approach to catheterization treatment

Fistula Care consultative meeting on urinary catheterization for primary and secondary prevention of obstetric fistula: Abuja, Nigeria 2013

Outcomes:

• Practice varies widely
• Evidence base very limited*
• Consensus on a simplified approach to treatment which can be implemented at most health facilities

Provisional diagnosis of fistula

Insert catheter + instruct client to drink 5L water per day

After 24 hours, check catheter in bladder and draining

NO

Remove catheter
Refer

YES

Weekly follow-up
• Check catheter in bladder
• Client drinking and active?
Follow-up

Remove catheter at 4 weeks

Leaking? Refer

Dry and well

Follow-up in 1 week

Leaking? Refer

Dry and well

Discharge after counseling

- FP
- Sexual activity
- ANC
- Need for CS
Implications for midwives

• **Education:** Pre-service and in-service education in case-identification and competency-based training in catheter insertion and management

• **Implementation Research:** need for midwives to be involved in generating data about safety, effectiveness, cost and logistics of this intervention and to establish monitoring and evaluation indicators from ‘best practice’

• **Practice:** Buy-in by professional midwifery associations will be essential for effective implementation.
What role should midwives play in scaling-up this approach?
Related EngenderHealth resources

  Available at: http://www.fistulacare.org/pages/pdf/program-reports/Catheterization-Fistula-Prevention-Meeting-Report-Nigeria-8-21-13FINAL.pdf

• The Prevention and Management of Obstetric Fistula: A Curriculum for Nurses and Midwives (East, Central and South African Council of Nursing and EngenderHealth Fistula Care).

• EngenderHealth Fistula Care Fistula Diagnosis Job Aid.
  Available at: http://www.fistulacare.org/pages/pdf/FC_Tools/Handout_IH_logo.pdf
THANK YOU

Courtesy of Dr Kees Waaldijk, Nigeria