

OBSTETRIC FISTULA

Clinical implications of the Global Training and Education Initiative

Suzy Elneil

FIGO, UNFPA and Partners

Incidence

Main Aetiology is Obstetric Injury

Maternal Mortality Rates (in a lifetime)

Scandinavia	1:300000
Africa	1:12

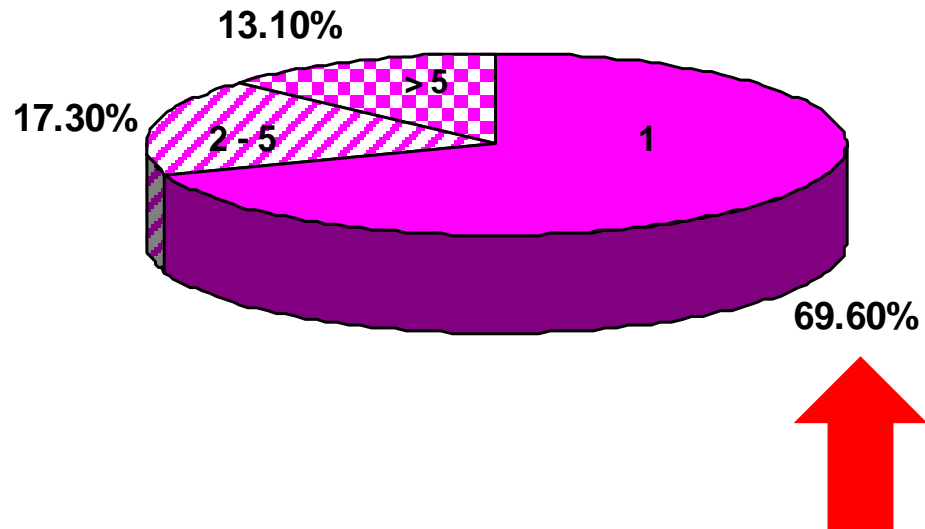
NB: No. of women who die annually in West Africa equals all those who died in Korean conflict in 1950s

But,

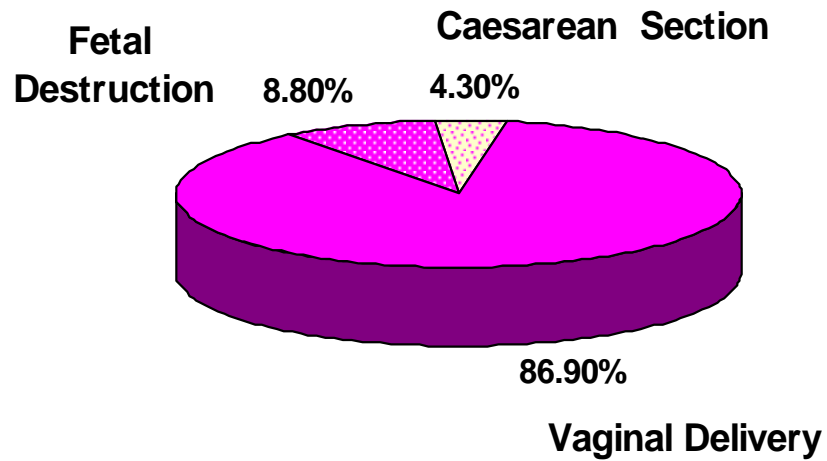
For every woman that dies.....

20 will suffer crippling morbidity

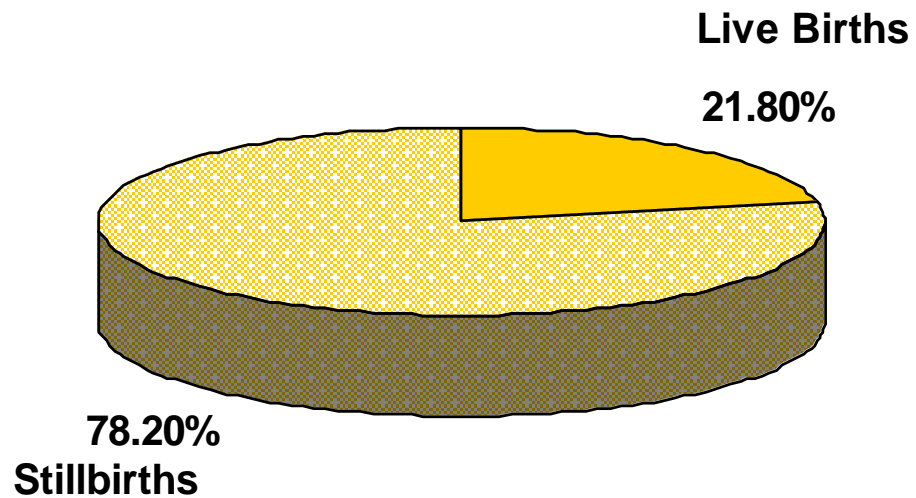
Parity of Patients (n=436)



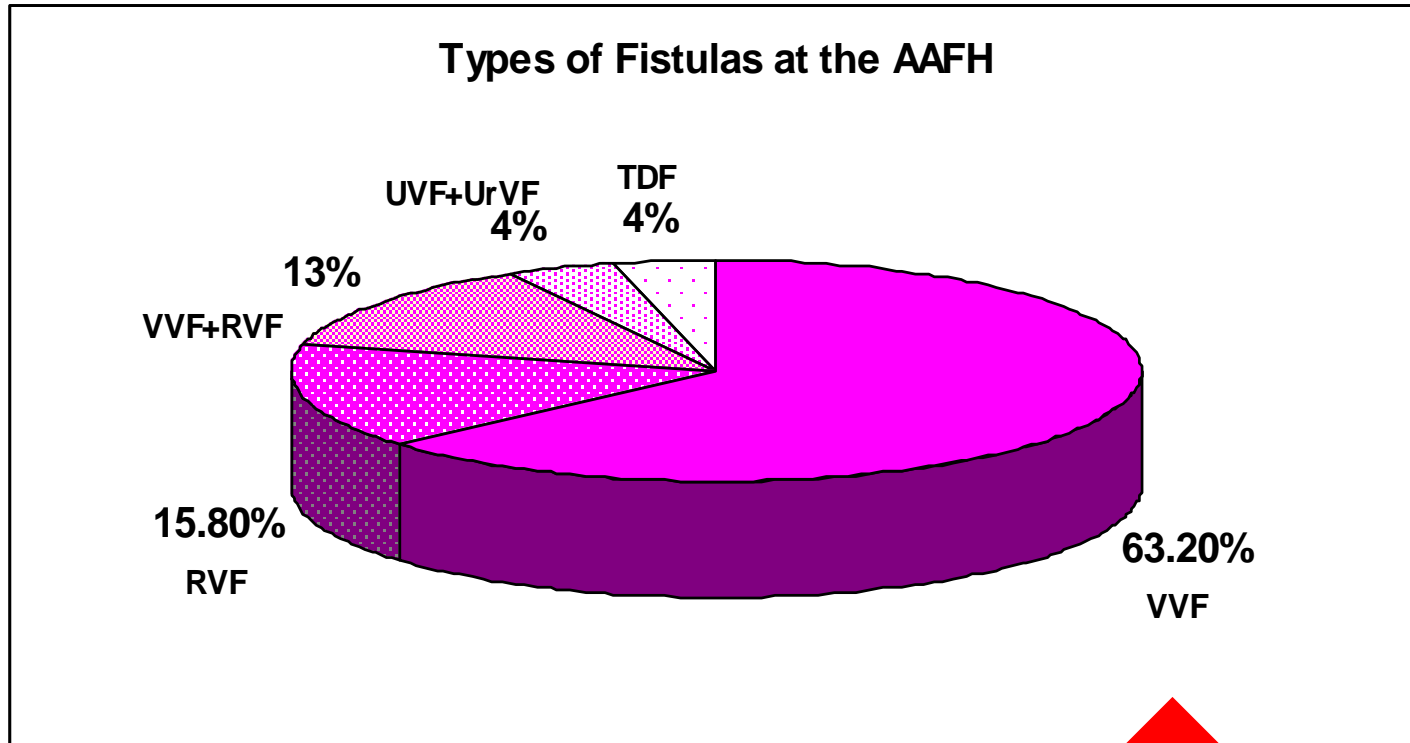
Mode of delivery (n=436)



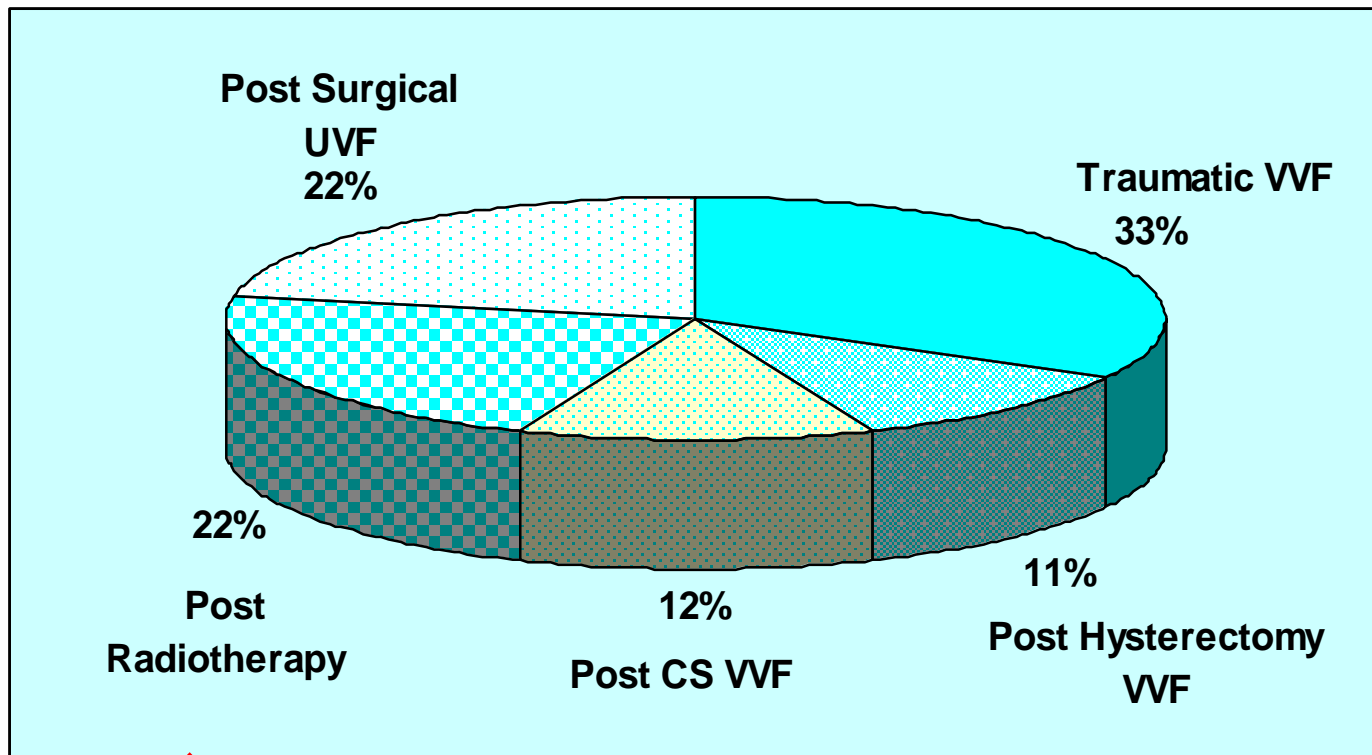
Fetal Outcome (n=436)



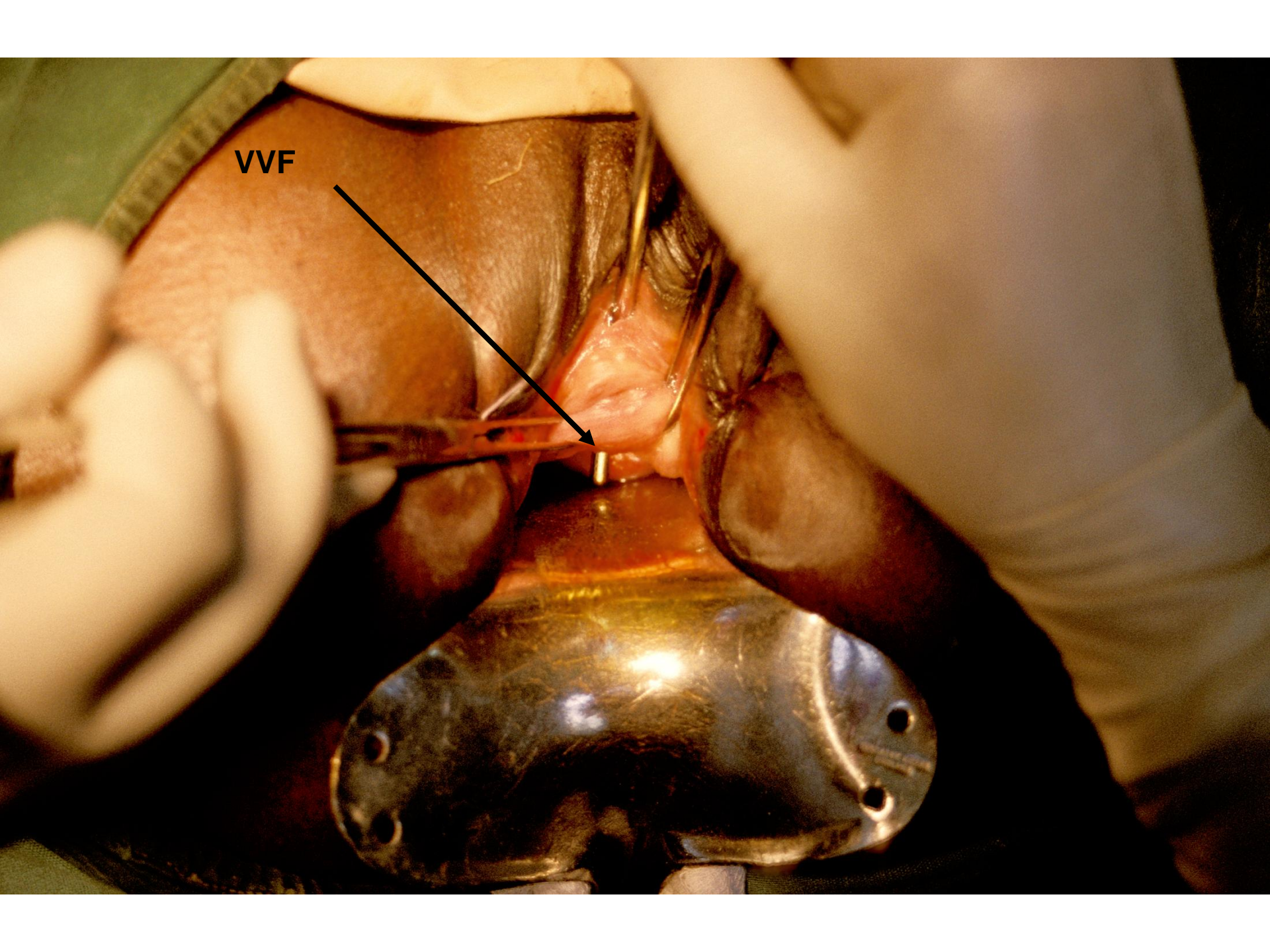
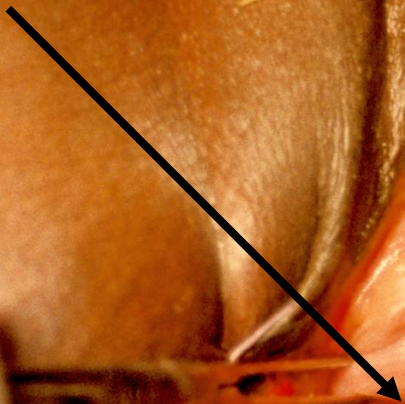
Types of Fistulas (n=436)



Aetiology of fistulas in UK (n=39)



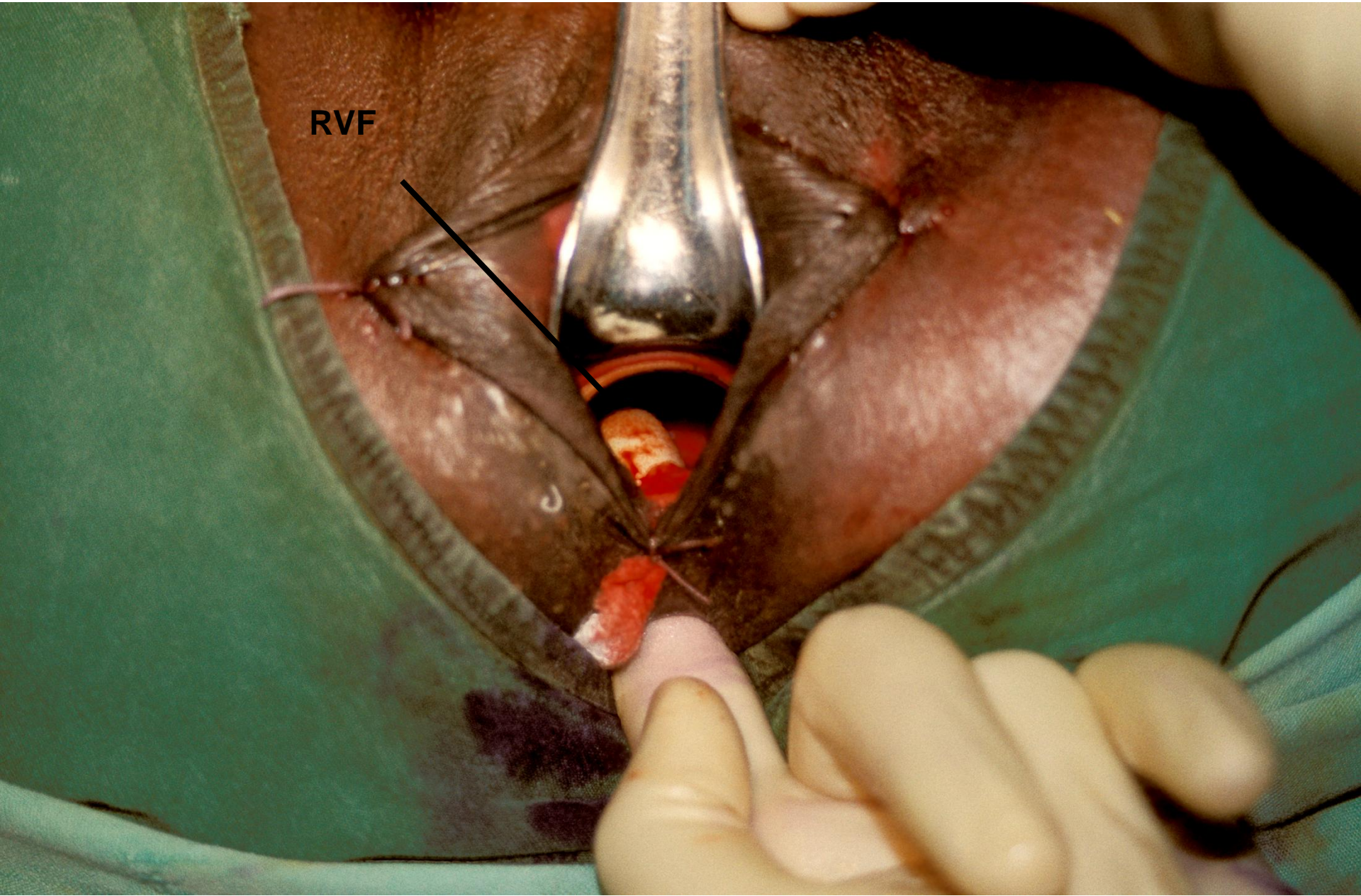
VVF



Exposed Bladder Mucosa



RVF



But.....

- What went wrong?
- Why is it still wrong?
- What can we do to make it better?
- How can we make it better?
- When will we make it better?
- Who will make it better?
- Who do we engage?

The Issues – Maternal Mortality Report

- No standardization
- Apprenticeships variable
- No assessments
- Timing of training ill determined
- No classification
- No audit
- Limited publications

2 New Initiatives

- Formation of International Society for Fistula Surgeons (ISOFS) September 2008
- FIGO Global Education and Training Programme
- RCOG Evidence-based training manual



INTERNATIONAL SOCIETY OF OBSTETRIC FISTULA SURGEONS (ISOFS)

2nd ISOFS Conference

25th - 27th November 2009

the Presbyterian Guest House & Conference Centre, Nairobi

HOSTED BY:

AFRICAN MEDICAL & RESEARCH FOUNDATION (AMREF)

THEME:

Strengthening health care delivery systems towards elimination of Obstetric Fistula

SUB THEMES:

- a) Community partnering in safe motherhood approaches
- b) Capacity building
- c) Management of Obstetric Fistula /Service Delivery

Registration Fee USD 50

ABSTRACTS TO BE RECEIVED BY SEPTEMBER 30TH 2009
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isofs



Johnson & Johnson



Multiple **Non-unified** Training Manuals

- WHO
- Individual surgeons
- Country led projects
- Part of ongoing curriculums of medical training in O&G or Urology
- UNFPA in progress

The surgeon's initiative

1995-2007	Multiple surgeons manual of training
2008	FIGO and partners led joint initiative
2009	RCOG developed evidence-based training manual

Associations signed up (Dar-es-Salaam 2009)

ISOFS

AMREF

PAUSA

WACS

ICS Fistula Committee

WHO

Engender Health

MSF

UNFPA (funding)

EAU International Committee

The Committee Members

- **Lord Naren Patel** (Global FIGO) Chair
- Professor Sayeba Akhter (Bangladesh, Surgeon)
- Professor Serigne Gueye (Senegal, PAUSA, AUAi, WACS, SUli, Surgeon)
- Prof Hamid Rushwan (Global FIGO)
- Andrew Browning (Ethiopia, Surgeon)
- Suzy Elneil (FIGO, Surgeon)
- Mulu Muleta (Ethiopia) CHAIR (FIGO, Surgeon)
- Thomas Rassen (Kenya, Surgeon/Consultant)
- Charles-Henry Rochat (Burkino Faso, Suisse, Surgeon)
- Kees Waaldijk (Nigeria, Surgeon)

- Invited 2009:
 - Joseph Ruminjo (Engender Health)
 - Luc Debernis (Global UNFPA)

Aims

- To complete development of a modular globally accepted fistula manual
- To develop a unified global fistula classification with ISOFS
- To develop a training manual with objective assessments, that is also accredited globally
- To provide audit and research tools to ensure evidence-based care and provide a publication base
- To empower the well trained field-dedicated fistula surgeons, and provide advocacy

RCOG-Led Training Manuals

- Modules of learning
- OSATS
- Learning Tools
- Assessment Tools

FIGO/RCOG Curriculum and Implementation Directives

Purpose of the course

- To acquire the required knowledge, skill and attitude to prevent fistula and provide holistic care to fistula patients (includes medical, psychosocial & surgical care).

Target groups

- For all in the prevention and management of genital fistula.
- Team-based approach with doctors and nurses
- Course structured at 3 levels: simple, advanced and expert level fistula training.

Training and facilitation

- Trainers and facilitators will be fistula surgeons, nurses and other health care providers.

Performance assessment

- Evaluation using structured workplace-based assessments, group discussions and reports from the trainer.
- Check lists, assessments and logbooks are used to assess competence of the trainee.
- Logbook will be signed by trainer and concomitantly feed back on the performance of the trainee will be given.
- Trainee also assists his performance by using learning guides.

Modules

Module 1: Epidemiology of female genital fistula

Module 2: Classification diagnosis of female genital fistula

Module 3: Management of simple vesico-vaginal fistula

Module 4: Management of more complicated fistulas

Module 5: Management of recto vaginal fistula

Module 6: Complications of fistula repair

(Module 7: Prognostic factors and outcomes – Audit tool)

Module Outlay

- Aims and Objectives
- Level of Competency
- Level of Experience

OSATS

Objective Structured Assessment of Technical Skill

- Basic principles of surgery
- Steps in fistula surgery
- Repair of circumferential fistula
- Repair of vault fistula
- Urethral reconstruction

Piloting the Manual

6 countries agreed to start Winter 2010

- Bangladesh (6 Trainees)
- Senegal (3 Trainees)
- Ethiopia (3 Trainees)
- Tanzania (2 Trainees)
- Nigeria (4 Trainees)

1st Report (Launch of Manual)

- FIGO (South Africa 2009)

2nd Report (Pilot Study Results)

- Nairobi (Kenya 2010)

3rd Report

- ISOFS (Senegal, 2010)

Clinical Implications

- Improved training
- Standardization of training
- Trainees to become trainers of the future
- Development of services

- Learning audit and reviewing one's practice
- Encourage publications

Antenatal and EMOC Service Development

- Cultural and societal changes to marriage and childbirth
- Prevention of fistulas in labour
- Emergency LSCS, without ureteric injury
- Prevention of intrapartum urinary retention
- Management of postpartum incontinence

The Future

- Evidence based surgery
- Audit and Research
- Empowerment of individual nations
- Developing strategies for women's health
- Harmony in the working groups

BUT, MOST IMPORTANTLY

ERADICATION OF FISTULA