ISOFS

NESOG
Nepal Society Of Obstetricians and Gynaecologists

The 7th International Conference of The International Society of Obstetric Fistula Surgeons

5th-8th December 2018, Kathmandu

Abstract Book

USAID FROM THE AMERICAN PEOPLE
Fistula Care Plus
EngenderHealth for a better life
IsDB
OPERATION FISTULA
DirectRelief
FISTULA FOUNDATION
UNFPA

Childbirth injuries encountered on outreach in remote RDCongo

Justin Paluku Lussy, Esther Kahambu Kitambala, Eugénie Kamabu Mukekulu
HEAL Africa Hospital, Goma, RDCongo.
Email: justin.healafrica@gmail.com

DOI: http://dx.doi.org/10.3126/njog.v13i2.21878

Aims: This paper describes childbirth injuries encountered in remote DR Congo. Causes of identified injuries and their surgical repair outcomes are outlined.

Methods: Through community awareness activities, patients with urinary or fecal incontinence were mobilized to report for care. Records from patients examined during outreach surgical camps in the Nord-Ubangi province from January to June 2018 were reviewed.

Results: A total of 151 patients, ages 16-72 years, were attended for urinary and/or fecal incontinence after childbirth. Among 105patients who reported with urinary incontinence, 103 had vesico-vaginal fistulae that were classified as type I or type II (77 (77/103, 74.8%) patients) and type III of Waaldjik (26 (25.2%) patients). Two patients had urinary incontinence secondary to a small bladder. Among 46 patients who came complaining of fecal incontinence, 15 (15/46, 32.6%) patients had recto-vaginal fistulae while 31 (31/46, 67.4%) patients had third or fourth degree perineal tears.

Vaginal delivery (79.2%), caesarean section (16.1%) and hysterectomy (4.7%) caused observed injuries.84.2% of the urinary incontinence group and 86.7% of the fecal incontinence group were dry and continent after repair.

Conclusions: Genito-urinary fistulae were predominant among childbirth injuries encountered in remote DRCongo. Vaginal delivery was the leading cause of childbirth injuries. Surgical repair success rates were high.

Keywords: childbirth, fistula, injury

Genito urinary fistula: a series of 1704 cases

Haq Nawaz
Civil Hospital Quetta
Email: haqnawaz38@gmail.com

DOI: http://dx.doi.org/10.3126/njog.v13i2.21879

Aims: To review our experience in causes, diagnosis and basic principles of surgical treatment of urogenital fistulas.

Methods: A retrospective study of 1704 patients with different types of urogenital fistulas was reviewed between October 1995 to October 2018. They were analyzed with regard to age, parity, casual factor, mode of treatment and outcome. Patients were also evaluated at two or three weeks initially, three monthly and later depending upon symptoms.

Results: We reviewed our series of female urogenital fistulas that have been treated over a 22 years period. Out of these 1704 cases 864 (62.44%) were vesicovaginal fistulas, 432 (25.35%) were urethrovaginal fistulas and 188 (12.2%) were ureterovaginal. Majority of the patients were young in child bearing age between 16 and 30 years of age, although age range was wide i.e., 11 to 50 years. The most common cause of urogenital fistulas were Obstetrical trauma due to obstructed labor in 400(37.59%) & Gynecological (hysterectomy 180(18.79%) & caesarian section in 72 (6.77%). Patients of ureterovaginal fistulas were mainly due to unrecognized ureteral injuries during Gynecological procedures (hysterectomy in 136 cases & caesarian section in 10 cases. For repair of vesicovaginal fistulas, transvaginal route for repair was used in 424(39.84%) patients, while Transabdominal