

## Overview of Obstetric Fistula: From a Developing Country's Perspective

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### ABSTRACT

Obstetric fistula is a hidden tragedy in the developing world, prevention is important and treatment is by surgical repair. However, failure, broken fistula, stress incontinence often demoralizes surgeons and patients.

**Keywords:** Fistula repair; Obstetric fistula; Obstructed delivery.

Obstetric fistula (OF) is the only major public health problem where prevention and treatment, both occur at secondary health care level. Treatment is done through quality surgery by highly qualified personnel in specialized units, with individualized patient care. For prevention, well-trained midwives or skilled birth attendants play an important role using the partogram and early consultation/referral during difficult delivery. Skilled obstetricians come into play when cesarean section seems essential. Treatment of OF is done by reconstructive surgery by well-trained gynecologists, urologists and general surgeons in well-equipped operation theaters.

OF is prevalent in Africa and Asia accounting to 0.3% of deliveries and 100,000 new cases are diagnosed per year with prevalence of up to 2 million.<sup>1</sup> Nepal reports a prevalence of 5000 cases with 400 new cases per year.<sup>2</sup> Unrelieved obstructed labor due to lack of emergency obstetric care, is the major cause of OF. Post obstructed labor, patient becomes incontinent of urine for life and she becomes a social outcast. In addition, any pelvic surgery, trauma, forceful coitus may result in fistula.<sup>3</sup>

Until lately, OF was not recognized as a public health problem in Nepal. Out of 400 women suffering from this condition every year, fewer seek treatment due to the lack of knowledge and disgrace. Preventing and managing OF contributes to the SDG 3 of improving maternal health. There has been lot of work in recent years such as—obstetric fistula workshops, researches, celebration of International Day to End Obstetric Fistula

on 23 May and national and international meetings. UNFPA, Fistula Foundation, Australian Embassy, Direct Relief and others have been supporting the program. Community-based outreach camps and awareness raising activities are on the rise. Presently, fistula repair surgeries are performed in one referral center in Kathmandu valley and two other centers outside the valley in Nepal with eight FIGO trained fistula surgeons. Globally, the 57 FIGO Fellows enrolled on FIGO fistula training program have now collectively performed over 7,500 life-changing surgical fistula repairs. In December 2018, International Society of Obstetric Fistula Surgeons (ISOFS) conference was held in Nepal successfully,<sup>4</sup> and several patients benefitted from expert surgeon during live workshop (Figure 1 and 2).



Figure 1. Dr Kees Waaldijk at ISOFS pre-congress workshop in Nepal.

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Figure 2. Team FIGO Fistula in ISOFS Nepal.

## CONCLUSIONS

Public awareness is necessary and training of health workers for fistula care is essential. Fistula does not occur in isolation and presents with challenges. Hence, its prevention and treatment entail an integrated and coordinated approach and collaboration.

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