



How Should Obstetric Fistula Treatment Be Delivered? An Evaluation Of Fistula Centres

Mary Kumarendran, Roba Khundkar, Anita Makins – Global Surgery SSM

BACKGROUND:

- Obstetric fistula is a neglected disease of women and girls, who can suffer social isolation and rejection from husbands as a result of this preventable and treatable condition¹
- Obstetric fistula is an abnormal opening between the vagina and the rectum or bladder, leading to incontinence and infection¹
- Obstetric fistulas typically occur as a complication of prolonged obstructed labour, usually in low- and middle-income countries where emergency obstetric care is lacking²
- 1-2 million women worldwide suffer from obstetric fistula, with 50,000-100,000 new cases each year¹
- Various barriers to care mean that only 1 in 50 receive the necessary surgical treatment¹
- Where and how to best provide treatment has been debated

AIMS:

1. Identify the main approaches to providing surgical treatment for obstetric fistula
2. Evaluate fistula centres, identifying key themes from the literature

METHODS:

- Publications retrieved from PubMed and SCOPUS
- Search terms: (obstetric fistula) AND (hospital OR centre OR center)
- Inclusion criteria: English language; Population – all women with obstetric fistula; Topic - focus on provision of obstetric fistula care
- Exclusion criteria: Topic - Focus on co-morbidities, provision of emergency obstetric care, prevention of obstetric fistula
- Aim 1: information on centre providing treatment retrieved
- Aim 2: limitations and advantages of approaches retrieved, and analysed by theme

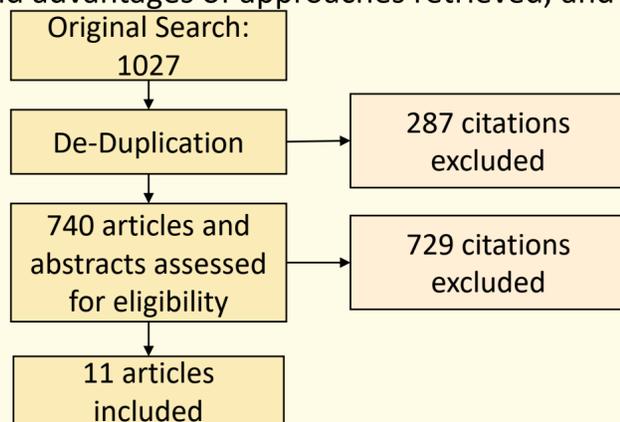


Fig.1 Study Selection

RESULTS:

AIM 1: 4 main approaches to providing obstetric fistula treatment:

1. Fistula Camps	2. Surgery ships	3. District Hospitals	4. Specialised Fistula Treatment Centres
Short term provision, commonly by NGOs	Notably, Mercy Ships ³ Typically docked in one location for a period of months	Integrated hospital-based fistula care services	Centres exclusively for treating women with obstetric fistula

Table 1. Description of the types of obstetric fistula treatment centres

AIM 2: Thematic analysis of obstetric fistula centres:

FUNDING

- Camps and ships simpler to fund than long-term centres
- External, long-term funding often necessary for appropriate facilities and staff in district hospitals⁴
- Success of specialist centres, ships and camps improved by funding of patient transport costs^{5,6}

RE-INTEGRATION INTO SOCIETY

- Specialist centres provide holistic approach – teaching of skills for employment^{7,8}
- “Fistula champions” and local advocates develop from specialist centres⁴
- Fistula camps and surgical ships do not provide long-term follow up⁹

QUALITY OF CARE

- Specialist staff trained to treat complex cases⁴
- Treatment from ships or camps – limited given short-term¹⁰
- District hospitals quipped mainly for simple fistula cases only¹¹

ACCESS TO TREATMENT

- Travel costs greater with camps/ships or specialist centres⁹
- Camps/ships rely on radio or TV advertisements to reach women³
- Greater access to district hospitals than specialist centres⁴

TRAINING AND SUSTAINABILITY

- Specialist centres provide opportunities for training local people to provide fistula care¹²
- Long-term impact of ships and camps limited¹²

Fig.2 Thematic evaluation of issues in providing fistula treatment

CONCLUSIONS

- 4 main types of fistula centre identified from the literature
- Limitations and advantages of each of these types can be summarised into the following themes:
 - ❖ Funding
 - ❖ Re-integration into society
 - ❖ Quality of care
 - ❖ Access to treatment
 - ❖ Training and sustainability
- Although there is variety in provision of care within each category of fistula centre, a broad summary of thematic analysis of each approach is shown below:

FISTULA CAMPS:

Key:

Poor

Excellent

SURGERY SHIPS:

DISTRICT HOSPITALS:

SPECIALISED FISTULA TREATMENT CENTRES:

Implications:

- There is a striking paucity of literature evaluating approaches to tackle this devastating but neglected disease
- Camps and surgical ships are less likely to improve access to treatment in the long-term
- Improving treatment provision by specialist centres and district hospitals, will require increased funding for travel costs and staff/facilities, respectively

References

1. Fistula Foundation (2019). *What Is Fistula?* [online] Fistulafoundation.org. Available at: <https://www.fistulafoundation.org/what-is-fistula/> [Accessed 23 Jan. 2019].
2. Adler, A., Ronsmans, C., Calvert, C., Filippi, V. Estimating the prevalence of obstetric fistula: a systematic review and meta-analysis. *BMC Pregnancy and Childbirth*. 13 (2013)
3. White, M. C. et al. Facilitating access to surgical care through a decentralised case-finding strategy: experience in Madagascar. *BMJ Global Health*. 2 (2017)
4. Wall, L. Where should obstetric vesico-vaginal fistulas be repaired: At the district general hospital or a specialized fistula center? *Int. J. Gynecol. Obstet.* 99 (2007)
5. Keya, K. T, Sripad, P., Nwala, E., Warren, C. E. "Poverty is the big thing": exploring financial, transportation, and opportunity costs associated with fistula management and repair in Nigeria and Uganda. *Int J Equity Health*. 17 (2018)
6. Shrima, M. et al. Effect of removing the barrier of transportation costs on surgical utilisation in Guinea, Madagascar and the Republic of Congo. *BMJ Global Health*. 2 (2017)
7. Coombes R. Supporting surgery for obstetric fistula. *BMJ*. 329 (2004).
8. Tayler-Smith, K. et al. Obstetric fistula in Burundi: a comprehensive approach to managing women with this neglected disease. *BMC pregnancy and childbirth*. 13 (2013)
9. Bishinga, A et al. High loss to follow-up following obstetric fistula repair surgery in rural Burundi: is there a way forward? *Public health action*. 3 (2013)
10. Wall, L. et al. Humanitarian ventures or 'fistula tourism?': the ethical perils of pelvic surgery in the developing world. *Int Urogynecol J*. 17 (2006)
11. Lassey, A. Simple fistulas: Diagnosis and management in low-resource settings—A descriptive report. *Int. J. Gynecol. Obstet.* 99 (2007)
12. Cam, C. et al. Fistula campaigns—are they of any benefit?. *Taiwan J Obstet Gynecol*. 49 (2010)