Fistula reparation requires expert skills

Fistula is widespread in the eastern Democratic Republic of Congo. It has devastating consequences for the affected women and their families. Moreover, it prevents a large part of society from participating in economic and social activities and contributing to the country's development. The problem is receiving increasing international and national attention but it is imperative that standards are put in place on how to best prevent and repair fistula. Treatment is possible through reconstructive surgery which requires specialist training – a failed attempt may make the fistula irreparable. International donors as well as national authorities need to take responsibility and ensure that only certified providers perform fistula repair and cesarean sections.

Fistula: an unnecessary burden for Congolese women and society

Panzi Hospital is one of few hospitals in the eastern Democratic Republic of Congo (DRC) with expertise in fistula repair. Between 2009 and 2011 surgeons at the hospital performed 755 fistula operations, and while there is no comprehensive data, it is apparent that fistula is widespread in the eastern DRC. In September 2011, staff from Panzi Hospital visited the province of Kasai-Oriental in order to bring specialized medical services to women in the province. The team repaired 138 fistulas during six weeks and documented hundreds more.

Obstetric fistula is a hole between either the bladder and vagina, or between the rectum and vagina. It has terrible physical consequences for the affected women, such as uncontrolled leakage of urine and sometimes faeces. Living with fistula can lead to isolation when women are excluded from, or are unable to participate in, day to day activities even within their own families. As shown in a study on the surgical outcome of obstetric fistula from Panzi Hospital published in 2011[1], 14% of women who had a fistula for less than five years were abandoned, divorced or separated, while this percentage rose to 23% for women who had suffered from fistula for five to ten years. Fistula not only affects the individual or family, but it also has an impact on the entire society. With the widespread prevalence of fistula in the DRC, a large number of the population cannot contribute to the country's development.

Poor maternal health care in combination with poverty, a lack of awareness and poor infrastructure contribute to the high levels of fistula in the DRC, where the maternal mortality ratio is amongst the highest in the world. A lack of emergency obstetric care due to severely damaged health care facilities means that women tend to deliver at home with untrained traditional birth attendants. In addition, accessing what health care is available is made difficult due to insecurity, long distances and high relative costs of care. In many instances insufficient training and lack of experienced health personnel results in women not receiving the care that they need – even when they can access medical facilities.

Incorrect surgery decreases the chance of full recovery

In the abovementioned study conducted at Panzi Hospital on 595 fistula patients (covering the period 2005-2007), 97 (17.1%) fistulas were presumed to be complications resulting from earlier interventions, of which 69 (71.1%) involved cesarean section or emergency hysterectomy in relation to childbirth (surgical removal of the uterus). Since a high number of fistulas are related to surgical interventions, there is a need for improved training in obstetric methods, including assisted vaginal delivery, in the eastern DRC. The research further indicates that the possibility of complete recovery from fistula decreases with every surgery, with the ratio of

[1] SOLBJØRG SJØVEIAN, SIRI VANGEN, DENIS MUKWEGE3 & MATHIAS ONSRUD; *Surgical outcome of obstetric fistula: a retrospective analysis of 595 patients*. Published in: Acta Obstetricia et Gynecologica Scandinavica, Nordic Federation of Societies of Obstetrics and Gynecology 90 (2011) p. 753–760.

failure being almost five times greater after three or more surgical interventions. Similarly, the risk of a persisting incontinence despite a successful fistula closure increases three times when three or more surgeries have been performed. To increase the chances of full control of urination it is therefore important that the first attempt to repair a fistula is performed by a trained specialist.

Experienced assistance during childbirth or referrals to a doctor who can perform a cesarean section can prevent prolonged and difficult labour. In this way, a qualified mid-wife can effectively predict and prevent complications, including fistula. On the other hand, badly performed cesarean sections may cause fistula, and poorly performed surgery may make the fistula irreparable.

Certified providers for effective fistula care

The experience of Panzi Hospital indicates that there is a dire need for certification and coordination of fistula care in the DRC. In order to avoid the severe consequences of unskilled interventions, only certified providers should be performing fistula repair and cesarean sections. The implementation of a certification system, supervised by the national health structures, would increase the provision of more effective fistula care for women.

While some instances of fistula are relatively easy to repair, and others are more complicated, all require specialist expertise by the surgeon. Expertise which is best obtained through a thorough training programme, and maintaining the knowledge through regular use of the specialist skills. Dr Denis Mukwege, the medical director of Panzi Hospital, recommends a training of nine months to build the expertise necessary to address simple as well as complicated cases.

Panzi Hospital welcomes the increased attention that is being paid to this problem and that more actors are getting involved, but there remains an urgent need for comprehensive and targeted policy making in this area, combined with sufficient training and certification of doctors performing fistula repair.

Staff in the general hospitals throughout the province should have sufficient expertise to prevent fistula and perform simple surgeries connected to childbirth, like cesarean sections, but also to understand which cases need to be referred to a specialist in fistula reparation. Considering the enormous lack of gynecologists and trained surgeons in the DRC, Panzi Hospital has the experience and facilities to be the lead actor in training medical personnel in fistula care - and in spreading this expertise throughout the province. Panzi Hospital has many of the region's specialized fistula repair surgeons. If the primary health care is improved and the hospital only receives cases in need of specialized care, there remains sufficient capacity to cover the needs of the province.

A certification in fistula care will make it easier for donors to make decisions for funding based on a more coordinated system for care providers in the South Kivu. Fistula care should adhere to the principle of First, Do No Harm, which in this case means that donors should not fund trainings of fistula reparation that do not fulfill minimum requirements.

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