

Vesico-Vaginal Fistula - Problems in Management

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The etiology of uro-genital fistulae varies geographically. In developed countries, the obstetric fistulae are practically non-existent, while in developing countries like India, still majority of fistulae are related to inappropriate care during childbirth. Most common obstetric fistulae are vesicovaginal fistulae (VVF) resulting from prolonged and obstructed labor. In few there may be associated rectovaginal, uretero-vaginal or urethro-vaginal fistulae. Obstetric fistulae are a reflection of standard of obstetric care currently available to our women.

In western world, most genital fistulae occur as a complication of gynaecological surgery (91%), radiotherapy (6%) or sometimes due to malignant process or severe pelvic disease¹, while in developing countries over 80% cases follow neglected obstructed labor², this being as high as 97-98% in northern Nigeria³.

Current data on the incidence of VVF are practically nonexistent. WHO estimates that there are two million women living with fistulae and an additional 50,000 to 100,000 new cases occur every year. The incidence of obstetric urogenital fistulae is 1.1 per 1000 births. The condition is associated with illiteracy and poorly supervised delivery. The peak incidence is in 15-19 years age group and more common in primiparas.

The overall burden of obstetric fistulae in developing world is immense, with significant social isolation and ongoing human suffering of these young women. Most patients become outcaste, many are divorced or abandoned and remain childless. The smell of urine or feces and the inability to stay dry are humiliating and uncomfortable.

Diagnosis is not difficult, but complete evaluation of bladder, ureters and kidneys and eradication of infection is essential before planning treatment. Fistulae can be surgically repaired. J. Marion Sims (1813-1884) has been called the "Father of Gynecology" for his revolutionary approach to treating the diseases of women, his major contribution being innovations in successful treatment for vesicovaginal fistula. Success rate for primary surgical repair ranges

from 88 to 93% and decreases with each successive attempt. Simple vesicovaginal fistulae can be easily repaired transvaginally, but 12-25% of complex fistulae⁴ involving ureters, bladder, vagina and urethra, may require more difficult surgeries for their treatment⁵. Sometimes due to antecedent obstetric events, there is induration, fibrosis and constriction in the vagina with difficulty in mobilization of fistulous margins. For such situations, some additional reinforcement with tissue graft (Martius graft, labial fibrofatty tissue, omentum etc) is required. A careful post operative care with adequate hydration and continuous urinary drainage is important for successful outcome. Duration of bladder drainage is individualized and ranges from 1-4 weeks. Obstetric urogenital fistula can be prevented by the government's recognition of fistulae as a major public health concern, improving socio-economic condition, extending primary education particularly for girls and advice against teenage pregnancy. There is a need to have skilled birth attendant at every level, at least capable of recognizing difficult labor early and making an appropriate referral. We, as health providers can improve facilities and access for emergency obstetric care, provide social and psychological support to the patients and train doctors and nurses in the most affected parts of the world for reparative surgery.

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ETHICAL GUIDELINES FOR BIOMEDICAL RESEARCH

The need for uniform ethical guidelines for research on human subjects is universally recognised. It has acquired a new sense of urgency as the ethical issues in the area of biogenetic research involving human subjects have become acute. Apart from the mandatory clinical trials on new drugs, a number of diagnostic procedures, therapeutic interventions and prevention measures including the use of vaccines, are being introduced which involve human subjects. Further the advent of new medical devices and radio-active materials and therapeutic benefits of recombinant DNA products have added a new dimension to the ethical issues that need to be considered before evaluating these for their efficacy, utility and safety.

Any research using the human beings as subjects shall bear in

mind the following principles of : (i) essentiality, (ii) voluntariness, informed consent, (iii) non-exploitation, (iv) privacy and confidentiality, (v) precaution and risk minimisation, (vi) professional competence, (vii) accountability & transparency, (viii) maximization of public interest and distributive justice (ix) institutional arrangements (x) public domain (xi) totality of responsibility and (xii) compliance.

Recent advances in the field of Assisted Reproductive technologies, organ transplantation, Human genome analysis and gene therapy promise unquestionable benefits to mankind. At the same time, they raise many questions of law and ethics, stimulating public interest and concern.

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