Editorial

Urogenital Fistula in Developing Countries

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Urogenital fistulas are abnormal tracts that connect the female genital tract to urinary tract causing continuous urinary leakage, the commonest type being vesicovaginal fistula.

It is estimated by World Health Organization that each year about half a million women die from complications of pregnancy and child birth. For every maternal death, 20-30 mothers suffer from serious complications.[1] These range from chronic infections to disabling injuries such as obstetric fistula.[2] Although there is no accurate data on the incidence and prevalence of the condition, it is estimated that 2 to 3 million women are living with untreated fistula worldwide, 95% of these are obstetric in origin, mostly in Africa and Asia,[3] with an addition of 50,000-100,000 new cases each year.[4,5]

According to recent data published in newspaper "THE NEWS" released from Islamabad on 23 May 2015 on international fistula day, more than 3500 cases of obstetric fistula occur each year in Pakistan, the number may be much higher as majority of women belong to underserved segment of the population, with limited to no access to healthcare facilities.

Urogenital fistula is one of the most feared and devastating complication for females, with profound impact on physical and psychosocial life of patients.[6,7] Patients with fistula suffer from mental distress ranging from depression to suicidal tendencies.[8,9] According to a community based study conducted on women after they had undergone obstetric fistula repair in rural Ethiopia, almost all women suffered from isolation, shame and stigma and dared not to go the public places due to risk of being insulted or simply ignored. Many explained that people used to hold their nose, laugh, or talked about the smell when they approached.[9] The patients with fistula are also victims of marital disharmony, often being separated from their husbands or divorced. These women cannot perform religious activities, and think that they are being cursed by God for committing a sin. They also suffer from medical morbidities in form of vesicle and vaginal calculi, vulval excoriation, foot drop, limb contractures, secondary subfertility and many more.

Etiology of vesicovaginal fistula varies geographically. Obstetrical fistula is no more seen in affluent nation yet it is a debilitating injury occurring widely throughout the developing world, and causing untold suffering among millions of women.[10,11] In developing countries, the most common cause is obstetrical trauma resulting from obstructed labour where as in developed countries gynecological surgical procedures, mainly hysterectomy with an incidence of 80%.[12]

In Pakistan fistula as a result of neglected obstructed labour leading to ischemic necrosis of bladder is still major cause of fistula. However, recently two published studies in different provinces of Pakistan, Sindh and Punjab clearly show that incidence of iatrogenic fistulas mainly after hysterectomies for gynecological causes and cesarean hysterectomies and cesarean sections in difficult situation such as obstructed labour or repeat section with multiple previous sections is rising.[13,14] This change in etiology may be due to better obstetrical care and provision of facilities for operative deliveries in an attempt to achieve the Millennium Development Goal 5 (improve maternal health) . While an increase in incidence of iatrogenic fistula is related to the fact that the surgeons performing gynaecological surgeries mainly hysterectomies and difficult obstetrical surgeries such as obstetrical hysterectomies for placenta praevia and accrete are not properly trained.[14] The risk of urogenital fistula following hysterectomy is rising even in developed countries as a result of proper surgical training.[15] The number of urinary fistula as a result of surgical

complications is likely to increase in frequency in developing countries, as surgical intervention becomes more accessible, but before establishing proper health infrastructure with functioning system of supervision, quality control and proper training.[16] This is a serious health issue, which needs to be addressed at all levels. Majority of obstetrical and iatrogenic fistulas are preventable by simple measures: imparting proper training to the specialist during post graduate training program, Preventing prolong difficult labour by provision of skilled birth attendant at each delivery, improving transport facilities, avoiding early marriages and increasing female education, conducting workshops and live video demonstrations sessions on common gynecological and obstetrical procedures for surgeons, importing skill on intraoperative reorganization of injury to urinary tract and its management, strong audit system for monitoring all surgical procedures, and accountability in case of neglect, early and proper referral if fistula develops. Currently World Health Organization, United Nations Funding Population Agency in collaboration with many other National Health Organizations have addressed the problem of fistula in developing countries. They are not only providing free treatment facilities to these patients but also arrange rehabilitation programs which have enhanced the recognition of these out casted women.

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