



KHARTOUM TEACHING HOSPITAL

DR ABBO'S NATIONAL FISTULA
&
UROGYNAECOLOGYCENTER

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HISTORICAL BACKGROUND

Perhaps one of the most famous accounts of obstructed labour is the case of Princess Charlotte of England. In 1817, Princess Charlotte, daughter of George IV, was the only illegible heir to the British throne in her generation. Thus, when the newspapers announced her pregnancy in early July 1817 the entire country was closely following this most important event in the British history. In November 1817, 42 weeks after her last menstrual period, Princess Charlotte went into labour. Fifty hours later, twenty-four hours after being in the second stage of labour, Charlotte delivered a nine pound still born. Five and half hours later, the princess died, presumably from hypovolemic shock after a postpartum haemorrhage due to uterine atony. Three months later, Sir Richard Crafts, princess's Charlotte's obstetrician, committed suicide unable to bear the burden of responsibility for the death of the heir. As this event resulted in the death of the infant, the patient and the physician it has been historically referred to as the '*Triple Obstetric Tragedy*'. [3]

However, obstructed labour has been a topic in the medical literature for hundreds of years. The oldest evidence of obstructed labour can be found in the remains of Queen Henhenit, the wife of Egypt's ruler around the time of 2050 BC. The queen's mummy was originally sent to the Metropolitan museum of art in 1909. It was then returned to Cairo in 1923,

where an extensive anatomical review found a defect in the bladder communicating directly with the vagina. It has been hypothesized that severe damage to the queen's bladder and vagina occurred at the time of parturition, likely resulting in her death. As it has been noted, '*to queen Henhenit belongs the dubious honor of having suffered the most antique vesico-vaginal fistula documented*'. [4]

In the 11th century, the Arabo-Persian physician Avicenna made the connection between obstructed labour and vesico-vaginal fistula. In his textbook (Al-Kanon) he noted '*In cases in which women are married too young, and in patients who have weak bladders, the physician should instruct the patient in ways of prevention of pregnancy. In these patients the fetus may cause a tear in the bladder that results in incontinence of urine. The condition is incurable and remains so till death*'. [5]

In 1838, Dr. John Peter Mettauer of Virginia wrote a letter to the Boston Medical and Surgical Journal confirming the relationship between obstructed labour and VVF. This letter reported that he had successfully closed a VVF with wire suture. Despite Mettauer's important accomplishment, the honor of being the first American surgeon to close a VVF is often given, erroneously to Dr. James Marion Sims. He has been called '*the father of American gynecology*', and as the British Medical Journal noted at the time of his death, he '*must be considered as the establisher of the branch of medical science which before his*

day had been looked upon as a mere accessory of obstetrics'. Although he was not the first American to close a VVF, he significantly improved the surgical techniques of fistula repair, and to this day, many of his techniques remain the standard. [6]

Dr Abbo's National Fistula & Urogynaecology Center is one of the largest centers in Africa and the Middle East dedicated mainly for the treatment of fistula, and management of other related urogynaecological problems. It is located within the premises of Khartoum Teaching Hospital which is the biggest tertiary hospital in Khartoum, the capital of the Sudan.

It was established in the late 80's. In its early days the center was merely a ward allocated for fistula patients.

But with the ambition and appreciable efforts of Prof Abbo, and with the help of donations from local and international NGOs and charity organizations, it is now a two floors building. The center have a preoperative ward (28 beds), postoperative ward (16 beds), waiting ward (20 beds), operating compound, urodynamics lab, nursing station, sterilization room, doctors office. All the beds are dedicated for fistula patients, except for 4 beds reserved for Urogynaecological cases.



RECEPTION WITH PROTOCOLS OF
PATIENTS' MANGEMENT ON POSTERS



PREOPERATIVE WARDS



POSTOPERATIVE WARDS



OPERATING COMPLEX



OPERATING ROOM



URODYNAMICS LAB

Working team

Work at the center follows a multidisciplinary approach. As a result, the team at the center is composed of different medical disciplines:

Six obs/gynaecologists, fistula experts

One general surgeon.

One urologist.

Six medical officers (24 hrs on-call shifts)

Nine nurses (8 hrs shifts)

Two assistant anesthesiologists.

Four theatre attendants.

Two social workers

Two psychologists.

One physician.

One psychiatrist.

Work setup

Work at the center follows an adopted protocol for preoperative and postoperative management of patients.

Patients are usually examined initially to:

1. localize the fistula
2. determine the route of operation
3. Treat associated local or general infections/diseases.

Patients are usually discharged 2-3 weeks after the operation . Pre and postoperative psychological counseling/ rehabilitation of patients is provided by psychologists and social workers in compliance with our psychosocial rehabilitation programme.

Patient load

According to the UNFPA 2005 survey, there are 5000 new fistula case each year in Sudan. However, we just see the tip of the iceberg at the center. Each month the center receives 60-80 patients referred from all over Sudan, and from neighboring countries like Chad, Republic of Central Africa, Eritrea , Yemen, Saudi Arabia. So the backlog could be imagined.

Last year 325 operations were performed with an overall success rate of 80%-85% .It is noteworthy that the success rate for simple uncomplicated fistula is approaching 100%.

Training Programme Protocol

***(Based on the UNFPA minimum standards for training-
Campaign to End Obstetric Fistula –Johannesburg-South
Africa)***

Training of specialists, medical officers, and nurses is one of the three strategic interventions to end obstetric fistula. At our center training programmes had started since 2005, and our training protocol is based on the minimal international standards set by the UNFPA.

A/ Specialists (gynecologists , surgeons , urologists)

- * Minimum qualification required : 3 years surgical practice.
- * Minimum duration of training : 2 – 4 weeks .
- * Timetable details :
 - 1st week : 1) lectures - Specific counseling for fistula patients
 - Classification of obstetric fistula
 - Early management of obstetric fistula
 - Anaesthesia for obstetric fistula surgery
 - Surgical materials/ operative techniques
 - Intra- and post- operative complications
 - Management of sequelae
 - 2) Attending theatre as observer.
 - 2nd week : assisting in operations
 - Attending rounds and discussions
 - 3rd week : assisting in operations and operating on simple cases.
 - 4th week : operating on simple cases.

B/ Medical officers with surgical competencies

- Minimum qualification required : 3 years surgical practice
- Minimum duration of training : 4 – 6 weeks
- Timetable details :
 - 1st and 2nd weeks : lectures as above plus basic anatomy and physiology lectures.
 - 3rd and 4th weeks : assisting in operations and attending rounds and discussions.
 - 5th and 6th weeks : Establishment and management of a fistula treatment service including collection of clinical information , activity report , defining a referral system for treatment of complicated fistula cases.

C/ Nurses (any nurse can be trained for any nursing e.g. preoperative , intraoperative , postoperative care.

*Minimum duration of training : 4 – 6 weeks .

* Timetable details : lectures and practical on nursing of confined patients e.g. prevention of bed sores , basic physiotherapy , catheter care , preparation of the patient for the operation , care of clean surgical wounds. Also training on assisting in theatre if needed.

Research

Fistula is a rich and demanding area for research. The center had been (and still is) a Mecca for many thesis and research candidates from different institutes and universities to conduct studies/theses (undergraduate, postgraduate, clinical MD).

Currently a study to assess the social impacts of obstetric fistula is conducted.



Nothing is compared to the happiness of a cured fistula pilgrim

