mdg training

Babbar Ruga Fistula Teaching Hospital
Katsina

training of 20 consultants and 20 nurses

5 training workshop sessions of 14 days of 4 doctors and 4 nurses each

report

first session as pilot

training of 4 consultants and 4 nurses

from monday 30.05 thru saturday 11.06.2011

kees waaldijk MD PhD

chief consultant surgeon

sponsored and financed by:
waha-international
paris

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introduction

as based on our 35,000 repairs with evidence-based success of 97-98% at closure and the training of 350 doctors and 340 nurses since started in 1984,

we were approached by mdg to train 20 doctors and 20 nurses in the basics of the obstetric fistula and its (surgical) management during a training programme of 14 days

we set out a strategy for this novel type of training to make the most of it and we came up with an intensive training course of some 120-140 hours of theoretical lectures and practical surgical sessions whereby the quality to our patients and to our training will be guaranteed

it should be considered an intensive exposure as an introduction to the complicated complex trauma of the obstetric fistula and its (surgical) management

for this we will follow the internationally approved/accepted isofs-figo-rcog training manual as state-of-the-art guidelines

throughout the training course the accent will be on the quality and not on the quantity; for this we plan 3 operations per operating bed for 12 days; that will be 72 operations during the 2 weeks of training; or a total of 360 operations during the 5 sessions of 2 weeks

continuous monitoring will be provided by mdg, fmoh and ktmoh

a comprehensive evaluation report will be produced at the end of each 2-week training session and for the whole training programme

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executive summary

the trainees arrived monday 30.05.11 and were handed a cd-rom with 5 books about the obstetric fistula for self-study

the program was run from tuesday 31.05 thru saturday 11.06 for a full 12 days of 10 hours each from 8.00 thru 18.00 hr starting and ending with a wardround with in between surgery and lectures

out of the total of 86 operations performed the 4 trainee doctors performed 9 under strict supervision with good result; more was not possible since the difficulty grading increased during the course

on special request by all the trainees spinal anesthesia became part of the training course and all the 8 participants were able to practice

a total of 15 lectures were delivered where all the different topics were highlighted with special emphasis on the complex obstetric trauma in its broadest sense including total 3° cervix prolapse

a questionnaire was filled out by all participants for self-evaluation

by the end of the course all the participants had a far better understanding of the complex trauma of the obstetric fistula and its causes and of the urine and stool continence mechanism in the female

however, considering the limited time it can only be considered as an introduction to its (surgical) management; but at least they all know exactly what not to do which is very important

the trainees travelled home on sunday 12.06.11

the whole training was executed according to the guidelines of isofs-figo-rcog competency-based training manual

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from monday 30.05 thru saturday 11.06

logbook

sunday 29.05

14.00 to 17.00 discussion with trainers about how to process

monday 30.05

7.00 preparation of facilities

14.00 arrival of tranees, again discussion with trainers, extensive discussions with staff of FMOH
selection of patients for the training workshop

20.00 further discussions with FMOH staff

day 1
tuesday 31.05

6.30 preparation of the hospital

10.00 small opening ceremony, introduction of participants, explaining the training to all participants, tour of the center, mobilizing the funds

12.00 surgery with step-by-step teaching
1 state-of-the-art lecture and demonstration of reconstructive surgery in surgery sphincter ani rupture with preoperative theoretic explanation, explanation and demonstration of spinal anesthesia, **step-by-step** reconstruction of internal sphincter (anorectum), end-to-end reconstruc tion of sphincter ani and repair of perineal body with (in)direct re-union of transversus perinei and posterior re-union of bulbocavernosus muscles in para VI (5 alive)
2 state-of-the-art lecture and demonstration of fixation of cervix onto L superior pubic bone ramus/arcus tendineus fascia/obturator internus muscle against levator ani muscle as mini-invasive uterus-sparing proce dure for total 3° cervix prolapse in para II (all alive)

15.00 four lectures
a sphincter ani rupture; a complex trauma
b total 3° cervix prolapse
c the obstetric fistula in its broadest sense
d questions & answers about procedures and lectures

17.30 wardround of postoperative patients

19.00 end of the working day

day 2
wednesday 01.06.11

8.00 recap of the previous day by dr nasir garba from fmc azare
8.30 wardround
9.00 surgery: with step-by-step teaching
3 state-of-the-art lecture and demonstration of sphincter ani rupture again demonstration by chief surgeon/trainer of how to handle the systematic step-by-step reconstructive surgery of the sphincter ani rupture with theoretic teaching of the stool continence mechanism in the female according to the functional anatomy with the emphasis on the internal smooth-muscle sphincter in para VIII (7 alive)
4 repair pof type **IIAa** fistula as anteriolateral trauma at R as second obstetric fistula in para VI (0 alive)
5 type **IIAa** uvvf-repair by trainee doctor under direct supervision/assis tance of chief surgeon in para I (0 alive)
6 bilateral ureter catheterization + uvvf-repair + bilateral fascia fixation as type **IIAa** in para IV (3 alive)
7 catheterization R ureter and **early closure** of type **IIAa** in para XIV (9 alive)
8+9 combined uvvf + cs-vcvf-repair in para II (1 alive)
10 complicated type **IIAa** fistula repair + bilateral fascia fixation in para IX (0 alive) with severe postpoliomyelitis syndrome R leg
15.00 handing out the isofs-figo-rcog training manual and questionnaire for self-evaluation to all participants
no lecture in order to allow the participants to fill out the questionnaire
discussion of the programme + forming teams for better postoperative care by dr said ahmad; it was agreed upon that each team would stay in the postoperative ward up till 20.30 for supervising the immediate postoperative care
17.30 postoperative wardround
17.30 logbook discussion with trainee doctor about her own repair
18.00 selection of patients for next day
19.00 end of the day

day 3
thursday 02.06

6.30 preparations for the day
8.00 recap of the previous day by dr idris ahmed from fmc keffi
8.30 extensive postoperative wardround
10.00 surgery with step-by-step teaching
11 state-of-the-art lecture and demonstration of uterus-sparing fixation of cervix in 3° total cervix prolapse in para VII (5 alive)
12 continent urethra(lization) reconstruction in type **IIBa** mutilated yankan gishiri fistula in 69-yr-old P0 bco congenital condition
13 type **IIAa** uvvf-repair by trainee doctor under direct supervision/assis tance by chief surgeon in para II (all alive)
14 type **IIAa** uvvf-repair by trainee doctor under direct supervision/assis tance by chief surgeon in para XI (9 alive)
15 extensive type **IIBb** uvvf-repair as **first stage** in para IX (4 alive)
16.00 two lectures
17.30 postoperative wardround
logbook discussions with tranee doctors about their own procedure
19.00 end of the day

day 4
friday 03.06

6.30 screening of patients
8.00 recap of previous day by dr sadiya nasir from uduth
8.30 wardround
9.00 surgery with step-by-step teaching
18 state-of-the-art lecture and demonstration by chief surgeon of surgery for total **post IIAb** repair total **incontinence:** urethralization by bilateral (re)fixation of pubocervical fascia fixation onto paraurethra_euo atf in para I (0 alive)
19 demonstration of fistula in advanced cervix carcinoma as another cause of fistula
20 type **IIAa** uvvf-repair by trainee under direct supervision/assistance by chief surgeon in para I (alive)
21 state-of-the-art lecture and demonstration by chief surgeon of cir cumferential fistula type **IIAb:** circumferential repair with bilateral ureter catheterization, end-to-end vesicourethrostomy and bilateral refixation of pubocervical fascia onto paraurethra_euo atf in para I (0 alive)
22 type **I** vcvf-repair of **new 2nd** obstetric fistula 14 years after successful cs-vcvf-repair in babbar ruga in 1997 in para V (0 alive)
23 type **I** vcvf-repair as **first stage** + type **Ib** rvf-repair with blunt disruption of rectum stricture in pat with multiple 3 fistulas in para VI (3 alive)
24 type **I** vcvf-repair in para V (0 alive)
25 complicated type **IIAa** uvvf-repairby trainer operated already 2x in niger in para VIII (6 alive)
13.00 break
16.30 **four** lectures
e fistulas for beginners
f pelvis anatomy + pelvis floor anatomy: arcus tendineus fasciae, pubo cervical fascia, levator ani muscle etc etc
g obstetric trauma in relation to pelvis inlet and pelvis floor structures
h exceptional obstetric vulva trauma/sphincter ani rupture/atonic bladder + its surgical management
17.45 postoperative wardround
logbook discussion with trainee doctor about his own operation
19.00 end of the day

day 5
saturday 04.06
6.30 selection of patients + preparations for the day
8.00 recap of previous day by mrs rosemary obiorah
8.30 wardround
9.00 surgery with step-by-step teaching
26 state-of-the-art lecture and demonstration by chief surgeon of recon struction of mutilated sphincter ani rupture already operated 3x with severe introitus stenosis in para II (all alive)
27 transurethral stone removal as first stage for **third** fistula as preparation for continent urethra reconstruction as **2nd** stage in para XI (6 alive)
28 highly complicated ps-like mutilated type **IIBb** fistula repair as **last resort final** in para I (0 alive) operated 2x by incompetent surgeons
29 catheterization R ureter and repair of type **IIAa** fistula in para I (0 alive)

30 repair and transverse fascia repair in **mutilated** type **IIAa** fistula in para III (0 alive) operated 2x
31 vvf-repair of type **I** fistula in para III (0 alive) operated 1x
32 early closure of type **I** fistula in para VII (4 alive)

16.00 **2 lectures**
i classification of vvf with results in 1,716 patients
j pubocervical fascia defect obstetric and incontinence

17.00 wardround

17.00 selection of partients for next day

19.00 closure of the day

day 6
sunday 05.06

7.00 preparations for the day

8.00 recap by mrs binta adamu garba

9.00 surgery with step-by-step teaching
33 state-of-the-art lecture and **step-by-step** demonstration of recon structive surgery for sphincter ani rupture already operated 2x
34 repair of type **I** fistula by trainee doctor under direct supervision/assis tance by chief surgeon in para VIII (5 alive)
35 repair and fascia repair/bilateral fixation of residual type **IIAb** lungu fistula in para I (0 alive)
36 urethralization by bilateral fascia fixation in total post **IIAb** intrinsic_ stress incontinence grade III in para I (0 alive)
37 assessment of type **I** cs-vcvf in para VIII (4 alive) with severe obesity and fistula high up in vagina; first to slim down
38 bilateral fascia fixation in total post **IIAa** intrinsic_stress incontinence in para I (0 alive)
39 repair + bilateral fascia fixation in large type **IIAa** fistula in para VI (2 alive)

16.30 no lectures since it is sunday

16.30 wardround

16.30 closure by participants
selection of patients for next day

18.00 closure of the day

day 7
monday 06.06

700 preparations for the day

800 recap by dr idris ahmed (sphincter ani reconstruction) and by mrs okoye s lami

900 surgery with step-by-step surgery
40 state-of-the-art lecture and step-by-step demonstration of cervix fixation in total 3° cervix prolapse in para IX (8 alive)
41 type **IIAb** repair by trainee doctor under direct supervision/assistance of chief surgeon/trainer in para VI (4 alive)
42 early closure and transverse fascia repair of type **IIAa** fistula by trainee doctor
43 assessment by methylene blue iv/and dye test in 13-yr-old girl suspected of ectopic ureter
44 tah-cs-vcvf-repair as **second stage** after successful uvvf-repair as first stage in para VI (3 alive)
45 catheterization L ureter and cs-vcvf-repair in type **I** fistula not healed by catheter in para X (2 alive)

46 early closure of type **I** tah-cs fistula in para II (all alive)
47 bilateral fascia fixation in total post **IIAa** intrinsic_stress incontinence in para I (0 alive)

16.00 lectures
k prevention of postrepair stress incontinence

17.00 postoperative wardround
logbook discussion with 2 trainees doctor about their own repair

17.30 selection of patients

18.30 end of the day

day 8
tuesday 07.06

7.00 preparations for the day

8.00 recap by dr sunday e adaji

830 wardround

900 surgery with step-by-step teaching
48 state-of-the-art fixation of cervix in total 3° cervix prolapse in para VI (3 alive)
49 repair of residual type **IIAa** fistula after early complicated closure in para VIII (4 alive)
50 repair of type **I** tah-cs fistula in para VII (0 alive)
51 state-of-the-art lecture and **step-by-step demonstration** of bilateral ureter catheterization and circumferential bladder fixation into euo as first step in reconstructive surgery of **mutilated extensive** type **IIBb** fistula operated 1x in para I (0 alive)
52 uvvf-repair with fascia repair of type **IIAa** fistula in para XIII (8 alive)
53 bilateral ureter catheterization and closure of type **I** cs-vcvf fistula in para X (6 alive)
54 type **I** cs-vcvf fistula repair as **second stage** after successful closure of uvvf as **first stage** in para IV (3 alive)
55 residual type **IIAa** fistula closure in second obstetric fistula in para II (0 alive) operated 1x
lectures
I immediate management of the obstetric fistula by catheter and/or early closure

17.00 wardround

17.30 selection of patients

18.30 end of the day

day 9
wednesday 08.06

700 preparations for the day

800 recap by mrs lami sa osori

830 wardround

900 surgery with step-by-step teaching
56 demonstration of catheter for immediate management in 5-day-old fistula in para X (3 alive) with second obstetric fistula
57 state-of-the-art urethra reconstruction as second step after **nicely healed** fixation of bladder into euo as first step in type **IIBa** yankan gishiri fistula in para 0
58 excision of scar tissue and repair of type **IIAa** fistula with objective stress incontinence by trainee under direct supervision in para IV (0 alive)

59 transverse fascia repair and bilateral fixation as **last resort** in total post **IIAb** intrinsic_ stress incontinence in para III (0 alive) with **third consecutive** obstetric fistula/leakage
60 ps-like rvf repair of large type **Ic** rectovaginal fistula as **minimum surgery** after successful closure of extensive type **IIAb** urine fistula in para II (0 alive)
61 closure of type **IIAa** fistula after bladder stone removal in para IX (4 alive)
62 complicated repair of **mutilated extensive** type **IIAa** fistula in para III (1 alive) operated 2x by inexperienced surgeons
63 early closure of type **IIAa** fistula as **second** obstetric fistula in PXI (2 alive)
64 last resort final uvvf-"repair" with euo-rhaphy after already **last resort final** repair in **mutilated extensive** type **IIAb** fistula in PI (0 alive)

17.00 no lectures since problems with projector
17.30 postoperative wardround
17.30 selection of patients
18.30 end of the day

day 10
thursday 09.06

7.00 preparations for the day
800 recap by dr nasiru garba
830 wardround
900 surgery with step-by-step teaching
65 demonstration of what can go wrong in inexperienced hands
66 demonstration of closure with bilateral fascia fixation in post IIAb intrinsic incontinence with minute fistula in para I (0 alive)
67 early closure of type **IIAa** fistula by trainee doctor under personal supervision/assistance by chief surgeon in para X (4 alive)
68 last resort final shortening euo-plasty with bilateral fascia fixation in total post extensive **IIBb** repair intrinsic_stress incontinence in para I (0 alive)
69 continent urethra/avw reconstruction in total post **extensive IIAb** urine intrinsic_stress incontinence in para I (0 alive)
70 vaginal removal of impacted bladder stone with small fistula after multiple repairs in para I (0 alive)
71 urethralization and bilateral fascia fixation in total post **extensive IIBb** urine intrinsic_stress incontinence in para VIII (7 alive)
72 bilateral fascia fixation in total post **IIAb** urine intrinsic_stress incontinence in para VI (3 alive)
73 dilatation + foley ch 18 in acute urine retention due to uv-stricture after multiple repairs and deliveries in para III (0 alive)
74 catheter treatment for total postpartum post **IIAb** incontinence grade III in para IX (2 alive) as **second** obstetric leakage
75 catheter treatment for total postpartum incontinence grade III and stool/flatus incontinence and saddle anesthesia due to sacral plexus trauma in para I (0 alive)

16.00 lectures dr hallriu
m vvf in Nigeria
n preoperative preparation
17.30 postoperative wardround
logbook discussion with 2 trainee doctors about their own repair
18.00 selection of patients
19.00 end of the day

day 11
friday 10.06

7.00 preparations for the day
8.00 recap by dr idris ahmed
8.30 wardrouind
9.00 surgery with step-by-step teaching
76 demonstration of minimum surgery for rvf type **Ic** as preferred by patient in totally mismanaged vvf- and rvf patient with colostomy and suprapubic catheter for 5 yr in para III (1 alive)
77 state-of-the-art fixation of cervix in total 3° cervix prolapse in para V (4 alive)
78 last resort final bilateral pcf/avw fixation in post extensive "inoperable" type **IIBb** intrinsic_stress incontinence grade III in para I (0 alive)
79 last resort final bilateral pcf fixation in total post **IIAb** urine intrinsic_ stress incontinence after multiple repairs in para I (0 alive)
80 bilateral fascia fixation in total post **extensive IIBb** urine intrinsic_ stress incontinence after multiple repairs in para I (0 alive)
81 uvvf-repair + euo-rhaphy in **inoperable IIBb** fistula after somebody cut her up for ba hanya after successful repair in para I (0 alive)
82 urethralization by bilateral fascia fixation in post **extensive IIAb** urine intrinsic_stress incontinence in para I (0 alive)
13.00 break
16.00 lecture by dr said ahmad
o postoperative care
17.30 wardround
17.00 dr chris osa from FMOH arrives
17.30 selection of patients
19.00 end of the day

day 12
saturday 11.06

7.00 preparations for the day
8.00 recap by ms binta garba
8.30 wardround
9.00 surgery with step-by-step teaching
83 state-of the-art demonstration of advancement/circumferential fixation of bladder into euo in **extensive** type **IIBb** fistula as first stage in ba hanya in para I (0 alive)
84 bilateral fixation of pc fascia onto para-euo atf as **last resort final** procedure in post **IIAb** total instrinsic_stress incontinence after vvf/rvf-repair in para II (0 alive)
85 uvvf-repair + euo-rhaphy in type **IIAa** fistula in para VI (1 alive) after operation elsewhere
86 vvf-repair of type **I** fistula caused by caustics for reasons unknown in para XI (4 alive)
13.00 evaluation of the training programme by trainees and trainers
small closing ceremony
handing out certificates to participants
farewell wishes
15.30 participants left hospital
17.00 wardround
18.00 selection of patients
19.00 end of the day

day 13
sunday 12.06

	participants travelled home and routine returned
900	surgery
14.00	chief sugeon travelled to kano for surgery and for organizing the second session starting monday 27th of June 2011

sincerely yours,

kees waaldijk MD PhD 21s of June 2011
chief consultant surgeon

participants

dr idris ahmad	chief medical officer	fmc	keffi
mrs rosemary obiorah	acno	fmc	keffi
dr sadiya nasir	consultant obs&gyn	uduth	sokoto
mrs lami s a osori	acno	uduth	sokoto
dr nasir garba abdullahi	consultant obs&gyn	fmc	azare
ms binta adamu garba	sno	fmc	azare
dr sunday eneme adaji	consultant obs&gyn	abuth	zaria
mrs lami s okoye	acno	abuth	zaria

trainers

dr said ahmad	consultant obs&gyn	jahun vvf center
dr idris a halliru	moh	katsina

facilitators pre-, intra- and post-operative care

dr abdulmajid mudasiru	cmd	babbar ruga hospital
alh abdullahi haruna	cno	
alh kabir k lawal	cno	
alh gambo lawal	cno	
hajiya adetutu ajagun	cno	
hajiya amina mamman	cno	

chief trainer

dr kees waaldijk	chief consultant surgeon	babbar ruga hospital

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it should be considered an intensive exposure as an introduction to the complicated complex trauma of the obstetric fistula and its (surgical) management
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throughout the training course the accent will be on the quality and not on the quantity; for this we plan 3 operations per operating bed for 12 days; that will be 72 operations during the 2 weeks of training; or a total of 360 operations during the 5 sessions of 2 weeks
continuous monitoring will be provided by mdg, fmoh and ktmoh
a comprehensive evaluation report will be produced at the end of each 2-week training session and for the whole training programme

day-to-day outline of the progamme

day 1

opening ceremony, introduction of participants, explaining the training to all participants and questionnaire for self-evaluation, tour of the center, introductional lecture about the obstetric fistula in its broadest form

day 2-13

8.00 to 9.00	wardround
9.00 to 14.00	surgery, examination etc
14.00 to 1500	lunch etc
15.00 to 17.00	theoretical lectures, questions & answers about procedures etc
17.00 to 18.00	wardround

day 14

wardround, ?surgery?, explaining the initial questionnaire for self-evaluation, handing out the certificates, evaluation of the programme by trainers, trainees and sponsors, closing ceremony

content of training

history taking, examination, preoperative care

pre-anesthesia care, spinal anesthesia

surgery with explanation of the whole complex trauma of the obstetric fistula customized to the individual patient, explanation of surgical steps in reconstruction

surgery

2 operating beds with each a trainer + 2 consultant trainees

chief consultant surgeon as supervising the whole process of training: practically and theoretically

postoperative care

health counselling right from the beginning when the patient presents herself

self-study by the participants:

study material for the trainees on their own; before starting each trainee will be given a cd-rom with the following:

(surgical) management of bladder fistula in 775 women in Northern Nigeria; phd thesis; 1989

step-by-step surgery of vesicovaginal fistulas; 1994

obstetric fistula surgery; art & science; 2004

25 years of obstetric fistula surgery; report XXV for the years 1984-2008

national vvf project report XXVII for the year 2010

presurgical examination
to confirm fistula, pudendal nerve function + peroneal nerve function, general health, hydration, blood pressure

spinal anesthesia
3 ml heavy bupivacaine 0.5% at L4/L5
monitoring

examination under anesthesia just before surgery is started
all the obstetric intravaginal lesions to be demonstrated, then based on this the fistula is classified, surgical plan of action outlined and performed/demonstrated and prognosis given as to healing and as to continence in 5% range

questions & answers
after each surgical procedure

classroom lectures:

pelvis and pelvis floor anatomy

urine continence mechanism in the female

stool continence mechanism in the female

the complex trauma of obstetrics in relation to pelvis and pelvis floor

immediate management by catheter and early closure

classification of urine fistulas as related to the obstetric trauma

classification of stool fistulas as related to the obstetric trauma

principles of surgery according to classification with prognosis as to closure and continence

urine incontinence as related to defects in the pubocervical fascia with consequences for continence surgery

genuine urine incontinence as related to defects

prevention of postrepair incontinence with reconstructive steps during the repair

conservative management of postrepair incontinence

reconstructive surgical management of postrepair incontinence

preoperative preparation

the importance of high oral fluid intake pre- and postoperative

spinal anesthesia

data collection and data management
since data are very important in monitoring and the management and the project as a whole, special emphasis will be placed on how to collect which data and how to manage the data

training modules
during the whole training period the isofs-figo-rcog manual will be used as objective standard of international state-of-the-art training in a prospective way also to test the manual in a critical way

training time
since the training will be 10 hours a day for a full 14 days this will amount to 120-140 hours of individual training which is comparable to 4 week-training of 35 hours per week compressed within 14 days

at the very end the same questionnaire will be explained for self-evaluation by all participants

sincerely yours,

kees waaldijk, MD PhD 31st of May 2011
chief consultant surgeon

acknowledgment

since MDG, the **main sponsor of this training programme**, is highly interested in cooperation and since this training is only possible by contributions of other parties in the past and present

I would like to commend the following organizations/individuals

Federal Ministry of Health will select the trainers and trainees and will monitor the training and is responsible for all the logistics and will handle the available funds

UNFPA for combining their pooled efforts with this training programme
Katsina State Government for their financial, moral and personnel support
The Yar'adua family of Katsina for building our first postoperative ward and for their continuing major support
Service to Humanity Foundation for donating our operating theatre etc
USAID_Acquire for renovating our training/teaching class room and for providing the hospital with internet facilities
SK Foundation with TTT Foundation for sponsoring the running cost for 17 years; without this there would be no national project
WAHA-international for sponsoring the running costs for the last 1.5 yr for supplying computers etc and for developing teaching/training materials
Family care for their rehabilitation programme
Hajiya Amina Sambo, former president of National Task Force on VVF
Other individuals and organizations who provided support during the last 27 years like feeding our patients etc
ISOFS for developing the training manual
FIGO for developing the training manual
RCOG for developing the training manual
last of all, each and every of the staff of Katsina Fistula Teaching Hospital since it is team work that counts

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