

subj (katsina) female 20 yr 02/12-83

surgeon: Kees WAALDIJK

assistant: Dr Sarki USMAN

diagnosis: PI, \pm 0.8 cm vesicovaginal fistula midline bladder neck type **IIAa**, leaking urine of 3 yr that started immediately following difficult labor for 4 days, an SB male, married 6 yr ago, not living with husband
EUO/F 4 cm

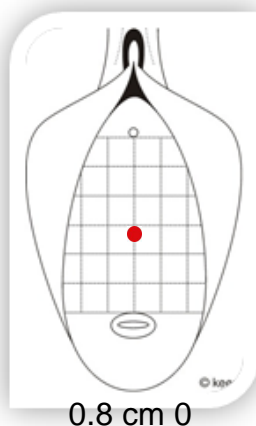
operation: VVF-repair and bulbocavernosus fat graft R

duration: 90 min

anesthesia: general

injection of normal saline with adrenaline into tissue surrounding fistula, circumferential incision 2-3 mm from fistula edge, blunt dissection of avw from bladder over 5 cm, difficult sharp dissection of avw from urethra over 3 cm, completely tension-free transverse bladder closure by a double layer of inverting atraumatic chromic catgut 00, check on closure by gentian violet instillation through catheter, incision R labium majus, dissection of bulbocavernosus fat, tunneling between bladder/urethra/anterior vagina wall up to incision R labium, rerouting the bulbocavernosus fat thru this tunnel and fixation over repair, check on hemostasis, closure of vagina and labium pressure pad; catheter for at least 3 wk

16.12.83	not leaking/labium healed	cath removed	bladder drill
17.12.83	not leaking at all, no incontinence, normal miction	Insp/ healed, no stress incontinence	
19/06-84	not leaking at all, no incontinence, normal miction	healed, no stress	
27.02.86	amenorrhea for 8-9 mth	not leaking at all	instruction
13/03-86	PII (0 alive) <u>live</u> female by cs <u>died</u>	not leaking at all	



RR
preanesthesia: mm Hg
5":
10":
postoperation:

Pt 2

KATSINA

VVF 2

fid (katsina)

female

25 yr

12/01-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), ± 0.3x0.2 cm vesicouterocervicovaginal fistula type I, leaking urine for 6 mth which started immediately following CS (July 1983) b.c.o. difficult last labor for 2 days, SB male

operation: **abdominal** repair and supravaginal hysterectomy

duration: 2 hr

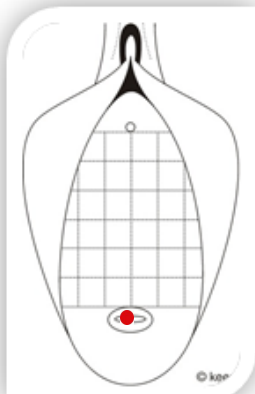
anesthesia: spinal L2/L3 with 2 ml lignocaine 5%

median lower incision thru scar opens up abdomen, normal uterus, bladder peritoneum fixed halfway corpus, ovary cyst R, opening ovary cyst by scalpel, sharp dissection of bladder from uterus/cervix, but no fistula identified, opening of bladder: 0.3x0.2 cm fistula at L at corpus/cervix junction, further sharp dissection of bladder from cervix, due to traction uterus tears off cervix, supravaginal hysterectomy performed, tension-free bladder closure by double inverting continuous chromic catgut, closure of cervix, fixation onto infundibulopelvic ligaments, check on hemostasis, peritonization, closure of bladder top by double inverting continuous chromic catgut, check on hemostasis and closure in layers; indwelling bladder catheter for 3 wk, septrin 2 tabs bds for 2 wk

30.01.84 not leaking at all cath removed bladder drill

31.01.84 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence

03.04.84 not leaking at all, no incontinence, normal miction healed, no stress pt unhappy about sth



vesicouterine fistula

RR
 preanesthesia: 140/90 mm Hg
 5": 140/90
 10": 140/90
 postoperation: 140/90

Pt 3

KATSINA

VVF 3

mig (katsina)

female

35 yr

01/02-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (3 alive), ± 3x2 cm vesicourethrovaginal fistula midline type **IIAb**, leaking of urine for 1 yr which started immediately following difficult last labor for 3 days, SB female, married 20 yr ago, not living with husband, drop foot R
EUO/F 1.5 cm

operation: UVVF-repair and bulboavernosus fat plasty R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

injection of adrenaline/normal saline into tissues, incision at 0.1 cm from fistula edge, sharp/blunt dissection of the avw, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single continuous chromic catgut, **no** second layer possible, gv check, incision R labium majus, dissection/mobilization of bulboavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over the repair, transverse avw closure with interrupted chromic catgut, skin closure, pressure pad, vagina pack

22.02.84 not leaking/labium healed cath removed bladder drill

12.03.84 not leaking, incontinence + insp_gv/ healed, stress +

18/06-84 leaking & miction insp/ healed, stress incontinence ++

16/07-84 operation: lengthening urethroplasty VVF 46

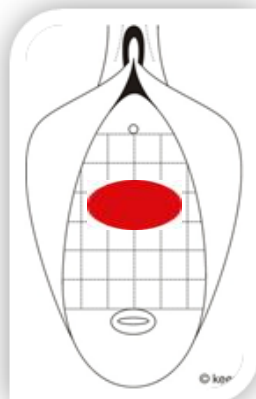
minute < 0.1 cm fistula L

08/03-85 operation: UVVF-repair VVF 107

09/04-85 not leaking, incontinence ±, normal miction

insp/ healed, incontinence ±

drop foot recovered



3x2 cm

RR

preanesthesia: 130/90 mm Hg

5": 125/85

10": 125/85

15": 120/80

postoperation: 120/80

Pt 4

KATSINA

VVF 4

mam (katsina)

female

15 yr

20/03-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4x2 cm urethrovesicovaginal fistula type **IIAa**, leaking urine for 1 yr which started immediately following a difficult labor for 2 days, SB male, married 2 yr ago, not living with husband, drop foot L
EUO/F 4 cm

operation: UVVF-repair and bulbocavernosus fat plasty R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision \pm 0.2 cm from fistula edge, sharp dissection of avw, FOLEY Ch 16, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fat, a blunt tunneling under R lateral vagina wall, fixation of this fat over repair, check on hemostasis, skin closure, pressure pad, pack; free urine flow

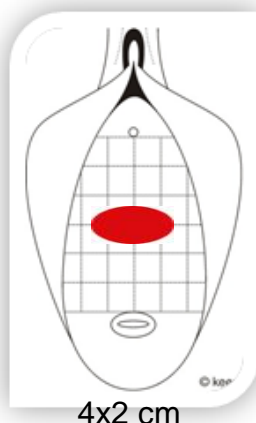
07.04 not leaking/labium healed gv/ no leakage cath out bladder drill

09.04.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.05 + 21.06.84 idem

27.09.84 not leaking at all, no incontinence, normal miction healed, no stress

02/04-86 **amenorrhea for 3 mth** not leaking at all **instructions**
drop foot L recovered



RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/70
15": 125/75
postoperation: 125/70

Pt 5

KATSINA

VVF 5

h/b (Katsina)

female

15 yr

21/03-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **very extensive** ± 8x6 cm urethrovesicovaginal fistula with urethra block type **IIAb**, leaking urine for 1 yr that started immediately following difficult labor of 1 day, SB female, married 3 yr ago, not at her husband EUO/F 3 cm, F/C 3 cm

operation: UVVF-repair and bulbo cavernosus fat plasty R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 0.2 cm from fistula edge, sharp/blunt dissection of avw, dissection of bladder from cervix, uterus very mobile, FOLEY Ch 16, a tension-free transverse bladder/urethra closure by layer of inverting chromic catgut, gv check: leakage, child too small for further dissection, inversion by second layer of inverting chromic catgut, incision R labium majus, sharp dissection/mobilization of bulbo cavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, gv check: minimal leakage which we have to accept, skin closure, pressure pad, vagina pack; free urine flow

13.04 + 25.04 leaking/labium healed gv leakage 19.05 cath removed drill
19.05.84 healed, total incontinence

17/10-84 operation: UVVF-urethroplasty/fibrofatty graft L VVF 82

10/04-85 operation: UVVF-repair VVF 130

26/02-87 operation: rhaphy + elevation VVF 558

25/08-87 not leaking at all, no incontinence, normal miction healed, no stress

13/04-88 **amenorrhea for 3 mth** not leaking at all **instructions**

extensive second obstetric fistula PIII (0 alive) live female in hosp died

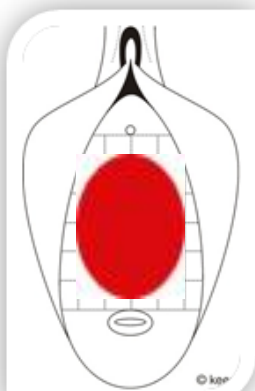
16/09-92 operation: circumferential UVVF-repair VVF 2114

28.10.92 breakdown

22/06-94 operation: UVVF-repair VVF 2788

22/10-94 operation: VVF-"repair" VVF 2928

26/11-94 leaking ++ & miction ?healed?, good elevation, no stress



longitudinal 8x6 cm

RR
preanesthesia: 140/90 mm Hg
5": 145/85
10": 145/85
15": 145/85
postoperation: 110/70

hms (katsina)

female

22 yr

22/03-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (3 alive), \pm 4 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 2 yr which started immediately following obstructed last labor for 7 days, SB female, married 10 yr ago, not living with husband
EUO/F 3.5 cm

operation: UVVF-repair and bulbo cavernosus fat plasty R

duration: 60 min

anesthesia: spinal L4/L5 with 2 ml lignocaine 5%

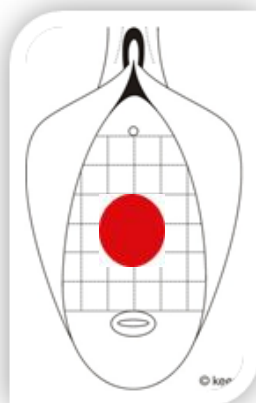
incision \pm 0.2 cm from fistula edge, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, second layer not possible, gv check, incision R labium majus, sharp dissection/mobilization of bulbo cavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

09.04 + 13.04 not leaking/labium healed gv/ leakage next to catheter

15.04.84 cath out not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

24.04 + 19.06.84 idem

18.10.84 not leaking at all, no incontinence, normal miction healed, no stress

18/03-86 **amenorrhea for 7 mth** not leaking at all **instructions**

4 cm 0

RR
preanesthesia: 130/85 mm Hg
5": 135/85
10": 130/90
15": 130/85
postoperation: 125/80

Pt 7

KATSINA

VVF 7

zhm (katsina)

female

16 yr

27/03-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 3x2 cm urethrovesicovaginal fistula midline/L type **IIAb**, leaking of urine for 2 yr which started immediately following obstructed labor for 2 days, SB male, married 3 yr ago, not living at her husband; pwv stricture EUO/F 4 cm

operation: UVVF-repair and bulbocavernosus fat plasty R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, first continuous and second interrupted, check by gv, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, skin closure, pressure pad and vagina pack; free urine flow

13.04 not leaking/labium healed gv/ no leakage cath out bladder drill

15.04.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

24.04.84 idem

19.09.84 not leaking at all, no incontinence, normal miction healed, no stress

second obstetric fistula completely ok until PII (0 alive) sb female at home

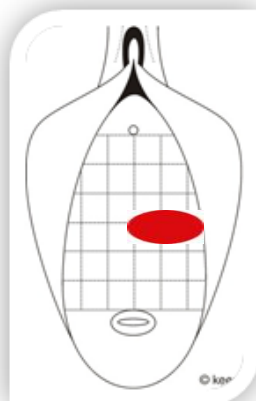
01/07-88 operation: UVVF-repair VVF 960

16/11-88 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

third obstetric fistula completely ok until PIII (1 alive) live female in hosp

02/09-93 operation: cystostomy_stone_VVF-repair VVF 2418

28/05-94 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



3x2 cm

RR

preanesthesia: 135/85 mm Hg

5": 135/85

10": 130/80

15": 130/80

postoperation: 125/80

asat (rép niger)

female

20 yr

28/03-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI \pm 4 cm 0 vesicovaginal fistula midline/L type I, leaking urine for 3 yr which started immediately following obstructed labor for 3 days, SB female, married 8 yr ago, not living at husband; wart-like tumors of cervix, pvw stricture
EUO/F 6 cm, F/C 2 cm

operation: catheterization L ureter, VVF-repair and R bulbocavernosus fat plasty

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

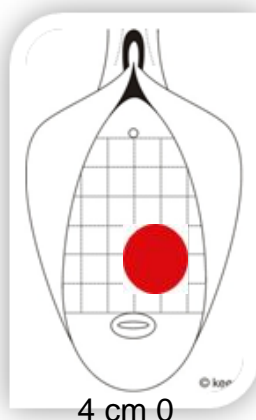
incision at \pm 0.2 cm from the fistula edge, sharp/blunt dissection of avw, sharp dissection of bladder from cervix/pubis bones, catheterization L ureter for 15 cm, FOLEY Ch 16, tension-free transverse bladder closure with a single layer of inverting chromic catgut, second layer not possible, check by gv, incision R labium majus, a sharp dissection/mobilization of bulbocavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, skin closure, pressure pad, pack; free urine flow

13.04 not leaking/labium healed gv/ no leakage cath out bladder drill

14.04.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

24.04 + 19.06.84 idem

19.06.84 not leaking at all, no incontinence, normal miction healed, no stress

23/07-85 **amenorrhea for 5 mth** not leaking at all **instructions**

RR

preanesthesia: 145/95 mm Hg

5": 145/95

10": 145/95

15": 140/90

postoperation: 135/90

lis SOKOTO city

female

25 yr

29/03-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (1 alive), \pm 1 cm 0 vesicovaginal fistula R type I, leaking urine for 4 yr which started immediately following an obstructed last labor of 2 days, SB male **twins**, not living at husband, operated 2x for VVF 2 yr ago
EUO/F 6 cm, F/C 1.5 cm

operation: VVF-repair and bulbocavernosus fat plasty R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection of avw, FOLEY Ch 12, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

13.04 not leaking/labium healed gv/ no leakage cath out bladder drill

14.04.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

25.04 + 19.06.84 idem

13.09.84 not leaking at all, no incontinence, normal miction healed, no stress

new stone-induced fistula

13/01-88 operation: cystostomy_stone VVF 818

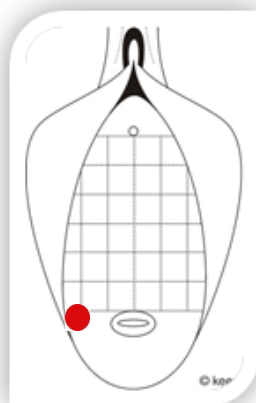
11/04-88 gv: **new fistula** extremely at R

09/07-88 operation: VVF-repair VVF 964

17/10-88 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

21/05-89 **amenorrhea for 8 mth** not leaking at all **instructions**

26/09-89 delivered **live male at home** 2 mth ago not leaking at all



1 cm 0

RR

preanesthesia: 130/85 mm Hg

5": 130/85

10": 130/85

15": 130/85

postoperation: 130/85

Pt 10

KATSINA

VVF 10

aas (katsina)

female

15 yr

03/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 3 cm 0 vesicovaginal fistula at R type I, leaking urine for 2 yr which started immediately following obstructed labor of 5 days, SB male, married 3 yr ago, not living with husband
EUO/F 6 cm, F/C 0 cm

operation: bilateral ureter catheterization, VVF-repair and fibrofatty pad plasty R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral ureter catheterization, incision at ± 0.2 cm from fistula edge, sharp dissection, FOLEY Ch 12, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus sharp dissection/ mobilization of bulbocavernosus fat and tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

19.04 not leaking/labium healed gv/ no leakage cath out bladder drill

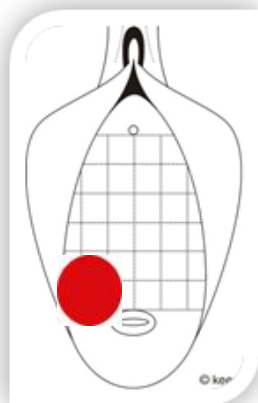
20.04.84 not leaking at all, no incontinence, normal miction
insp/ healed, cystocele ++, no stress incontinence

04.05 + 04.06 + 28.08.84 idem

18,02,85 not leaking at all, no incontinence, normal miction healed, no stress

01/04-86 **amenorrhea for 5 mth** not leaking at all **instructions**

28.05.96 pat delivered in hospital live female not leaking at all



3 cm 0

RR
 preanesthesia: 130/80 mm Hg
 5": 130/75
 10": 130/80
 15": 120/75
 postoperation: 130/80

Pt 11

KATSINA

VVF 11

aad (katsina)

female

16 yr

04/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 4 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 8 mth which started 6 days following obstructed labor of 2 days, SB male, married 5 yr ago, not living with husband
EUO/F 4 cm

operation: UVVF-repair and bulbo cavernosus fat plasty R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp dissection of avw, FOLEY Ch 12, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbo cavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, skin closure and pressure pad, vagina pack; free urine flow

19.04 not leaking/labium healed gv/ no leakage cath out bladder drill

20.04.84 not leaking at all, no incontinence, normal miction

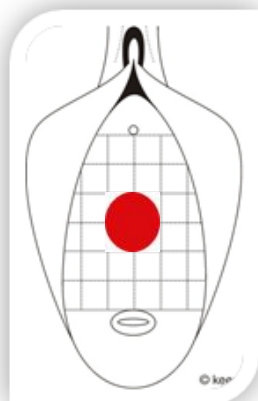
insp/ healed, no stress incontinence

04.05 + 01.06 + 02.08 + 02.10.84 idem

26.02.85 not leaking at all, no incontinence, normal miction healed, no stress

12.04.85 **amenorrhea for 4 mth** not leaking at all **instructiona**

15/11-85 **PII (1 alive)** delivered live female **at home** 41 days ago not leaking at all



4 cm 0

RR

preanesthesia: 125/75 mm Hg

5": 125/75

10": 120/75

15": 125/75

postoperation: 125/75

hya (katsina) female 20 yr 05/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula, leaking of urine for 1.5 yr which started immediately following obstructed labor for 3 days, SB male, married 6 yr ago, not living with husband
sphincter ani rupture with rectovaginal fistula
EUO/F 4 cm

operation: UVVF-repair and bulboavernosus fat plasty R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection of avw, sharp/ blunt dissection of bladder from lateral sides, FOLEY Ch 12, tension-free transverse bladder/urethra closure by single inverting continuous chromic catgut, gv check: minimal leakage under very high pressure, incision R labium majus, sharp dissection/mobilization of bulboavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow **nb** blood loss \pm 500 ml for which 2,000 ml normal saline po

19,04 not leaking/labium healed gv/ no leakage cath out bladder drill

20.04.84 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

02.05 + 17.05.84 idem

18.10.84 not leaking at all, no incontinence, normal miction healed, no stress

19/02-86 delivered live male by CS leaking sometimes **new fistula**

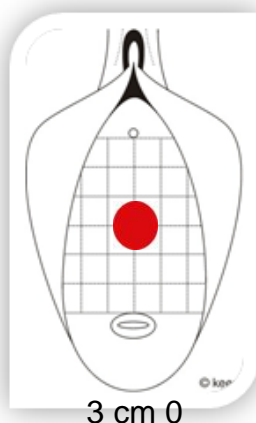
insp_gv/ leakage deep R FOLEY C 16 for 6 wk

actually pat comes for RVF-repair PII (1 alive)

08/09-87 operation: VVF-repair second obstetric fistula VVF 714

06/01-88 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

07.01.88 operation: rectum/sphincter/perineal body rvf 5329.05.89 not leaking at all, no incontinence, stools ok **both** healed, no stress

RR
preanesthesia: 120/70 mm Hg
5": 110/70
10": 110/70
15": 110/70
postoperation: 70/40

Pt 13

KATSINA

VVF 13

dak (katsina)

female

16 yr

06/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (1 alive), ± 1 cm 0 vesicovaginal fistula slightly to L in front of cervix, leaking urine for 1 yr that started immediately following obstructed last labor for 9 days, SB male, married 7 yr ago, still living with husband
EUO/F 8 cm, F/C 0 cm

operation: VVF-repair and bulbocavernosus fat plasty R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

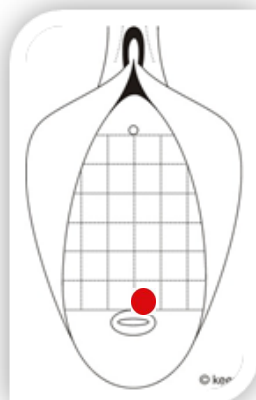
incision at 0.2 cm from fistula edge, shar/blunt dissection of avw, sharp/ blunt dissection of bladder from cervix, FOLEY Ch 12, tension-free transverse bladder closure by double layer of inverting chromic catgut, check by gv, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fat, tunneling under R lateral vagina wall, fixation of this fat over repair, transverse avw/cervix closure (with uterine sound inside cervix canal), skin closure, pressure pad, vagina pack; free urine flow

07.05 not leaking/labium healed gv/ no leakage cath out bladder drill

08.05.84 not leaking at all, no incontinence, normal miction
insp/ healed, normal miction

13.02.86 not leaking at all, no incontinence, normal miction healed, no stress
wants to marry

20/11-86 **amenorrhea for 5 mth** not leaking at all **instructions**



1 cm 0

RR
 preanesthesia: 125/80 mm Hg
 5": 125/80
 10": 125/80
 15": 125/80
 postoperation: 115/70

bakd (katsina city)

female

16 yr

10/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple** \pm 2 cm 0 urethrovesicovaginal fistula R and \pm 1 cm 0 urethrovesicovaginal fistula L, leaking urine for 3 yr which started immediately following obstructed labor for 2 days, dead female, married 4 yr ago, no living with husband, operated upon 1.5 yr ago
EUO/F 3 cm

operation: UVVF-repair 2x and fibrofatty pad graft R/L

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at UVVF edge L, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by single layer of inverting chromic cat gut, incision at UVVF edge R, sharp/blunt dissection, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, incision R/L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R/L lateral vagina wall, fixation of the fibrofatty pads over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

16.04 leaking 25.04 labium healed gv/leaking but where leave cath

02.05 not leaking gv/ leakage but where

13.05.84 cath came out not leaking at all, no incontinence, normal miction

14.05.84 not leaking, incontinence +, normal miction healed, stress +

16/07-84 leaking whilst sitting/standing/walking insp/ stress ++

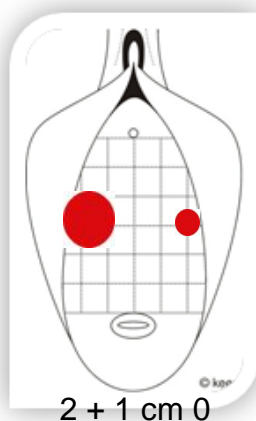
20/07-84 operation: lengthening urethroplasty**VVF 53**

22/08-84 not leaking at all, no incontinence, normal miction

new multiple fistulas**27/12-87 operation: UVF/VVF-repair****VVF 797**

09/02-88 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence



RR
preanesthesia: 125/80 mm Hg
5": 130/80
10": 130/80
15": 125/75
postoperation: 110/70

agt (katsina)

female

15 yr

16/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 vesicovaginal fistula slightly at L type **IIAa**, leaking urine for 2 yr which started immediately following obstructed labor for 4 days, dead female, married 6 yr ago, not living with husband, operated 1 yr ago EUO/F 5 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

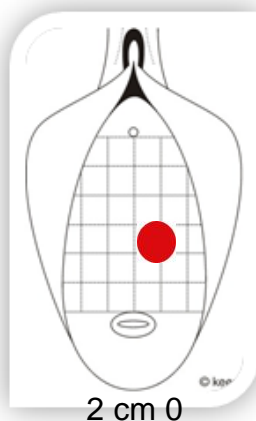
anincision at fistula edge, sharp dissection, scar tissue/adhesions+, FOLEY Ch 14, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow 02.05 not leaking/labium healed gv/ ?leakage? 08:05 gv/ no leakage cath out 09.05.84 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence

23.05 + 18.07.84 idem

13.02.85 not leaking at all, no incontinence, normal miction healed, no stress

02.04.86 **amenorrhea for 2 mth** not leaking at all **instructions**

06/02-87 **new fistula** after **home** delivery live female 2 mth ago PII (1 alive)
 insp_gv/ leakage at R pat: **not** leaking at all



RR
 preanesthesia: 120/75 mm Hg
 5": 120/75
 10": 120/75
 15": 110/70
 postoperation: 120/75

Pt 16

KATSINA

VVF 16

by

female

40 yr

17/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIX (5 alive), ± 4x3 cm vesicovaginal fistula L type **IIAa**, leaking urine for 18 yr which started immediately following obstructed labor for 2 days dead male **twins**, not living with husband
EUO/F 5 cm

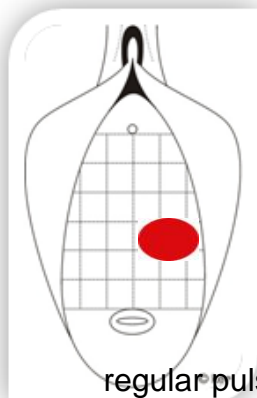
operation: VVF-repair and fibrofatty pad graft R

duration: 110 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection which is difficult L corner, FOLEY Ch 12, tension-free transverse bladder closure by a double layer of inverting chromic catgut, gv check, 3x suturing L corner, incision R labium majus, sharp dissection/mobilization of the bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

07.05 not leaking/labium healed gv/ no leakage cath out bladder drill
08.05.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
05.06.84 not leaking at all, no incontinence, normal miction healed, no stress



regular pulse 64/min, pat completely ok
4x3 cm

RR
preanesthesia: 170/95 mm Hg
5": 170/95
10": 165/95
15": 165/95
postoperation: 110/60

Pt 17

KATSINA

VVF 17

aam (katsina)

female

18 yr

18/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 8x4 cm urethrovesicovaginal fistula type **IIBb**, leaking urine for 4 yr which started immediately following an obstructed labor for 2 days, dead male, married 5 yr ago, not living with husband, pvw stricture EUO/F 0 cm, F/C 4 cm

operation: UVVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

wide U incision at fistula edge, sharp/blunt dissection, sharp mobilization of (para)urethra tissue, a sharp mobilization of bladder from pubic bones, FOLEY Ch 18, a tension-free bladder neck reconstruction by inverting dixon, tension-free longitudinal urethra reconstruction over 3 cm by single layer of inverting chromic catgut, transverse closure of bladder onto neourethra by chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse aww closure, skin closure, pressure pad, vagina pack; free urine flow

05/06-84 cath removed leaking

28/06-84 operation: urethra/VVF-repair

VVF 43

0.2 cm fistula R

22/03-85 operation: VVF-repair

VVF 118

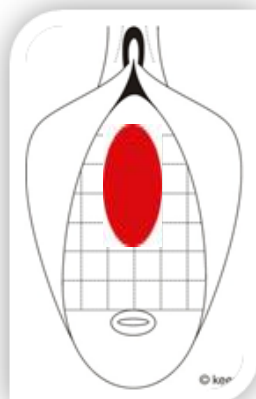
05/12-85 leaking insp_gv/ no leakage, stress incontinence ++

??new obstetric leakage?? PII (1 alive) live male by cs

16/02-92 operation: colposuspension

vvf 1893

14/03-92 leaking & miction insp/ healed, urge/stress incontinence



8x4 cm

RR

preanesthesia: 140/85 mm Hg

5": 135/80

10": 135/80

15": 125/75

postoperation: 135/90

ay (katsina) female 20 yr 24/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 8x3 cm urethrovesicovaginal fistula (with circumferential defect) type **IIBb**, rectovaginal fistula, leaking urine/passing stools per vaginam for 2 yr which started immediately following CS b.c.o. an obstructed labor for 1 day, dead male, married 5 yr ago, not living with husband
EUO/F 0 cm

operation: UVVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

U incision at 2 mm from fistula edge, sharp/blunt dissection, sharp mobilization of (para)urethra tissue, sharp mobilization of bladder from symphysis, FOLEY Ch 12, bladder neck reconstruction and fixation onto pubic bone/ symphysis, urethra reconstruction over 4 cm by chromic catgut, closure of bladder neck to neourethra by inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

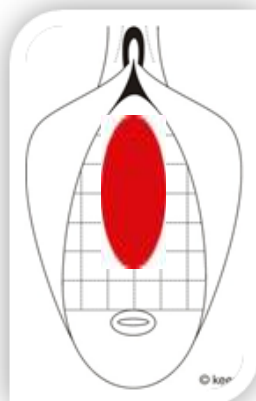
08.06 not leaking/labium healed gv/ leakage leave foley

10.08 not leaking gv/ no leakage cath out bladder drill

14/08-84 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +

25.08.84	operation: rvf-repair	rvf 3
18.05.95	operation: sphincter ani + rvf-repair	rvf 15
05.11.85	operation: sphincter ani	rvf 23

08.02.86 not leaking at all, no incontinencem stools ok **both** healed, no stress



8x3 cm

RR
preanesthesia: 130/85 mm Hg
5": 130/85
10": 125/85
15": 120/80
postoperation: 110/75

Pt 19

KATSINA

VVF 19

rmt (katsina)

female

30 yr

25/04-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (1 alive), ± 2.5 cm 0 vesicovaginal fistula slightly at R bladder base type I, leaking urine for 2 yr which started immediately following obstructed last labor for 2 days, dead male, married 20 yr ago, still at husband
EUO/F 6 cm, F/C 0 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, ureters **not** identified, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

16.05 not leaking/labium healed gv/ no leakage cath out bladder drill

17.05.84 now leaking gv/ leakage ch 16

31.05 not leaking gv/no leakage cath removed bladder drill

01.06.84 not leaking at all, no incontinence, miction healed, no stress

08.06.84 now leaking gv/ leakage ch 16 17.08 gv/ leakage cath removed

20/02-85 leaking

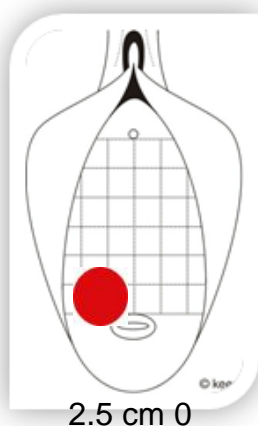
10/04-85 operation: VVF-repair

VVF 129

18/10-85 not leaking at all, no incontinence, normal miction

insp/ healed

01/08-88 **amenorrhea for 4 mth** not leaking at all **instructions**



RR
 preanesthesia: 125/80 mm Hg
 5": 120/75
 10": 115/75
 15": 115/75
 postoperation: 115/80

hh KATSINA city

female

16 yr

02/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2x1 cm vesicovaginal fistula midline bladder floor type I, leaking urine for 1 yr which started immediately following obstructed labor for 2 days, live female, married 4 yr ago, still living with husband, operated 6 and 4 mth ago
EUO/F 6 cm, F/C 1 cm

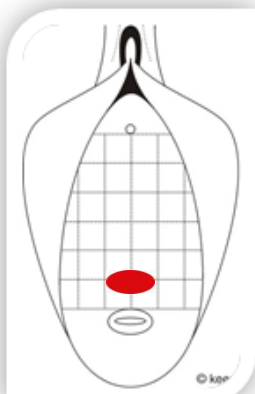
operation: VVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 3 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

17.05 cystitis cath removed not leaking, no incontinence, normal miction
18.05.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
04.06 + 05.07.84 idem
28.02.85 not leaking at all, no incontinence, normal miction healed, no stress
28/06-85 **amenorrhea for 6 mth** not leaking at all **instructions**
16/10-85 **P11 (1 alive)** delivered live male by CS 2 wk ago not leaking at all
12/06-87 **amenorrhea for 3 mth** not leaking at all **instructions**



transverse 2x1 cm

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/80
15": 125/80
postoperation: 120/75

Pt 21

KATSINA

VVF 21

as

female 40 yr

07/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (3 alive), ± 2x1 cm CS_ vesicocervicovaginal fistula within cervix type I, leaking urine for 5 yr which started 2 days following a CS b.c.o. obstructed last labor for 2 days, dead male, married 30 yr ago, still living with husband, operated 4 yr ago
EUO/F 6 cm, F/C 0 cm

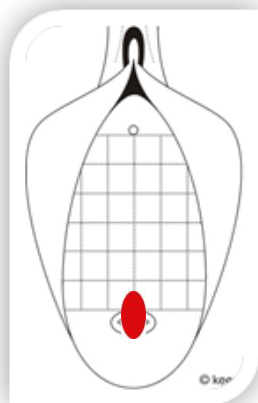
operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 3 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free longitudinal bladder closure with a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

26.05 not leaking/labium healed gv/ spilling cath removed bladder drill
27.05.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
19.06.84 not leaking at all, no incontinence, normal miction healed, no stress



2x1 cm

RR
preanesthesia: 170/90 mm Hg
5": 165/85
10": 160/85
15": 155/85
postoperation: 165/85

Pt 22

KATSINA

VVF 22

mlg (katsina)

female

14 yr

08/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 4 mth which started immediately following an obstructed labor for 3 days, dead female, married 2 yr ago, not living at husband
EUO/F 4 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

23.05 not leaking/labium healed gv/ no leakage cath out bladder drill

24.05.84 not leaking at all, no incontinence, normal miction

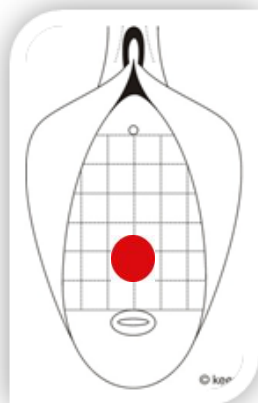
insp/ healed, no stress incontinence

08.06 + 18.07.84 idem

08.02.85 not leaking at all, no incontinence, normal miction healed, no stress

20/08-85 **amenorrhea for 5 mth** not leaking at all **instructions**

09/12-85 **PII (1 alive)** delivered live male by CS 2 wk ago not leaking at all



2 cm 0

RR
 preanesthesia: 125/80 mm Hg
 5": 130/80
 10": 125/80
 15": 120/80
 postoperation: 115/80

Pt 23

KATSINA

VVF 23

hhma (katsina)

female

20 yr

09/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 0.2 cm 0 urethrovesicovaginal fistula L lungu type **IIAb**, leaking of urine for 4 yr which started immediately following obstructed labor for 4 days, dead female, married 8 yr ago, not living at husband, 1x operated 2 yr ago
EUO/F 4 cm

operation: UVVF-repair and fibrofatty pad graft L

duration: 35 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

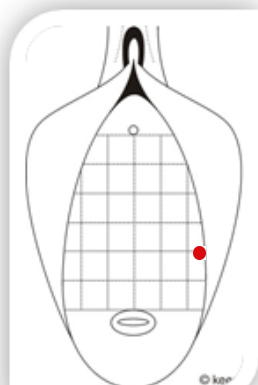
incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under L lateral vagina wall fixation of this fibrofatty pad over repair, a transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

29.05 not leaking/labium healed gv/ no leakage cath out bladder drill
30.05 + 06.06.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

06/06-84 leaking for 1 day insp_gv/ healed but leakage at R **??early sex??**
25/07-84 operation: VVF-repair/f_f graft R VVF 55
15.08 + 28.08.84 not leaking at all, no incontinence, miction healed, no stress

new fistula due to early sex

19/03-85 operation: VVF-repair VVF 113
09/12-85 not leaking at all, no incontinence, normal miction healed, no stress



lungu 0.2 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 120/75

zmr (katsina)

female

14 yr

10/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 vesicovaginal fistula midline bladder floor, leaking urine for 7 mth which started 2 days following obstructed labor for 3 days, dead female, married 2 yr ago, not at husband
F/C 5 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair, a transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

29.05 not leaking/labium healed gv/ no leakage cath out bladder drill

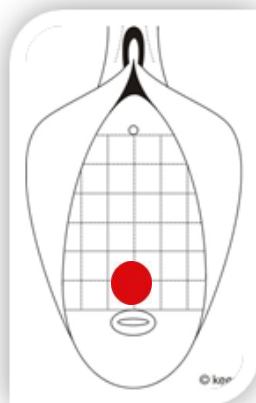
30.05.84 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

19.06 + 21.08.84 idem

18.02.85 not leaking at all, no incontinence, normal miction healed, no stress

25/09-85 **amenorrhea for 3 mth** not leaking at all **instructions**



2 cm 0

RR
preanesthesia: 110/75 mm Hg
5": 110/75
10": 110/75
15": 105/75
postoperation: 115/75

development of continence surgery

rsm (katsina) female 25 yr 14/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, **multiple** \pm 6x3 cm urethrovesicovaginal fistula and \pm 0.3 cm 0 vesicovaginal fistula, type **IIa** leaking urine for 12 yr which started immediately following **native surgery** (yankan gishiri) **by wanzami for opening up** (ba hanya), not living with husband
EUO/F 0 cm, F/F 2 cm

operation: UVVF_VVF/urethra reconstruction and fibrofatty pad graft R

duration: 90 min blood loss \pm 350 ml

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

wide U incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free VVF closure by inverting purse string chromic catgut, tension-free bladder closure/urethra reconstruction by a double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, a fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

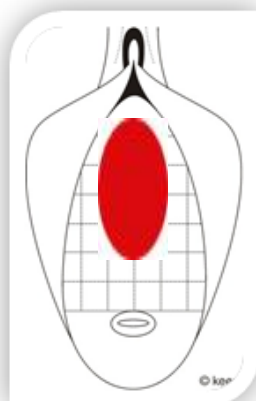
30.05 + 06.06 not leaking/labium healed gv/ no leakage cath out drill
07.06.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

21.06 + 03.07.84 idem

12.09 + 14.02.85 not leaking, incontinence +, miction healed, stress +

31/05-85 operation: elevation using pcm VVF 174

04/07-85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



6x3 cm

RR
preanesthesia: 150/110 mm Hg
5": 150/110
10": 145/110
15": 145/110
postoperation: 135/95

ih

female 15 yr

17/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 5x4 cm vesicovaginal fistula midline bladder floor type **IIAa**, leaking of urine for 13 mth which started immediately following obstructed labor for 7 days, dead male, married 3 yr ago, not living with husband
F/C 1 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

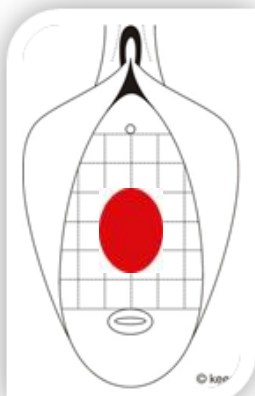
incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair, a transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

04.06 not leaking/labium healed gv/ no leakage cath out bladder drill

05.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

21.06 + 25.07 + 19.09.84 idem

13.02.85 not leaking at all, no incontinence, normal miction healed, no stress

10/04-85 **amenorrhea for 2 mth** not leaking at all **instructions**

longitudinal 5x4 cm

RR
preanesthesia: 115/75 mm Hg
5": 110/75
10": 110/75
15": 110/75
postoperation: 105/75

Pt 27

KATSINA

VVF 27

ha

female

15 yr

22/05-84

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, ± 3 cm 0 vesicovaginal fistula midline bladder floor type I, leaking urine for 2 yr which started immediately following obstructed labor for 3 days, dead female, married 7 yr ago, not living with husband
EUO/F 7 cm, F/C 3 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

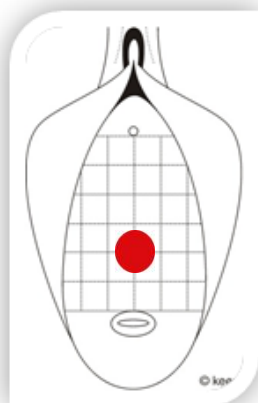
incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair, a transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

04.06 + 25.06.84 2 cm 0 fistula
15.08.84 leaking insp/ fistula

19/02-85 operation: VVF-repair/f_f graft R

VVF 91

31/05-85 not leaking, incontinence +, normal miction
insp/ healed, cystocele +, stress incontinence +



3 cm 0

RR
 preanesthesia: 130/80 mm Hg
 5": 125/80
 10": 125/80
 15": 125/80
 postoperation: 115/75

ajb (katsina)

female

20 yr

23/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**,
leaking urine for 5 yr which started immediately following obstructed first
labor for 1 day, dead male, married 7 yr ago, no living with husband, 1x
operated 3 yr ago
EUO/F 5 cm

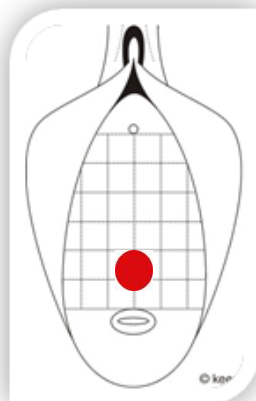
operation: VVF-repair and fibrofatty pad graft R

duration: 45 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free
transverse bladder closure by double layer of inverting chromic catgut, gv check,
incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty
tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair, a
transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

08.06 not leaking/labium healed gv/ no leakage cath out bladder drill
09.06.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
21.06 + 24.07 + 21.08 + 18.10.84 idem
20.02.85 not leaking at all, no incontinence, normal miction healed, no stress
23/02-88 **amenorrhoea for 5 mth** not leaking at all **instructions**



2 cm 0

RR
preanesthesia: 115/70 mm Hg
5": 115/70
10": 110/70
15": 105/65
postoperation: 110/70

Pt 29

KATSINA

VVF 29

rdf (katsina)

female

15 yr

24/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 6 cm 0 vesicovaginal fistula, leaking urine for 1 yr that started 10 days following obstructed labor for 4 days, dead male, married 2 yr ago pre(menarche 5 mth later), not living with husband
EUO/F 6 cm, F/C 1 cm

operation: catheterization L ureter and VVF-repair as **first stage**

duration: 120 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%; **intraoperative repeat of 1.5 ml**

only L ureter identified/catheterized for 15 cm, incision at fistula edge, sharp/blunt dissection, **repeat of spinal anesthesia**, R side cannot be mobilized due to severe pain, FOLEY Ch 16, transverse bladder adaptation only at L (remains 1 cm gap at R) by single layer of inverting chromic catgut, transverse avw closure (1-2 cm gap at R), gv shows leakage at R, pack in 2-3 mth closure at R as **second stage**

18/10-84 operation: VVF-repair 2nd stage VVF 83

02/04-85 operation: VVF-repair R VVF 122

28/06-85 operation: VVF-repair 2x/f_f graft L VVF 191

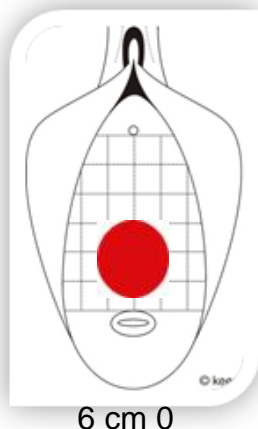
09/12-85 not leaking at all, no incontinence, normal miction healed, no stress

new obstetric leakage lower abd pain/blood pv ??miscarriage?? PII (0 alive)

07/09-88 operation: UVVF-repair/avw reconstruction VVF 1051

23.03.89 not leaking at all, no incontinence, normal miction healed, no stress

28.02.04 not leaking at all, no incontinence, normal miction no menstruation
insp/ healed, good elevation, no stress cervix **not** identified



RR
 preanesthesia: 115/75 mm Hg
 5": 110/75
 10": 110/75
 15": 110/75
 postoperation: 105/70

Pt 30

KATSINA

VVF 30

rmc (katsina)

female

25 yr

30/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, ± 3x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 5 yr which started immediately following **native surgery (yankan gishiri) by wanzami bco infertiltiy**, not living with husband, 1x operated 3 yr ago EUO/F 0 cm

operation: lengthening urethroplasty, KELLY plasty and fibrofatty graft R

duration: 50 min

anesthesia: spinal L3/L4 **repeat 25 min later** by 2 resp 1.5 ml lignocaine 5%

U incision at fistula edge, sharp/blunt dissection, FOLEY Ch 12, and KELLY plasty by 3x sutures, tension-free longitudinal distal urethra reconstruction by double layer of inverting chromic catgut, gv check, incision R labium majus, a sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, avw closure, skin closure, pressure pad, pack; free urine flow

22.06 not leaking/labium healed gv/ no leakage cath out bladder drill
02.08 + 17.08 + 28.08.84 not leaking, incontinence +, miction healed, stress +
15/02-85 not leaking, incontinence +, normal miction insp/ stress ++

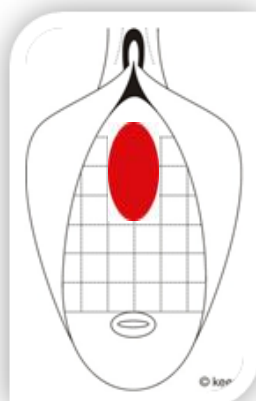
05/03-85 operation: elevation VVF 103

10/08-85 not leaking, incontinence ±, normal miction pat happy

01/08-86 **new leakage** delivered per vaginam 17 days ago live male PI (1 alive)

02/12-86 operation: elevation vvf 474

04/06-87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



3x1 cm

last RR
preanesthesia: 165/110 mm Hg
5": 165/110
10": 165/110
15": 165/110
postoperation: 160/105

Pt 31

KATSINA

VVF 31

hgb (katsina)

female

28 yr

31/05-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 7x5 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 15 yr which started immediately following an obstructed labor for 4 days, dead male, married 17 yr ago, not living with husband, 1x operated 5 yr ago EUO/F 0 cm

operation: UVVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 **and 20 min later** with 2 resp 1.5 ml lignocaine 5%

wide U incision around fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free bladder neck reconstruction by dixon thru bladder/symphysis, longitudinal urethra reconstruction over 4-5 cm by double layer of inverting chromic catgut, transverse closure of bladder neck onto neourethra by double layer of inverting chromic catgut, gv check, incision R labium majus sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of the fibrofatty pad over repair transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow 25.06 4x sutures applied at L foley for 4 wk 18/07-84 leaking insp/ fistula at L

19/07-84 operation: VVF-repair VVF 50

15/02-85 operation: VVF-repair/f_f graft L VVF 89
06/12-85 not leaking, incontinence \pm , normal miction

07/03-87 operation: elevation VVF 563

09/03-87 leaking, abdomen distended **maganin gargajiya**

11/03-87 hepatorenal failre due to native medicine



7x5 cm

last RR
preanesthesia: 130/90 mm Hg
5": 125/85
10": 130/90
15": 135/90
postoperation: 110/70

ss

female

27 yr

04/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple three** one \pm 3x2 cm, one \pm 1 cm and one \pm 1.5 cm 0 vesicovaginal fistulas type **IIAb**, \pm 1 cm 0 proximal RVF, leaking urine and passing stools per vaginam for 12 yr which started immediately following obstructed labor for 1 day, dead male, married 14 yr ago, not living at her husband, 1x operated 9 yr ago, partial colpocleisis/hysterectomy EUO/F 4 cm, F/V 2 cm, I/F 5 cm, F/V 0 cm

operation: VVF-repair and fibrofatty pad graft R

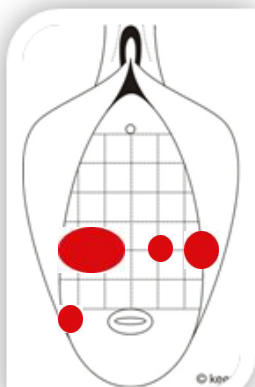
duration: 100 min

anesthesia: spinal L3/L4 and 20 min later by 2 ml resp 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edges, sharp/blunt dissection, FOLEY Ch 12, difficult mobilization of bladder from pubic bones, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, a fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

continuous stool contamination thru RVF

02.10.85 leaking insp/ fistula at R vagina 4 cm deep
pat **refuses** colpocleisis



multiple fistulas

RR
preanesthesia: 160/95 mm Hg
5": 155/95
10": 155/95
15": 155/95
postoperation: 100/65

mma (katsina)

female

30 yr

05/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (4 alive), \pm 2x1 cm vesicocervicovaginal fistula L, leaking urine for 3 yr which started immediately following laparotomy b.c.o. ruptured uterus due to obstructed last labor for 1 day, dead female, married 15 yr ago, not living with husband, 1x operated 1.5 yr ago
EUO/F 7 cm, F/C 0 cm

operation: VCVF-repair

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free longitudinal bladder closure with a double layer of inverting chromic catgut, gv check, transverse avw_cervix closure, skin closure, pack free urine flow

25.06 not leaking at all gv/ no leakage cath removed bladder drill

26.06.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

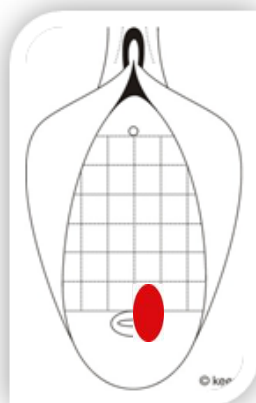
16.07 + 19.09.84 idem

21.02.85 not leaking at all, no incontinence, normal miction healed, no stress

11/11-85 **amenorrhea for 8 mth** not leaking at all

meconium-stained amniotic fluid pv since 1 day

immediate referral to mh



2x1 cm

RR

preanesthesia: 130/90 mm Hg

5": 130/90

10": 130/90

15": 130/90

postoperation: 130/90

Pt 34

KATSINA

VVF 34

hh

female

30 yr

06/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, ± 5x1.5 cm urethrovesicovaginal fistula, leaking urine for 10 yr which started immediately following **native surgery (yankan gishiri) by wan zami for opening up (ba hanya)**, not living with husband 2x operated 2 resp 1 yr ago **yankan gishiri**
EUO/F 0 cm

operation: UVVF_repair, urethra reconstruction and fibrofatty pad graft R

duration: 75 min

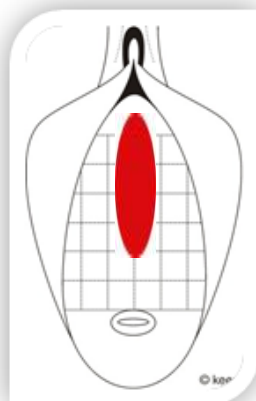
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

U incision at ± 10 resp 5 mm from fistula edge, sharp/blunt dissection, mobilization of (para)urethra tissue, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over ± 4 cm by a layer of inverting chromic catgut, transverse bladder/neourethra closure by a layer of inverting chromic catgut, gv check, inversion of whole repair by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, aww closure, skin closure, pressure pad, vagina pack; free urine flow

27.06 not leaking/labium healed gv/ no leakage cath out bladder drill

28.06.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

16.07.84 not leaking at all, no incontinence, normal miction healed, no stress



5x1.5 cm

RR

preanesthesia: 125/80 mm Hg

5": 125/80

10": 125/80

15": 125/80

postoperation: 125/80

Pt 35

KATSINA

VVF 35

hm

female

35 yr

07/06-84

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PVI (3 alive), **multiple** small vesicovaginal fistulas L bladder floor and small vesicovaginal fistula extremely R (lungu) type I, leaking of urine for 10 yr which started immediately following obstructed last labor for 3 days, dead female, married 20 yr ago, not living with husband, 1x operated 6 yr ago

operation: VVF-repair and fibrofatty pad graft R

duration: 120 min

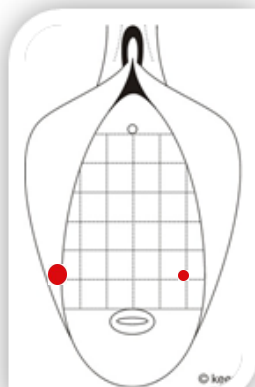
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edges, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by continuous inverting chromic cat gut, gv check shows leakage at R, 2x suture, incision R labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

10/06-84 pat refuses to eat no sign of meningitis

20/06-84 drinking but refuses food

23/06-84 total starvation



multiple fistuillas

RR
preanesthesia: 140/90 mm Hg
5": 140/90
10": 130/85
15": 120/80
postoperation: 140/90

Pt 36

KATSINA

VVF 36

mu

female

25 yr

18/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

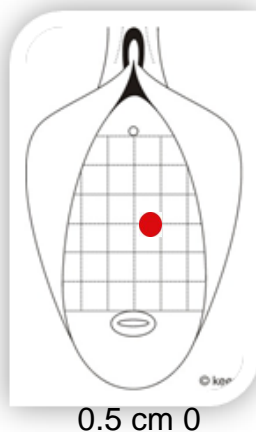
diagnosis: PIV (2 laive), \pm 0.5 cm 0 urethrovesicovaginal fistula within scar tissue at L type **IIAa**, leaking urine for 2 yr which started immediately following obstructed last labor for 2 days, live female & dead male twins, not living with husband, successful VVF-repair after delivery I, then 1 yr later live infant by CS
EUO/F 3 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 45 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse closure by inverting chromic catgut purse string, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this f_f pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow
05.07 + 17.07 not leaking gv/ leakage \pm 18.07 cath removed
18/07-84 not leaking at all, no incontinence, normal miction **no** cooperation



RR
preanesthesia: 150/110 mm Hg
5": 160/110
10": 160/110
15": 160/110
postoperation: 150/105

ya female 25 yr 19/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 5x3 cm urethrovesicovaginal fistula type **IIBb**, leaking urine for 1 yr which started immediately following obstructed labor for 2 days, dead male, married 12 yr ago, not living at husband, drop foot R
EUO/F 1 cm

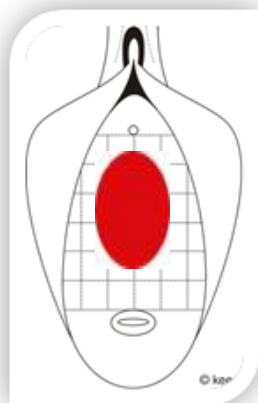
operation: UVVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 10 resp 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free longitudinal urethra reconstruction over 4 cm by inverting chromic catgut, reconstruction of bladder neck/closure onto neourethra by inverting dexon/ chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall and fixation of this fibrofatty pad over repair, avw closure, skin closure, pressure pad, pack; free urine flow

17.07 not leaking/labium healed gv/ no leakage cath out bladder drill
18.07.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
08.08.84 not leaking at all, no incontinence, normal miction healed, no stress



5x3 cm 0

RR
preanesthesia: 140/100 mm Hg
5": 140/90
10": 140/90
15": 140/90
postoperation: 125/80

Pt 38

KATSINA

VVF 38

aa

female

30 yr

19/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (3 alive), \pm 1 cm 0 CS_vesicocervicovaginal fistula midline type I
leaking urine for 7 mth which started immediately following laparotomy
b.c.o. ruptured uterus due to obstructed last labor of 1 day, dead male,
still living with husband, mutilated cervix
F/"C" 0 cm

operation: CS_VCVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

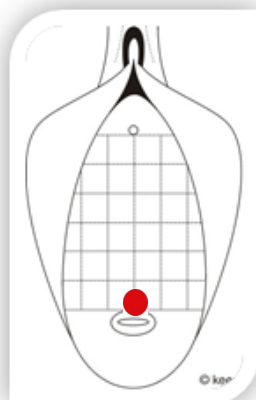
incision at \pm 5 mm from fistula edge, difficult sharp dissection, FOLEY Ch 12, tension-free longitudinal closure by inverting continuous chromic catgut, gv check, inversion by a second layer, incision R labium majus, transverse avw/"cervix" closure, skin closure, pressure pad, vagina pack; free urine flow

17.07.84 not leaking gv/ no leakage cath removed bladder drill

18.07.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.08 pt menstruating + 02.10.84 idem

05.03.85 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR
preanesthesia: 150/100 mm Hg
5": 150/100
10": 145/100
15": 140/95
postoperation: 135/95

Pt 39

KATSINA

VVF 39

hd (Katsina)

female

35 yr

20/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (2 alive), ± 0.8 cm 0 vesicovaginal fistula midline type I, leaking urine for 5 mth that started immediately following obstructed last labor for 5 days, dead female, married 17 yr ago, not living with husband
F/C 0 cm

operation: VVF-repair

duration: 20 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by double inverting chromic catgut purse string, gv check, transverse avw/cervix closure, skin closure, pressure pad, vagina pack; free urine flow

17.07 not leaking gv/ no leakage cath removed bladder drill

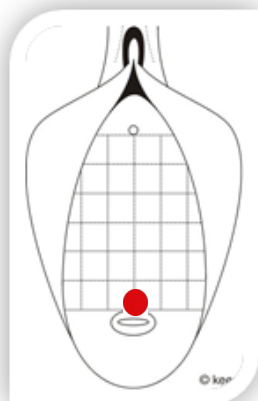
18.07.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

02.08 + 02.10.84 idem

25.03.85 not leaking at all, no incontinence, normal miction healed, no stress

07.05.85 **amenorrhea for 3 mth** not leaking at all **instructions**

11/12-85 **PVIII (3 alive) live male at home** 2.5 mth ago not leaking at all



0.8 cm 0

RR

preanesthesia: 185/120 mm Hg

5": 185/120

10": 180/120

15": 185/120

postoperation: 170/120

Pt 40

KATSINA

VVF 40

nyy (Katsina)

female

40 yr

20/06-84

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PVII (1 alive), ± 5 cm 0 vesicovaginal fistula type **IIAa**, leaking urine for 1 yr which started immediately following an obstructed last labor for 3 days, dead male, married 30 yr, not living at husband, N.B. CS 4 yr ago
EUO/F 4 cm, F/C 4 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by inverting chromic catgut gv check, technically a second layer is not possible, incision of R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, pack; free urine flow blood loss ± 300 ml

17.07.84 not leaking/labium healed gv/ no leakage cath out drill

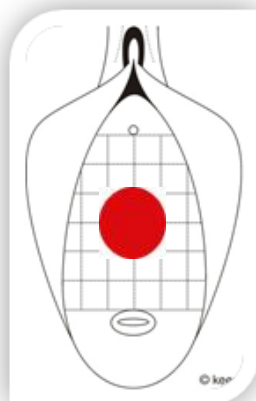
18.07.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10/08-85 **new leakage** for 3 mth but not when menstruating after ??fever??
insp_gv/ repair healed, leakage ± from cervix os at R

??what happened really/delivery?? completely ok for 11 mth
“miscarriage = abortion” PVIII (1 alive) sb male at home

09/07-86 operation: VCVF-repair VVF 421

12/11-86 not leaking at all, no incontinence, normal miction
insp/ healed, no cystocele, no stress incontinence



5 cm 0

RR

preanesthesia: 165/110 mm Hg

5": 140/90

10": 135/90

15": 130/90

postoperation: 110/75

Pt 41

KATSINA

VVF 41

hy

female

14 yr

21/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), ± 1.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 2 yr which started immediately following obstructed first labor for 3 days, dead female, married 6 yr ago, still living with husband; 1x operated 1.5 yr ago, NB delivered 3 mth ago live male EUO/F 4 cm

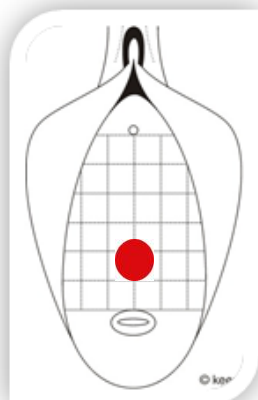
operation: UVVF-repair and fibrofatty pad graft R

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by inverting chromic catgut gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this f_f pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

14.07 not leaking/labium healed gv/ no leakage cath out bladder drill
15.07 + 03.09 + 12.10.84 not leaking, incontinence +, miction healed, stress +
18.04.85 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence



1.5 cm 0

RR
preanesthesia: 130/85 mm Hg
5": 125/85
10": 120/85
15": 120/80
postoperation: 115/75

smd (katsina)

female

18 yr

28/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr which started immediately following an obstructed labor for 2 days, dead female, married 6 yr ago, not living with husband
F/C 0 cm

operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by inverting continuous chromic cat gut, gv check, inversion by second layer, technically fibrofatty pad grafting is not possible, transverse avw/cervix closure, skin closure and pack; free urine flow

17.07 ?leaking? gv/ leakage \pm 18.07 3x sutures cath changed02.08.84 leaking minute fistula cath removed ?spontaneous healing?

second obstetric fistula completely ok until PII (0 alive) sb male at home

30/03-89 operation: VVF-repair 2x vvf 1138

06/06-89 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

third obstetric fistula ok until PIII (0 alive) at home live female died

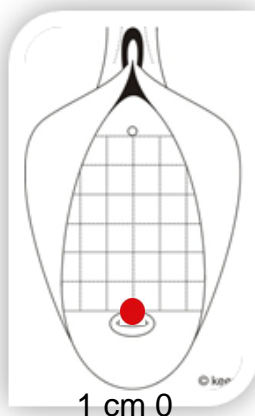
01/07-93 operation: VVF-repair vvf 2359

14/11-93 not leaking at all, no incontinence, normal miction
insp/ healed, moderate elevation, no stress incontinence

fourth obstetric fistula ok until PV (0 alive)

13/02-96 operation_ja: UVVF-repair

21/09-96 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



RR
preanesthesia: 130/90 mm Hg
5": 135/90
10": 135/90
15": 130/90
postoperation: 130/90

aam (katsina) female 18 yr 28/06-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual urethrovesicovaginal fistula and \pm 0.5 cm 0 vesicovaginal fistula R following UVVF_repair and urethra reconstruction d.d. 18/4-84; pvw stricture
EUO/F 0 cm

operation: urethra reconstruction and VVF-repair

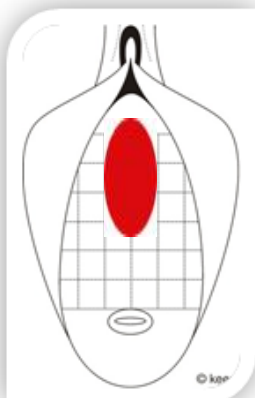
duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 1 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free longitudinal urethra reconstruction over \pm 3 cm by inverting chromic catgut, gv check show VVF_leakage at R, episiotomy R, bladder "closure", avw "closure" over repair hoping it will seal off, gv check, avw closure by chromic catgut, skin "closure", vagina pack; free urine flow

04.08.84 leaking next to cath cath removed bladder drill

05.08 + 18/02-85 leaking & miction insp/ healed, stress incontinence +++

22/03-85 operation: VVF-repair**VVF 118**

RR
 preanesthesia: 140/85 mm Hg
 5": 140/85
 10": 140/85
 15": 140/85
 postoperation: 145/90

Pt 43

KATSINA

VVF 44

mi

female

30 yr

05/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4 cm urethrovesicovaginal fistula midline/L type **IIAa**, leaking urine for 2 yr which started 9 days following obstructed labor for 2 days, dead female, married 10 yr ago, not living at husband, 1x operated 1 yr ago, mutilated cervix
EUO/F 5 cm, F/C 0 cm

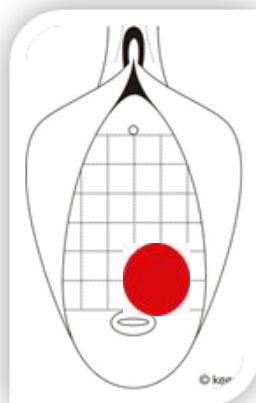
operation: catheterization R ureter, VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, only L ureter identified/catheterized of 15 cm, difficult sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by inverting chromic catgut, gv check, technically a second layer is not possible, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw to cervix closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

	02.08	not leaking	gv/ leakage	28.08	gv/ no leakage	cath out	drill
	29.08.84	not leaking at all,	no incontinence,		normal miction		
		insp/	healed,		no stress incontinence		
	14.09.84		idem				
	20.02.85	not leaking at all,	no incontinence,		normal miction	healed,	no stress



4 cm 0

	RR
preanesthesia:	130/90 mm Hg
	5": 130/90
	10": 125/80
	15": 125/80
postoperation:	120/80

Pt 44

KATSINA

VVF 45

zs KATSINA city

female

14 yr

06/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 4 mth which started immediately following forceps delivery b.c.o. obstructed labor for 2 days, live male, married 2 yr ago, not living with husband EUO/F 6 cm

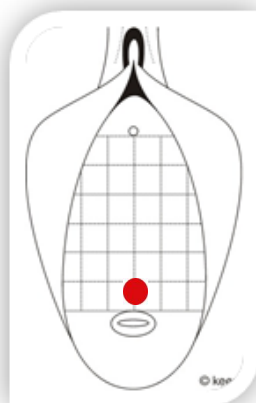
operation: VVF-repair and fibrofatty pad graft R

duration: 45 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure with inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

- 25.07 not leaking/labium healed gv/ no leakage cath out bladder drill
- 28.07.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 20.02.85 not leaking at all, no incontinence, normal miction healed, no stress
- 09/04-86 **amenorrhea for 6 mth** not leaking at all **instructions**



1 cm 0

RR
 preanesthesia: 140/90 mm Hg
 5": 135/90
 10": 135/90
 15": 135/90
 postoperation: 130/85

ssk (katsina)

female

16 yr

17/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine for 1 yr which started immediately following obstructed labor for 4 days, dead male, married 5 yr ago, not living with husband
EUO/F 3 cm, F/C 4 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by inverting chromic catgut gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

08.08 not leaking/labium healed gv/ no leakage cath out bladder drill

09.08.84 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

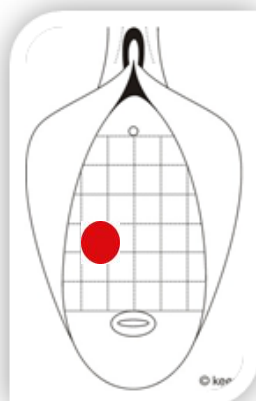
23.08 + 24.09 not leaking, incontinence +, normal miction healed, stress +

13.10 + 12.02.85 not leaking at all, no incontinence, normal miction healed, no stress

11/03-89 **amenorrhea for 6 mth** not leaking at all **instructions**04.09.89 **P11 (1 alive) live** male by cs not leaking at all10/06-92 **amenorrhea for 7 mth** not leaking at all **instructions****second obstetric fistula + stress incontinence** PIV (3 alive) live female by cs**06/02-00 operation: VVF-repair/colposuspension VVF 4690**

15/08-00 not leaking, no incontinence, normal miction

insp/ healed, good elevation, no stress incontinence



2 cm 0

RR
preanesthesia: 120/80 mm Hg
5": 120/75
10": 120/75
15": 120/75
postoperation: 120/75

a
ml

female

16 yr

17/07-84

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 2.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 4 mth which started immediately following obstructed labor for 7 days, dead male, married 3 yr ago, not living with husband
EUO/F 5 cm

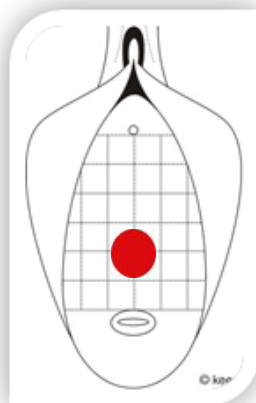
operation: VVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free transverse bladder closure by inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

08.08 not leaking/labium healed gv/ no leakage cath out bladder drill
09.08.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
23.08.84 not leaking at all, no incontinence, normal miction healed, no stress



2.5 cm 0

RR
preanesthesia: 150/75 mm Hg
5": 140/75
10": 130/75
15": 125/75
postoperation: 150/75

Pt 47

KATSINA

VVF 49

hs

female

20 yr

18/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 7 mth which started 2 days following obstructed labor of 2 days dead male, married 8 yr ago, not living with husband
EUO/F 7 cm, F/C 5 cm

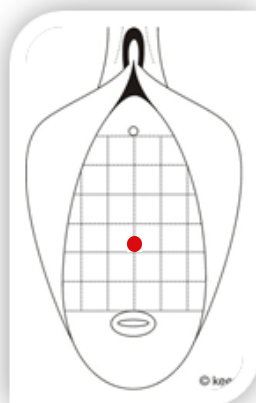
operation: VVF-repair and fibrofatty pad graft R

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by double inverting chromic catgut purse string, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this f_f pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

20/07-84 sudden unexpected **eclampsia**



0.5 cm

RR
preanesthesia: 125/80 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 125/75

hgb (katsina) female 28 yr 19/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual \pm 1.5x0.5 cm urethrovesicovaginal fistula following a VVF-repair with urethra reconstruction d.d. 31/5-84
EUO/F 4 cm

operation: VVF-repair

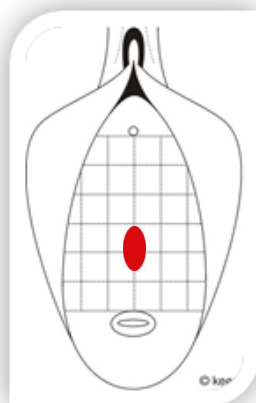
duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 1 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free longitudinal bladder-urethra closure by inverting chromic cat gut, gv check, longitudinal avw closure by chromic catgut, skin closure and vagina pack; free urine flow

29.07 started to leak after severe cough breakdown

10/08-84 leaking insp/ fistula

15/02-85 operation: VVF-repair/f_f graft L**VVF 89**06/12-85 not leaking, incontinence \pm , normal miction
insp/ healed

1.5x0.5 cm

RR
 preanesthesia: 125/85 mm Hg
 5": 125/85
 10": 125/85
 15": 120/85
 postoperation: 125/85

ha AUDU female 20 yr 19/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 2.5x1.5 cm urethrovesicovaginal fistula fixed to R pubic bone type **IIAb**, sphincter ani rupture with rectovaginal fistula, leaking urine/stool/flatus incontinence for 5 yr that started immediately following an obstructed first labor for 5 days, dead male, married 8 yr ago, not living with husband, 2x operated 4.5 resp 3 yr ago
EUO/F 4 cm

operation: UVVF-repair and fibrofatty pad graft R

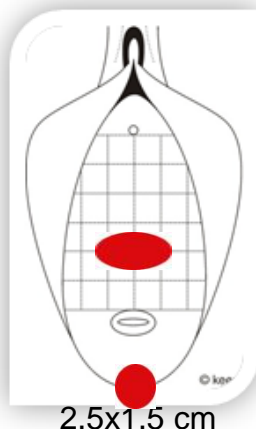
duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 20, tension-free transverse bladder/urethra closure by inverting chromic catgut gv check, technically second layer is not possible, incision R labium majus sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, a fixation of fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

08.08.84 not leaking/labium healed gv/ leaking but not from repair site

13.08.84 pat removed catheter herself and left and did not return



RR
preanesthesia: 150/90 mm Hg
5": 150/90
10": 135/85
15": 140/90
postoperation: 110/70

Pt 49

KATSINA

VVF 52

hb

female

23 yr

19/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVI (1 alive), \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 7 mth which started immediately following CS b.c.o. obstructed last labor for 2 days, dead male, married 12 yr ago, not living with husband EUO/F 6 cm, F/C 6 cm

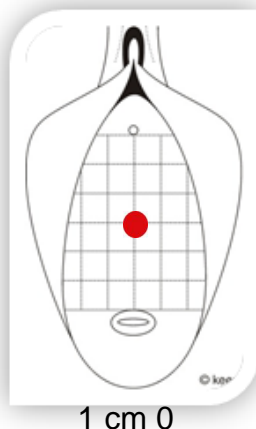
operation: VVF-repair and fibrofatty pad graft R

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 20, tension-free transverse bladder closure with inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

08.08 not leaking/labium healed gv/ no leakage cath out bladder drill
09.08.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
23.08.84 not leaking at all. no incontinence, normal miction healed, no stress



RR
preanesthesia: 135/85 mm Hg
5": 130/85
10": 130/85
15": 125/85
postoperation: 135/90

Pt 14

KATSINA
post medium IIAb repair

VVF 53/14

bakd (katsina city) female 15 yr 20/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: stress incontinence following VVF-repair d.d. 10/4-84 urethra being too short

operation: lengthening urethroplasty

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

U incision at \pm 5 mm around EUO extending upwards, sharp/blunt dissection, FOLEY Ch 12, longitudinal urethra reconstruction over \pm 3 cm by double layer of inverting chromic catgut, mobilization of fibrofatty pad, fixation over repair, avw closure by chromic catgut, gv check shows leakage but deep in vagina but no time to repair it, pack; free urine flow

22/08-84 urethra ok but leaking from bilateral neourethra base

27/12-87 operation: UVVF/VVF-repairs

VVF 797

RR
preanesthesia: 130/90 mm Hg
5": 130/90
10": 130/90
15": 125/85
postoperation: 125/85

Pt 50

KATSINA

VVF 54

dhr (katsina)

female

40 yr

24/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PX (2 alive), \pm 2 cm 0 vesicovaginal fistula bladder floor L type I, leaking urine for 4 yr which started immediately following obstructed last labor for 2 days, dead male, married 25 yr ago, not living with husband; 1x operated 2 yr ago, **nb pemphigus**
EUO/F 6 cm, F/C 0 cm

operation: VVF-repair and fibrofatty pad graft L

duration: 90 min

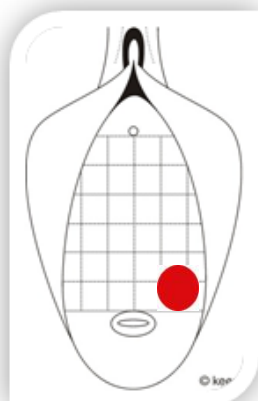
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free transverse closure by inverting chromic catgut, gv check, technically by second layer is not possible, incision L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw_cervix closure by chromic catgut, skin closure, pressure pad vagina pack; free urine flow **blood loss \pm 300 ml**

15.08 + 12.09.84 leaking insp/ fistula cath removed
01/03-85 operation: L ureter/VVF-repair VVF 102
02/11-85 not leaking, incontinence \pm , normal miction insp/ healed

01/07-86 not leaking, incontinence \pm , normal miction gv/ minute fistula
02/07-86 operation: VVF-repair VVF 415
23/12-86 not leaking at all, no incontinence, normal miction
insp/ healed pemphigus almost healed

10/03-90 **NB** pat started to leak 11 mth ago after period of fever
6x4x4 cm vagina stone removed



2 cm 0

RR
preanesthesia: 135/85 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 105/70

hhma (katsina) female 20 yr 25/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: \pm 0.1 cm vesicovaginal fistula R which has been overlooked at VVF-repair
d.d. 9/5-84
F/C 2 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

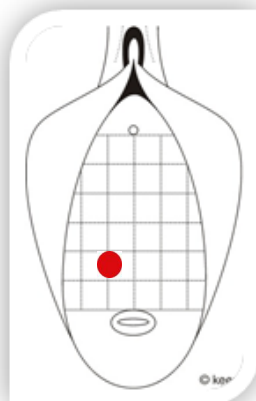
incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free transverse bladder closure by inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

14.08 not leaking/labium healed gv/ no leakage cath out bladder drill
15.08 + 28.08.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

02/10-84 now leaking sometimes for 3 days ??how/early sex??
insp/ ?fistula?

19/03-85 operation: VVF-repair

VVF 113



1 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 125/75

Pt 51

KATSINA

VVF 56

ia

female

17 yr

27/07-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 2.5 yr which started immediately following obstructed labor of 4 days, dead female, married 4 yr ago, not living with husband
EUO/F 6 cm, F/C 1 cm

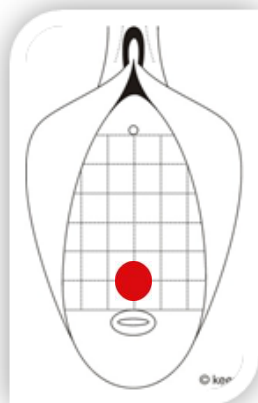
operation: VVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free transverse bladder closure by inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

- 15.08 not leaking/labium healed gv/ no leakage cath out bladder drill
- 17.08.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 31.08 + 12.10.84 idem
- 20.02.85 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
 preanesthesia: 140/80 mm Hg
 5": 135/75
 10": 125/75
 15": 125/75
 postoperation: 125/75

ild (katsina)

female

17 yr

02/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple** one 0.1 cm 0 urethrovesicovaginal fistula midline and one \pm 3 cm 0 vesicovaginal fistula type **IIAa**, leaking urine for 4 mth which started immediately following obstructed labor for 1 day, dead male, married 2 yr ago, not living with husband; cervix is displaced to L
EUO/F 4 cm, F/F 3 cm, F/C 2 cm

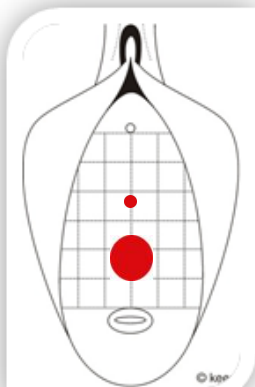
operation: UVVF/VVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edges, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by inverting chromic catgut purse string and transverse bladder closure by a double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

21.08 avw not healed 28.08 not leaking/labium healed gv/ no leakage cath out
29.08.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
14.09.84 not leaking at all, no incontinence, normal miction healed, no stress
29/04-86 **amenorrhea for 5 mth** not leaking at all **instructions**



multiple fistulas

RR
preanesthesia: 140/90 mm Hg
5": 140/90
10": 135/85
15": 135/85
postoperation: 140/90

Pt 53

KATSINA

VVF 58

st

female

14 yr

10/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1.5x0.5 cm urethrovesicovaginal fistula L type **IIAa**, leaking urine for 3 mth which started immediately following obstructed labor for 1 day, dead male, married 2 yr ago, not living at husband, drop foot R
EUO/F 4 cm

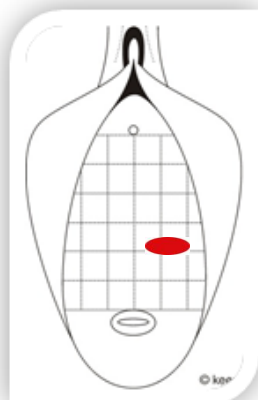
operation: UVVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by double layer inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus f_f tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

	31.08	not leaking/labium healed	gv/ no leakage	cath out	bladder drill
01.09.84		not leaking at all, no incontinence, normal miction			
		insp/	healed, no stress incontinence		
19.09.84		not leaking at all, no incontinence, normal miction		healed, no stress	



1.5x0.5 cm

	RR
preanesthesia:	120/70 mm Hg
5":	120/70
10":	100/60
15":	70/35
infusion started:	NaCl 1000 ml
	Ringer's 500 ml
25":	100/60
postoperation:	120/80

k
mad (katsina) female 18 yr 16/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), \pm 0.1 cm 0 vesicovaginal fistula midline type I, leaking urine for 3 yr which started 7 days following an obstructed first labor for 2 days, dead female, married 7 yr ago, no living with husband, live male 10 mth ago (CS), 1x operated 2.5 yr ago
EUO/F 6 cm, F/C 2 cm

operation: VVF-repair

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free bladder closure with a double inverting chromic catgut purse string, gv check, transverse avw closure by chromic catgut, vagina pack; a free urine flow

28.08 cystitis with severe vomiting gv/ no leakage cath out bladder drill

29.08.84 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

27.09.84 idem

13.02.85 not leaking at all, no incontinence, normal miction healed, no stress

07/08-86 **amenorrhea for 6 mth** not leaking at all **instructions**

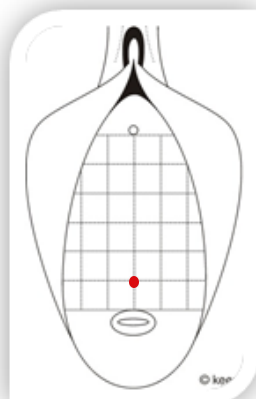
21/04-92 PIV (0 alive), delivered 2x vaginally in hospital

new leaking for 1 mth **just** like that now **amenorrhea for 2 mth**

14/08-93 operation: cystostomy_stone vvf 2384

21/10-93 not leaking at all, no incontinence, normal miction

insp/ healed, good elevation, no stress incontinence



0.1 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/80
15": 125/80
postoperation: 115/80

rf female 35 yr 16/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PXII (7 alive), \pm 2 cm 0 CS_vesicocervicovaginal fistula type I, leaking urine for 8 mth which started 7 days following supravaginal hysterectomy b.c.o. ruptured uterus due to obstructed last labor for 2 days, dead male, married 25 yr ago, still living with husband, mutilated cervix EUO/F 6 cm, F/C 0 cm

operation: CS_VCVF-repair

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

an incision around mutilated cervix stup, partial excision of cervix, sharp dissection, FOLEY Ch 12, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, excision of as much cervix as possible, transverse avw/pvw closure by chromic catgut, vagina pack; a free urine flow

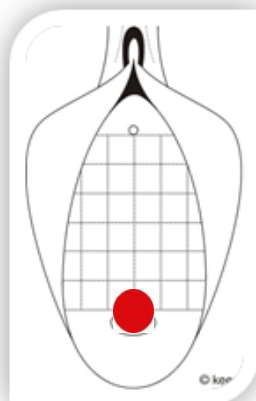
03.09 leaking gv/ leakage **secondary suturing**

27.09 not leaking gv/ no leakage cath removed bladder drill

28.09.84 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

18.10.94 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
 preanesthesia: 130/85 mm Hg
 5": 130/85
 10": 125/80
 15": 125/80
 postoperation: 125/80

(non)reliability of gv testing at 14 days po

irmg (katsina) female 30 yr 17/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), \pm 1.5x1 cm urethrovesicovaginal fistula extremely at R (lunгу) type **IIAb**, leaking urine for 5 yr which started immediately following obstructed last labor for 4 days, dead female, married 20 yr ago, not living at husband, 1x operated 2 yr ago
EUO/F 4 cm

operation: UVVF-repair

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

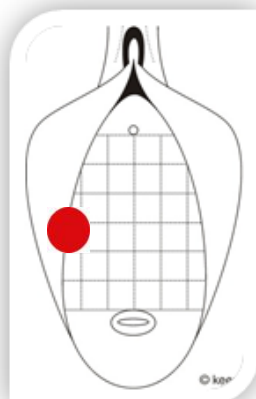
incision at \pm 5 mm from fistula edge, very difficult sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check and transverse avw closure by chromic catgut, pack; free urine flow
03.09 + 24.09 not leaking gv/ leakage but where cath out bladder drill
20/02-85 leaking insp/ fistula at R

14/06-85 operation: VVF-repair VVF 183

11/05-85 leaking & miction insp/ healed, stress incontinence ++

24/07-86 operation: VVF-repair/elevation/f_f-graft R VVF 433

19/11-86 leaking insp/ fistula

27/11-86 operation: VVF-repair VVF 47225/02-87 not leaking at all, no incontinence, normal miction
insp/ healed04/06-87 not leaking, incontinence $\pm\pm$, normal miction insp/ stress $\pm\pm$ 

1.5x1 cm

RR
preanesthesia: 150/90 mm Hg
5": 150/90
10": 150/90
15": 150/90
postoperation: 140/90

**bilateral fixation of angles onto symphysis
ie bladder + pc fascia onto bilateral atf
however the insight was missing; see later developments**

hgrd (katsina city) female 22 yr 21/08-84

surgeon: Kees WAALDIJK
assistant: Dr RAO

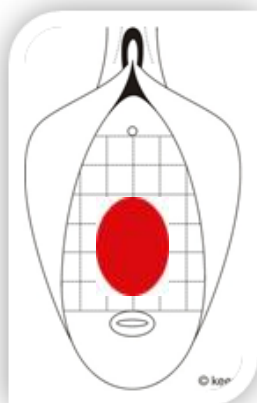
diagnosis: PII (0 alive), \pm 5x4 cm urethrovesicovaginal fistula midline type **IIAa**,
leaking urine for 8 yr which started immediately following an obstructed
first labor of 2 days, dead male, married 10 yr ago, not living with
husband, 1x operated 7.5 yr ago
EUO/F 2.5 cm

operation: UVVF-repair and fibrofatty pad graft R
duration: 80 min
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free
transverse bladder/symphysis/urethra closure starting by 2 corner sutures and
continuous inverting chromic catgut, gv check, inversion by a second layer, incision R
labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue,
tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair,
transverse avw closure with chromic catgut, skin closure, pressure pad, vagina pack;
free urine flow blood loss \pm 350 ml

12.09 not leaking/labium healed gv/ no leakage cath out bladder drill
14.09.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
02.10.84 idem
21.02.85 not leaking at all, no incontinence, normal miction healed, no stress
22/07-85 **amenorrhea for 2 mth** not leaking at all **instructions**

second obstetric fistula completely ok until PVII (3 alive) SB female in hosp
25/11-93 **operation: UVVF-repair** **vvf 2567**
01/06-94 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



5x4 cm

RR
preanesthesia: 150/100 mm Hg
5": 150/100
10": 150/100
15": 145/95
postoperation: 110/70

**fixation of fibrofatty pad by 3x sutures
unreliability of gv at 14 days po with cath in situ
leakage or catheter-induced urge**

hlt (rép niger) female 17 yr 23/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula midline with urethra block type **IIAb**, leaking urine for 2 yr which started 2 days following obstructed labor for 4 days, dead female, married 4 yr ago, not living with husband
EUO/F 4 cm, F/C 5 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

an incision at \pm 5 mm from fistula edge, difficult sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by inverting chromic catgut, gv check, technically second layer is not possible, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

25.08.84 evacuation of hematoma

12.09 not leaking/labium healed gv/ leakage but where

02.10.84 not leaking at all gv/ leakage **next** to cath cath out bladder drill

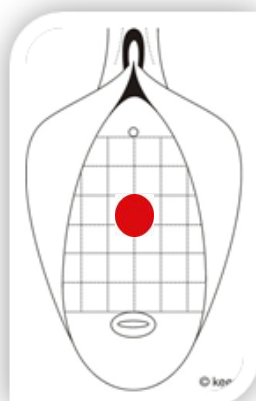
03.10.84 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

10.02..85 not leaking at all, no incontinence, normal miction healed, no stress

18/10-85 **amenorrhea for 2 mth** not leaking at all **instruction**

22.11.85 **fundus 18-20 wk** not leaking at all



2 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
15": 125/70
postoperation: 120/70

**unreliability of gv testing at 14 days po with catheter in situ
leaking and catheter-induced urge**

hdds (katsina) female 35 yr 23/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 6x4 cm urethrovesicovaginal fistula type **IIAb**, leaking urine for 4 yr which started immediately following obstructed labor for 9 days, dead male, married 12 yr ago, not living with husband, 2x operated 2 resp 1 yr ago
EUO/F 5 cm, F/C 0.5 cm

operation: bilateral ureter catheterization, VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, bliateral ureter catheterization for 15 cm, FOLEY Ch 12, tension-free transverse bladder closure by continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

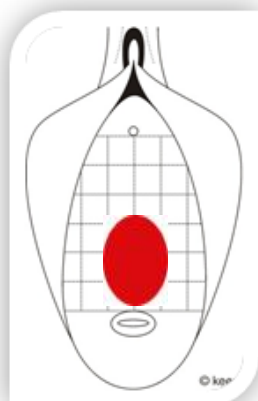
12.09 + 24.09 + 13.10 not leaking gv/ 3x leakage but where cath out

14.10.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

20.02.85 idem

12.03.85 sometimes leaking \pm , no incontinence, miction completely healed, noi stress

08.11.85 **amenorrhoea for 5 mth** uterus not enlarged not leaking at all



6x4 cm

RR
preanesthesia: 110/60 mm Hg
5": 105/55
10": 105/60
15": 105/60
postoperation: 110/60

Pt 60

KATSINA

VVF 65

ra

female

16 yr

24/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula midline with urethra block type **IIAb**, leaking urine for 1 yr which started immediately following craniotomy b.c.o. obstructed labor for 8 days, a dead male, married 4 yr ago, no living with husband
EUO/F 4 cm

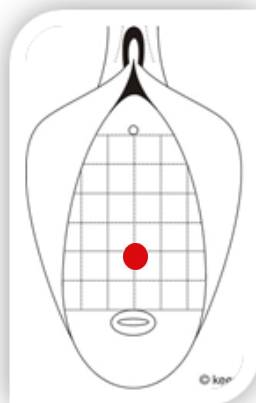
operation: UVVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

an incision at \pm 5 mm from fistula edge, difficult sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by 2 corner sutures and continuous inverting chromic catgut, gv check, inversion by a second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure with chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

12.09 not leaking/labium healed gv/ no leakage cath out bladder drill
14/09-84 not leaking at all, no incontinence, normal miction
Insp/ healed, no stres incontinence



1 cm 0

RR
preanesthesia: 120/75 mm Hg
5": 120/75
10": 120/75
15": 120/75
postoperation: 120/75

started with horizontal position and moderate fluid intake p.o.

ai female 17 yr 28/08-84

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 2 cm 0 vesicovaginal fistula at midline bladder floor type I, leaking urine of 4 mth which started immediately following obstructed labor for 4 days, dead male, married 4 yr ago, not living with husband
EUO/F 6 cm

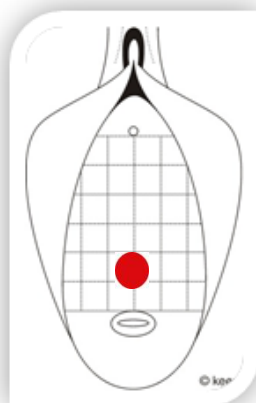
operation: VVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 and 15 min later by 2 ml resp 1.5 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by 2 corner sutures and continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

19.09 not leaking/labium healed gv/ no leakage cath out bladder drill
20.09.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
16.04.85 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/80
15": 125/80
postoperation: 125/80

Pt 62

KATSINA

VVF 67

as

female

20 yr

28/08-84

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PIII (0 alive), ± 5 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 5 mth which started immediately following obstructed last labor for 1 day, dead male, married 6 yr ago, still living with husband
EUO/F 4 cm, F/C 3 cm

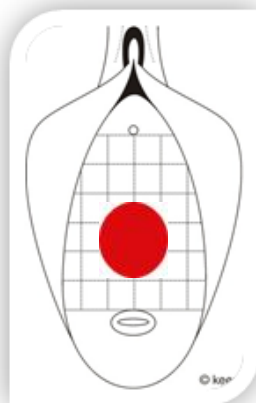
operation: UVVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by 2 corner sutures and continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

	19.09	not leaking/labium healed	gv/	no leakage	cath out	bladder drill
20.09.84		not leaking at all, no incontinence, normal miction				
		insp/	healed,	no stress		
20.02.85		not leaking at all, no incontinence, normal miction			healed,	no stress



5 cm 0

	RR
preanesthesia:	140/85 mm Hg
5":	130/75
10":	125/70
15":	125/70
postoperation:	125/70

Pt 63

KATSINA

VVF 68

ba

female

18 yr

30/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4 cm 0 vesicovaginal fistula bladder floor type I, leaking urine of 6 yr that started immediately following CS b.c.o. obstructed labor for 2 days, dead male, married 7 yr ago, not living with husband
EUO/F 8 cm, F/C 0 cm

operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

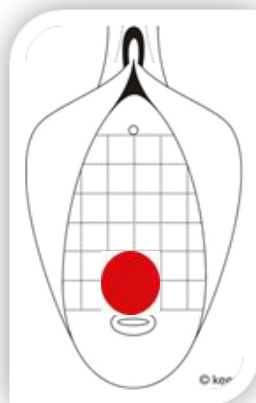
incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by 2 corner sutures and continuous inverting continuous chromic catgut, gv check, inversion with second layer, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

19.09.84 not leaking gv/ no leakage cath removed bladder drill

20.09.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

13.10.84 idem

23.02.85 not leaking at all, no incontinence, normal miction healed, no stress



4 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 115/70

zhd (katsina)

female

20 yr

30/08-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 8x5 cm urethrovesicovaginal fistula type **IIAb**, leaking urine for 3 yr which started immediately following obstructed last labor for 4 days, dead male, married 10 yr ago, not living with husband, 1x operated 1.5 yr ago
EUO/F 4 cm, F/C 0 cm

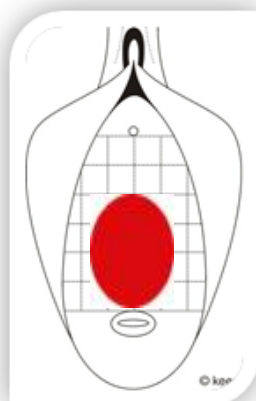
operation: bilateral ureter catheterization, VVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral ureter catheterization for 15 cm, incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by 2x corner sutures and by continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection /mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, a transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

19.09 not leaking/labium healed gv/ no leakage cath out bladder drill
20.09.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
17.06.85 not leaking at all, no incontinence, normal miction healed, no stress
29.07.86 sometimes when she wakes up she passess urine before reaching toilet
completely healed, no stress
10.11.86 only leaking sometimes during sex healed, **no** stress
instructed: emptying bladder before sex



8x5 cm

RR
preanesthesia: 140/85 mm Hg
5": 140/80
10": 140/80
15": 130/70
postoperation: 120/70

mak (Katsina)

female

30 yr

03/09-84

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PVIII (4 alive), **multiple** one \pm 3x1 cm urethrovesicovaginal fistula type **IIBa** and \pm 4 cm 0 vesicovaginal fistula, leaking urine for 3 yr which started immediately following obstructed last labor for 4 days, dead male, married 20 yr ago, not living with husband
 EUO/F 0 cm, F/F 4 cm, F/C 0 cm ??yankan gishiri??

operation: VVF-repair and fibrofatty pad graft R as **first stage**

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by 2 corner sutures and continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

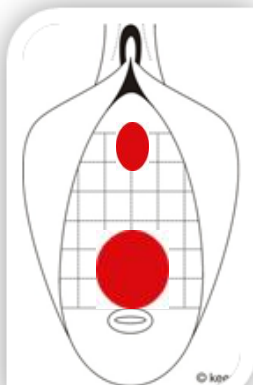
for urethra reconstruction as **second stage** after 3 mth

24.09. leaking/labium healed gv/ no leakage cath out bladder drill

25.09.84 not leaking at all, no incontinence, normal miction

Insp/ healed, distal urethra = euo drawn inside, no stress incontinence

12.03.85 not leaking at all, no incontinence, normal miction

insp/ healed 3 cm urethra loss no stress incontinence11/07-85 **amenorrhea for 4 mth** not leaking at all **instructions**

multiple fistulas

RR
 preanesthesia: 140/90 mm Hg
 5": 140/85
 10": 140/85
 15": 140/85
 postoperation: 125/80

isk (katsina)

female

25 yr

04/09-84

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PVII (2 alive), \pm 0.2 cm 0 vesicovaginal fistula midline type I, leaking urine for 3 mth that started immediately following obstructed last labor for 1.5 days, dead male, married 17 yr ago, not living with husband
EUO/F 6 cm, F/C 2 cm

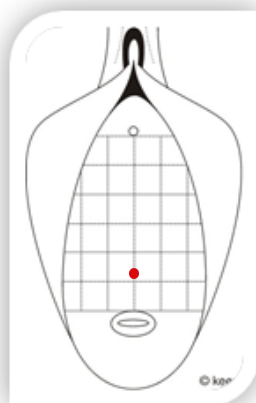
operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by inverting chromic catgut purse string, gv check, inversion by second layer, a transverse avw closure with chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

24.09.85 not leaking at all gv/ no leakage cath removed bladder drill
25.09.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
13.10.84 idem
12.03.85 not leaking at all, no incontinence, normal miction healed, no stress
23/12-86 **amenorrhea for 5 mth** not leaking at all **instructions**



0.2 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 120/75
15": 110/70
postoperation: 105/70

sam female 15 yr 13/09-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.2 cm 0 vesicovaginal fistula midline type **I**, **leaking urine for 75 days (2.5 mth)** that started immediately following obstructed labor for 4 days, dead male, married 1 yr ago, not living with husband
EUO/F 6 cm, F/C 6 cm

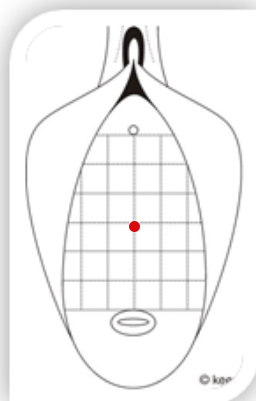
operation: VVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, bladder closure by inverting chromic catgut purse string after excision of vagina mucosa, gv check, inversion by second layer, incision R labium majus sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of the fibrofatty pad over repair transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

03.10 not leaking/labium healed gv/ no leakage cath out bladder drill
04.10.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
18.10.84 not leaking at all, no incontinence, normal miction healed, no stress



0.2 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 125/80
10": 125/80
15": 125/80
postoperation: 125/80

Pt 68

KATSINA

VVF 73

bmw

female

29 yr

13/09-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3 cm 0 vesicovaginal fistula bladder floor type I, leaking urine for 13 yr which started 3 days following a CS b.c.o. obstructed labor for 2 days, live female who died 2 days later, married 16 yr ago, still with husband EUO/F 6 cm, F/C 0 cm

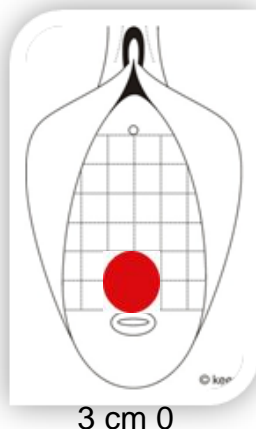
operation: VVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free transverse bladder closure by inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection /mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, a transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

03.10 not leaking/labium healed gv/ no leakage cath out bladder drill
04.10.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
25.03.85 not leaking at all, no incontinence, normal miction healed, no stress



RR
preanesthesia: 125/80 mm Hg
5": 120/80
10": 120/80
15": 120/80
postoperation: 105/70

repair whilst pregnant; nb almost blood-less

fsk (Katsina) female 16 yr 18/09-84

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula at L type **IIAa**, leaking urine for 2 yr which started immediately following obstructed labor for 6 days, dead male, married 4 yr ago, not living at husband
EUO/F 4 cm

operation: VVF-repair and fibrofatty pad graft L

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

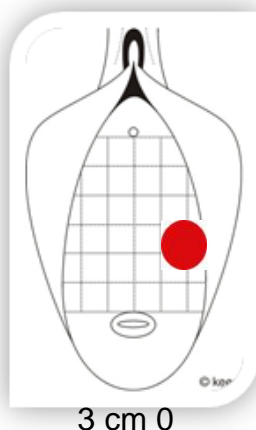
incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by inverting chromic catgut gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow **almost bloodless dissection**

13.10 not leaking/labium healed gv/ no leakage cath out bladder drill

14.10.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence **fundus 30-32 wk**

15/04-85 delivered live male 3 wk ago by CS who died 1 day later **P11 (0 alive)**
not leaking at all **NB pat pregnant x 3 mth at repair repair**

23/06-87 delivered live female **at home** 2.5 mth ago not leaking at all



RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
15": 120/75
postoperation: 120/75

wrong proceeding; see later**should have been: first bladder fixation and then urethra as second stage**

hsk (Katsina) female 20 yr 18/09-84

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **very extensive** ± 8x6 cm urethrovesicovaginal fistula type **IIBa** leaking urine of 4 yr that started immediately following obstructed labor for 5 days, dead male, married 7 yr ago, not living with husband, 1x operated 2 yr ago
EUO/F 0 cm, F/C 0 cm

operation: urethra reconstruction as **first stage**

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral incision at ± 10 mm from urethra roof, sharp mobilization of the (para)urethra tissue, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over 5 cm by inverting chromic catgut, longitudinal avw closure by chromic catgut, vagina pack for VVF-repair as **second stage**

13/10-84 leaking insp/ urethra healed cath removed

10/10-85 operation: VVF-repair 2nd stage VVF 232

11/02-86 leaking insp/ healed, total stress incontinence



8x6 cm

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 115/75
15": 120/75
postoperation: 105/65

shdm (katsina)

female

18 yr

24/09-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 3x2 cm urethrovesicovaginal fistula midline type **IIAb**, leaking urine for 9 mth which started immediately following obstructed labor for 3 days, dead female, married 9 yr ago, not living with husband EUO/F 4 cm, F/C 3 cm

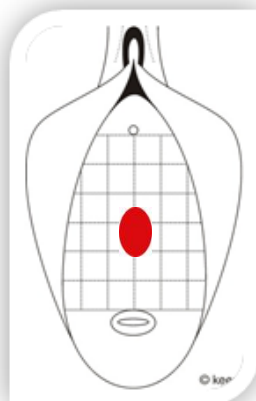
operation: UVVF-repair and fibrofatty pad graft R

duration: 45 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure by 2 corner sutures and continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

13.10 not leaking/labium healed gv/ no leakage cath removed blad drill
 14.10.84 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence
 30.04.85 not leaking at all, no incontinence, normal miction healed, no stress
 27.04.87 sometimes urine loss during sex insp/ healed, cystocele, no stress
instructed: emptying bladder before sex



3x2 cm

RR
 preanesthesia: 145/85 mm Hg
 5": 145/85
 10": 145/85
 15": 145/85
 postoperation: 145/85

Pt 72

KATSINA

VVF 77

su

female

20 yr

24/09-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 4 yr that started immediately following obstructed labor for 2 days, dead female, married 8 yr ago, not living with husband, 1x operated 3 yr ago
EUO/F 2 cm, F/C 3 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 45 min

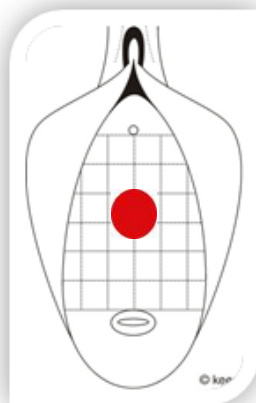
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free transverse bladder/urethra closure by 2 corner sutures and continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

13.10 not leaking/labium healed gv/ no leakage cath removed drill

14.10.84 not leaking at all, no incontinence, normal miction

Insp/ healed, no stress incontinence



2 cm 0

RR
preanesthesia: 150/90 mm Hg
5": 150/80
10": 150/80
15": 150/80
postoperation: 130/80

Pt 73

KATSINA

VVF 78

isk (katsina)

female

37 yr

27/09-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIX (6 alive), ± 5x4 cm 0 vesicovaginal fistula type I, leaking urine for 3 yr which started immediately following an obstructed last labor for 1 day, dead female, married 25 yr ago, not living at husband
EUO/F 7 cm, F/C 3 cm

operation: catheterization R ureter, VVF-repair and fibrofatty pad graft R

duration: 90 min

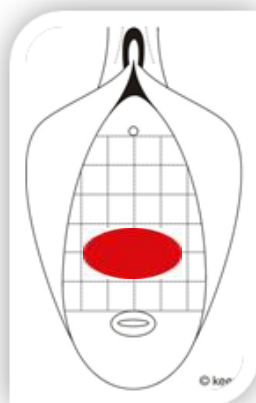
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, only R ureter identified and catheterized for 15 cm, FOLEY Ch 12, tension-free transverse bladder closure by 2 corner sutures and continuous inverting chromic catgut gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

20/02-85 leaking/labium healed gv/ small fistula cath removed

11/04-85 operation: VVF-repair VVF 132

27/04-85 not leaking, no incontinence, normal miction healed, no stress



5x4 cm

RR
 preanesthesia: 125/75 mm Hg
 5": 125/75
 10": 125/75
 15": 120/75
 postoperation: 110/70

ha female 35 yr 02/10-84

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PVII (5 alive), **multiple five** small vesicovaginal fistulas in a \pm 1 cm 0 avw trauma at L type **IIAa**, leaking urine for 2 yr which started immediately following obstructed labor for 3 days, dead male, married 23 yr ago, still living with husband, NB successful VVF repair after delivery I EUO/F 3 cm, F/C 4 cm

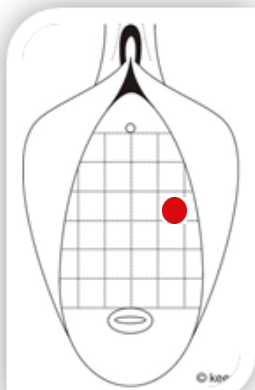
operation: UVVF-repair and fibrofatty pad graft L

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, difficult sharp/blunt dissection as scar tissue +, FOLEY Ch 12, tension-free transverse bladder/urethra closure by 2 corner sutures and continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

26.10.85 not leaking at all gv/ no leakage cath removed bladder drill
 27.10.85 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence
 20.02.85 idem
 03.04.85 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR
 preanesthesia: 140/75 mm Hg
 5": 140/75
 10": 140/75
 15": 140/75
 postoperation: 125/70

bsb (Katsina) female 15 yr 08/10-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.1 cm 0 vesicovaginal fistula midline type I, leaking urine for 6 mth which started 10 days following an obstructed labor for 2 days, dead male, married 2 yr ago, not living with husband
EUO/F 7 cm, F/C 5 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

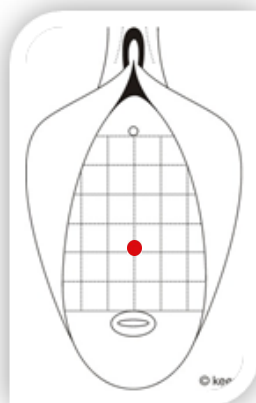
incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, tension-free bladder closure by 2x inverting chromic catgut purse string/1x Z, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

26.10.84 not leaking at all gv/ no leakage cath removed bladder drill

27.10.84 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.02.85 idem

04.04.85 not leaking at all, no incontinence, normal miction healed, no stress



0.1 cm 0

RR
 preanesthesia: 140/80 mm Hg
 5": 140/80
 10": 140/80
 15": 140/80
 postoperation: 135/80

Pt 76

KATSINA

VVF 81

ui

female

30 yr

11/10-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PV (1 alive), \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 10 mth which started immediately following obstructed last labor for 2 days, dead male, married 15 yr ago, still living with husband
EUO/F 7 cm, F/C 0 cm

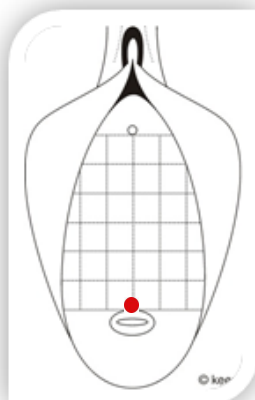
operation: VVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, a tension-free transverse bladder closure with continuous inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

26/10-84 not leaking at all gv/ no leakage cath removed bladder drill
27.10.84 not leaking at all, no incontinence, normal miction
Insp/ healed, no stress incontinence



0.5 cm 0

RR
preanesthesia: 150/90 mm Hg
5": 150/90
10": 145/90
15": 140/90
postoperation: 125/80

Pt 5

KATSINA
post extensive IIAb repair

VVF 82/5

h/b (katsina) female 14 yr 17/10-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: multiple small residual fistulas following VVF-repair 21/3-84
EUO/F 2.5 cm, F/F 4 cm, F/C 0 cm

operation: VVF-repair, urethra lengthening and fibrofatty pad graft R

duration: 120 min

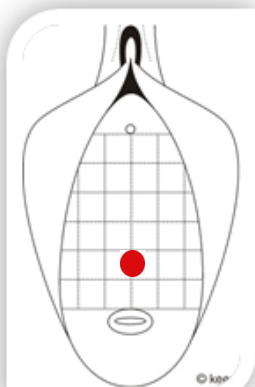
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

an incision at \pm 5 mm from UVVF edges, sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder/urethra closure by inverting chromic catgut gv check shows leakage at R cervix, extending incision up to this fistula, closure by continuous inverting chromic catgut, U incision, sharp mobilization of (para)urethra tissue, longitudinal urethra lengthening with double layer of inverting chromic catgut, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, avw to cervix closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

21/11-84 leaking

10/04-85 operation: VVF-repair

VVF 130



multiple fistulas

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 135/80
15": 125/75
postoperation: 100/60
infusion with 1000 ml normal saline

rdf (Katsina) female 15 yr 18/10-84

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual 2 cm 0 vesicovaginal fistula at R cervix following VVF repair d.d. 24/5-84 as first stage

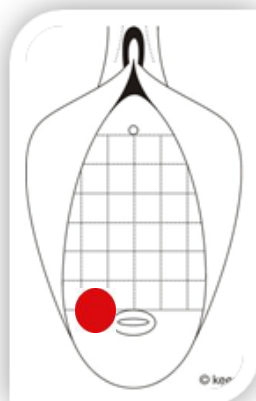
operation: VVF-repair as **second stage**

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R, difficult exposure of operation field, incision at \pm 5 mm from fistula edge, difficult sharp/blunt dissection, FOLEY Ch 12, tension-free transverse bladder closure with continuous inverting chromic catgut, transverse avw/cervix closure by chromic catgut, gv check shows leakage, 1x suture, skin closure, vagina pack; free urine flow **doubtful**

21/11-84 leaking

02/04-85 operation: VVF-repair VVF 122**28/06-85 operation: VVF-repair/f_f graft L VVF 191**

2 cm 0

RR
 preanesthesia: 125/80 mm Hg
 5": 125/80
 10": 120/80
 15": 120/80
 postoperation: 110/80

Pt 77

KATSINA

VVF 84

aa KATSINA city

female

20 yr

11/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (0 alive), ± 0.5 cm 0 urethrovesicovaginal fistula R within scar tissue type **IIAa**, leaking urine for 5 yr which started immediately following obstructed first labor for 3 days, dead male, married 9 yr ago, not living with husband, 1x operated 4 yr ago
EUO/F 4 cm, F/C 6 cm

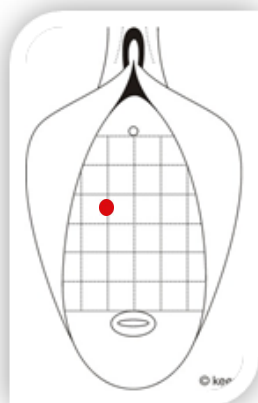
operation: VVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 5 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, inversion by second layer, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, a transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

26.02.85	not leaking/labium healed	cath removed	bladder drill
27.02.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
16.04.85	idem		
29.07.85	not leaking at all, no incontinence, normal miction		healed, no stress
29/11-85	amenorrhea for 2 mth	not leaking at all	instructions
13.06.86	a term	referred to mh	
16/06-86	PIII (1 alive) delivered <u>live</u> male 3 days ago in hospital		not leaking at all



0.5 cm 0

RR
 preanesthesia: 130/75 mm Hg
 5": 130/75
 10": 125/75
 15": 120/70
 postoperation: 120/70

fsf (Katsina) female 17 yr 11/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula L type I, leaking urine for 9 mth which started immediately following obstructed labor for 1 day, dead male, married 3 yr ago, not with husband, pvw stricture
EUO/F 6 cm, F/C 5 cm

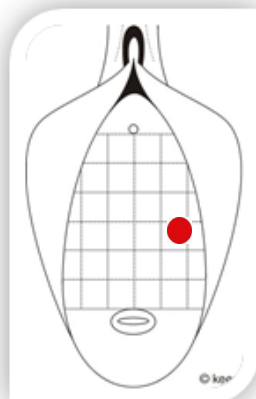
operation: VVF-repair and fibrofatty pad graft L

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy L with severing of stricture, an incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under L lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

26.02.85 not leaking/labium healed cath removed bladder drill
27.02.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
12.03 + 13.05.85 idem
06.08.85 not leaking at all, no incontinence, normal miction healed, no stress
19/02-86 **amenorrhea for 3 mth** not leaking at all **instructions**
14/08-86 **PII (1 alive)** delivered live female by CS not leaking at all
03/11-88 **amenorrhea for 4 mth** not leaking at all **instructions**



1 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/70
15": 120/65
postoperation: 115/65

bilateral fixation of bladder neck (+ pc fascia) to symphysis

bt female 19 yr 12/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIBb**, leaking urine of 5 yr which started immediately following CS b.c.o. obstructed labor for 2 days, dead female, married 7 yr ago, not living with husband, 1x operated 2 yr ago
EUO/F 2 cm, F/C 3 cm, AB/AU 1 cm

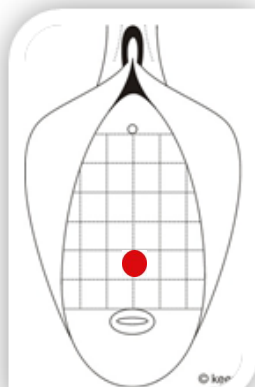
operation: UVVF-repair, proximal urethra reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge and 10 mm from urethra roof, difficult sharp/ blunt dissection, sharp FOLEY Ch 16, tension-free reconstruction of bladder neck/proximal urethra by single layer of inverting chromic catgut, bilateral fixation of bladder neck onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

04.03.85	not leaking/labium healed	cath removed	bladder drill
05.03.85	not leaking at all, no incontinence, normal mition		
	insp/ healed, no stress incontinence		
19.03 + 30.04.85	idem		
30.07.85	not leaking at all, no incontinence, normal miction		healed, no stress



multiple fistulas

	RR
preanesthesia:	150/90 mm Hg
5":	140/90
10":	140/90
15":	135/85
postoperation:	130/80

small fistula + scarring; or previous repair

hi

female

18 yr

14/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 8 mth which started 1 day following obstructed labor of 4 days, dead male, married 3 yr ago, not living with husband
EUO/F 7 cm, F/C 4 cm

operation: VVF-repair

duration: 45 min

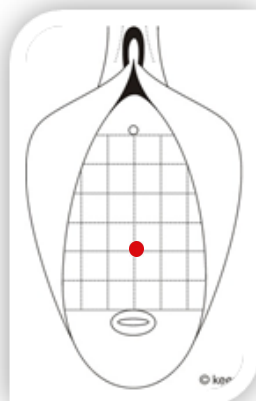
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, **scar tissue ++**, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse aww closure, skin closure, vagina pack; free urine flow

28.02.85 not leaking at all cath removed bladder drill

01.03.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

15.03.85 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm

RR
preanesthesia: 135/90 mm Hg
5": 125/80
10": 120/75
15": 120/75
postoperation: 115/70

starting bladder/urethra closure at angles

zsk (Katsina) female 16 yr 14/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (0 alive), \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr that started 8 days following CS b.c.o. obstructed last labor for 1 day, dead male, married 3 yr ago, not living with husband
EUO/F 7 cm, F/C 4 cm

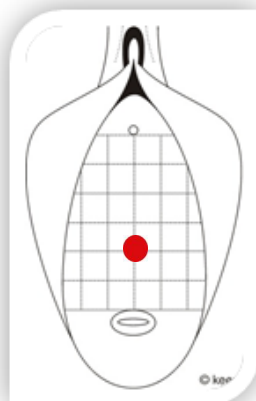
operation: VVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of avw from fistula edge, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

28.02.85	not leaking/labium healed	cath removed	bladder drill
01.03.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
15.03 + 16.04.85	idem		
02.10.85	not leaking at all, no incontinence, normal miction		healed, no stress
19/02-86	amenorrhea for 5 mth	not leaking at all	instructions



1 cm 0

	RR
preanesthesia:	120/70 mm Hg
5":	120/70
10":	110/60
15":	110/60
postoperation:	120/70

hgb (katsina) female 29 yr 15/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: residual \pm 1.5 cm 0 urethrovesicovaginal fistula midline and a \pm 0.5 cm 0 vesicovaginal fistula fixed to R pubic bone (lungu) following multiple repairs 6 yr ago and d.d. 31/5- .. 19/7-84
EUO/F 4 cm, F/F 3 cm, F/C 1 cm

operation: UVVF/VVF-repair and fibrofatty pad graft L

duration: 150 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of aww from fistula edge, tension-free transverse urethra closure by double layer of inverting chromic catgut, gv check shows VVF at R, dissection, oblique bladder closure by single layer of inverting chromic catgut, an incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse aww closure, skin closure, pressure pad, vagina pack; free urine flow pat highly uncooperative

then 17.02 + 22.02 + 25.02.85 pat removed cath herself 3x reinserted

05.03.85 not leaking/labium healed cath removed bladder drill

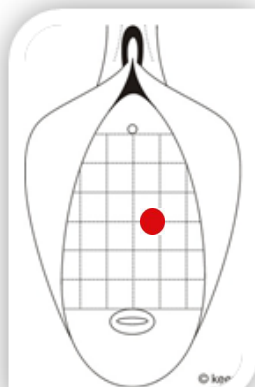
06.03 + 25.03.85 not leaking, incontinence \pm , miction healed, stress \pm

25.04 + 06.06.85 leaking/incontinence + healed, stress +

13/11-85 not leaking, overflow insp/ dilatation of UV-stricture

06/12-85 not leaking, incontinence \pm , normal miction healed, stress \pm

03.07.86 leaking total urine incontinence

06/03-87 operation: elevation**vvf 563**

multiple fistulas

RR
preanesthesia: 130/85 mm Hg
5": 125/85
10": 120/75
15": 120/75
postoperation: 115/75

Pt 82

KATSINA
bladder/urethra closure by single layer

VVF 90
RVF 1

ask (katsina) female 25 yr 18/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, ± 3 cm 0 vesicovaginal fistula midline type **I or IIAb**, leaking urine for 2 yr which started immediately following obstructed labor for 5 days, dead female, married 9 yr ago, not living with husband, successful RVF-repair d.d. 30/4-84
EUO/F 6 cm, F/C 3 cm

operation: VVF-repair and fibrofatty pad graft L

duration: 120 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair, a transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

19.02 cath block/flushed 21.02 severe gastroenteritis 21.03 leaking cath out
25/03-85 leaking insp/ fistula

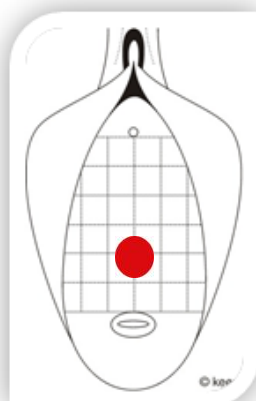
28/05-86 operation: VVF-repair/bladder stone VVF 383

16/01-88 operation: VVF-repair VVF 921

12/04-89 operation: VVF-repair VVF 1159

06/05-89 jaundice ++/hepatorenal failure due to **native medicine**

native medicine = maganin gargajiya



RR
preanesthesia: 140/90 mm Hg
5": 140/90
10": 130/80
15": 125/75
postoperation: 115/75

ha female 16 yr 19/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: residual \pm 2 cm 0 vesicovaginal fistula L following VVF-repair d.d. 22/5-84; cause of breakdown ??ureter opening blocked??
EUO/F 7 cm, F/C 2 cm

operation: VVF-repair and fibrofatty pad graft L

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair, a transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

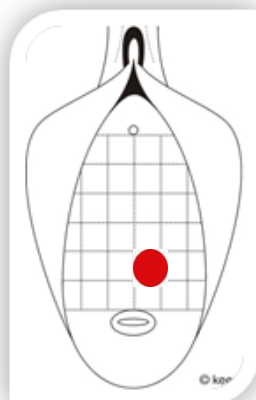
20.02 ureter cath out 07.03 not leaking/labium healed cath out drill

08.03.85 not leaking, incontinence \pm , normal miction

insp/ healed, prolapse/cystocele, stress incontinence \pm

30.04.85 idem

30.05.85 not leaking, incontinence +, normal miction healed, stress +



2 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 120/70
10": 120/70
15": 120/70
postoperation: 120/70

Pt 83

KATSINA

VVF 92

sh

female

40 yr

19/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (1 alive), ± 3 cm 0 vesicovaginal fistula midline type I, leaking urine for 15 yr which started immediately following obstructed first labor for 7 days, dead female, married 25 yr ago, still living with husband EUO/F 6 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

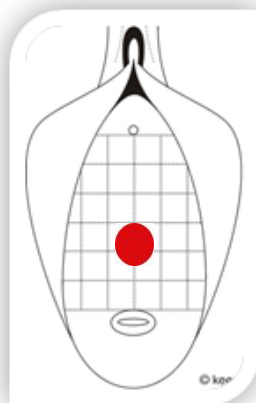
incision at ± 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair, a transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

28.02.85 ?leaking whilst lying? repair seems to be intact

04.03.85 ?leaking?labium healed cath removed bladder drill

05.03.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

03.04.85 not leaking at all, no incontinence, normal miction healed, no stress



3 cm 0

RR

preanesthesia: 135/80 mm Hg

5": 135/80

10": 135/80

15": 135/80

postoperation: 125/70

rj

female

20 yr

21/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PIII (1 alive), \pm 2 cm 0 vesicovaginal fistula L type **IIAa**, leaking urine for 9 mth which started immediately following craniotomy b.c.o. obstructed last labor for 1 day, dead female, married 8 yr ago, not living with husband EUO/F 5 cm

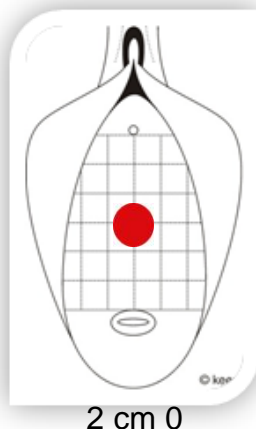
operation: VVF-repair and fibrofatty pad graft L

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa from fistula edge, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under L lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure, skin closure, pressure pad, vagina pack; free urine flow

07.03.85	not leaking/labium healed	cath removed	bladder drill
08.03.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
25.03.85	not leaking at all, no incontinence, normal miction		healed, no stress



	RR
preanesthesia:	125/70 mm Hg
5":	125/70
10":	125/70
15":	120/70
postoperation:	115/70

rytb (katsina)

female 20 yr

21/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (0 alive), **multiple two** one \pm 1 cm 0 urethrovesicovaginal fistula R with circumferential defect type **IIAb** and one \pm 1 cm 0 vesicocervicovaginal fistula L cervix, leaking urine for 2 yr which started immediately following obstructed last labor of 2 days, dead female, married 8 yr ago not living with husband, 1x operated 1 yr ago
EUO/F 4 cm, F/F 4 cm, F/C 0 cm

operation: UVVF/VVF-repair

duration: 120 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edges, sharp/blunt dissection, FOLEY Ch 12, tension-free oblique bladder closure and transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow doubtful

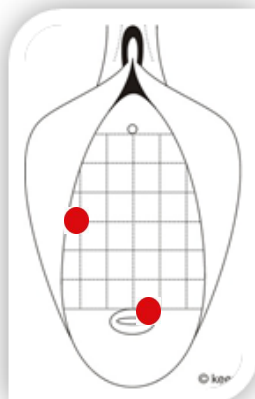
12.03.85 ?leaking? cath removed bladder drill

13.03 + 26.03.85 not leaking at all, no incontinence, normal miction
Insp/ healed, no stress incontinence

14/05-85 leaking for 6 days insp/ fistula

early sex**12/12-85 operation: VVF-repair****VVF 268**

28/07-86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



1 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/80
15": 125/80
postoperation: 120/80

bilateral fixation of angles (+ pc fascia: see later) onto pubic bone periost

hif (katsina) female 33 yr 22/02-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PVI (3 alive), \pm 6 cm vesicovaginal fistula type **IIAb**, leaking urine for 3 yr which started immediately following obstructed last labor for 3 days, dead male, married 18 yr ago, not living with husband, 1x operated 2 yr ago, cervix not identified, normal menstruation
EUO/F 5 cm, F/"C" 0 cm

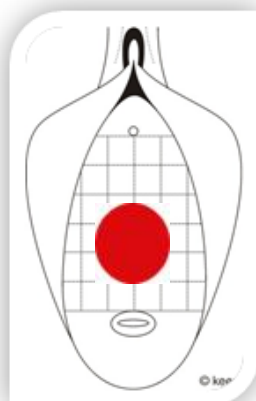
operation: bilateral ureter catheterization, VVF-repair and fibrofatty pad graft R

duration: 120 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral catheterization for 20 cm (NB **infected urine**), incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by only single layer of inverting chromic catgut starting with bilateral fixation of the angles to pubic bone periost, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

15.03.85	not leaking/labium healed	cath removed	bladder drill
16.03.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
04.04 + 07.05.85	idem		
23.07.85	not leaking at all, no incontinence, normal miction		healed, no stress
12/04-90	new leakage for 1 yr after ?fever/cough?		??delivery??
	insp_gv/ incontinence ++ PVI (3 alive)		
20/04-90	operation: colposuspension		VVF 1501
09/05-90	not leaking, no incontinence, normal miction		healed, no stress



6 cm 0

	RR
preanesthesia:	120/70 mm Hg
5":	110/70
10":	110/70
15":	110/70
postoperation:	105/70

bsg (katsina)

female

20 yr

26/02-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 6 cm 0 vesicovaginal fistula type **IIAa**, leaking of urine for 17 mth which started immediately following obstructed labor for 3 days dead male, not living with husband
EUO/F 5 cm, F/C 2 cm

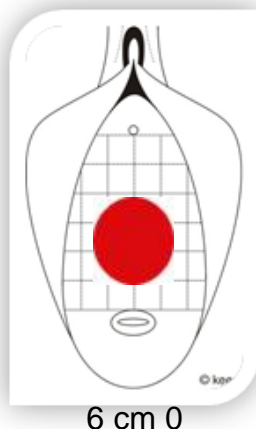
operation: bilateral ureter catheterization, VVF-repair and fibrofatty pad graft R

duration: 120 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral ureter catheterization for 20 cm, incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure with chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

08.03 ureter out 16.03.85 not leaking/labium healed cath out drill
17.03.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
03.04 + 04.07.85 idem
02.11.85 not leaking at all, no incontinence, normal miction healed, no stress



RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 125/75

Pt 88

KATSINA

VVF 97

am

female

20 yr

27/02-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 3 yr which started immediately following obstructed first labor of 1 day, dead male, married 6 yr ago, still living with husband
EUO/F 6 cm, F/C 0 cm

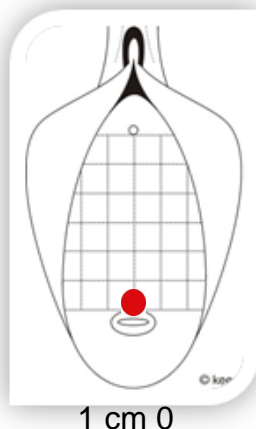
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa, tension-free transverse closure by double layer of inverting chromic catgut, gv check, transverse avw-cervix closure with chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

12.03.85	not leaking at all	cath removed	bladder drill
15.03.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
09.04.85	not leaking at all, no incontinence, normal miction		healed, no stress



	RR
preanesthesia:	125/75 mm Hg
5":	125/75
10":	125/75
15":	125/75
postoperation:	110/60

ha

female

30 yr

27/02-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive). \pm 1 cm 0 urethrovesicovaginal fistula L bladder neck type **IIAa**, leaking urine for 3 yr which started immediately following obstructed last labor for 3 days, dead male, married 15 yr ago, not living with husband, 1x operated 2 yr ago
EUO/F 4 cm, F/C 4 cm

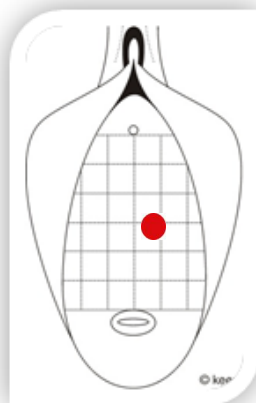
operation: UVVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, a transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

05.03 cath block/changed 12.03 not leaking/labium healed cath removed
15.03.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
04.04.85 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR
preanesthesia: 160/80 mm Hg
5": 150/75
10": 150/75
15": 150/75
postoperation: 150/75

hi

female

34 yr

27/02-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVIII (3 alive), \pm 0.5 cm 0 urethrovesicovaginal fistula R type **IIAb** with leaking urine for 5 yr which started immediately following obstructed last labor for 7 days, dead female, married 20 yr ago, husband died, 1x operation 1 yr ago
EUO/F 3 cm, F/C 4 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 55 min

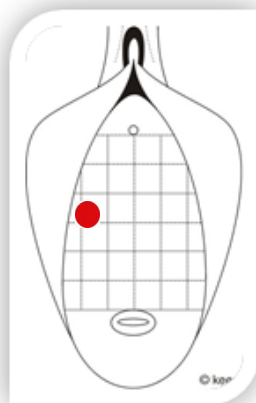
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, a skin closure, pressure pad, vagina pack; free urine flow

14.03.85 incontinence/labium healed cath removed bladder drill

15.03.85 not leaking at all, incontinence \pm , normal miction healed, stress \pm

04.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



0.5 cm 0

RR

preanesthesia: 150/85 mm Hg

5": 145/85

10": 135/85

15": 130/80

postoperation: 120/75

Pt 91

KATSINA

VVF 100

hldb (katsina)

female

15 yr

28/02-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 4 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 9 mth which started immediately following obstructed labor for 2 days, dead male, married 3 yr ago not living with husband
EUO/F 3 cm, F/C 8 cm, AB/AU 3 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, a transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

15.03.85 not leaking/labium healed cath removed bladder drill
16.03 + 03.04 + 02.05 + 04.10.85 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +

second obstetric leakage more or less ok/not leaking until PIII (2 alive)

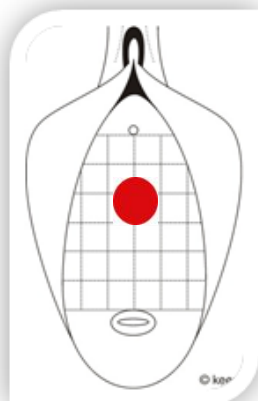
27/10-90 operation: elevation VVF 1681

18/11-90 not leaking at all, no incontinence, normal miction
insp/ healed, excellent elevation, no stress incontinence

third obstetric leakage PIV (1 alive) completely ok until delivery **cath 438**

06/10-95 operation: dilatation_urethrotomy VVF 3293

28/12-95 not leaking, incontinence +, normal miction
insp/ healed, good elevation, stress incontinence +



3 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 120/70
15": 110/65
postoperation: 120/75

dhr (katsina) female 41 yr 01/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual \pm 1 cm 0 vesicovaginal fistula I following VVF-repair d.d. 24/7-84
EUO/F 6 cm, F/"C"" 0 cm

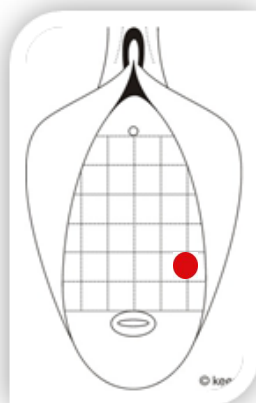
operation: catheterization L ureter and VVF-repair

duration: 65 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

catheterization L ureter for 20 cm, incision at \pm 2 mm from fistula edge, difficult sharp/blunt dissection, excision of vagina mucosa, FOLEY Ch 16, tension-free longitudinal bladder closure by a single layer of inverting chromic catgut, gv check, mobilization of fibrofatty pad, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

22.03.85 not leaking at all cath removed

26.03.85 not leaking, no incontinence, normal miction urge
insp/ healed, no stress incontinence14.05 + 08.07 + 02.11.85 (not) leaking, incontinence + healed, ?leakage?
normal menstruation**02.07.86 operation: vvf-repair****vvf 415**

1 cm 0

RR
preanesthesia: 135/85 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 110/70

bnmm (katsina)

female

29 yr

05/03-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PIV (2 alive), **multiple extensive** one \pm 2 cm 0 urethrovesicovaginal fistula midline and \pm 4 cm 0 vesicovaginal fistula, leaking of urine for 1.5 yr which started immediately following CS b.c.o. obstructed last labor for 1 day, dead male, married 16 yr ago, not living with husband, bilateral drop foot L > R
EUO/F 5 cm, F/F 2 cm, F/C 0 cm

operation: UVVF/VVF-repair and fibrofatty pad graft R

duration: 120 min

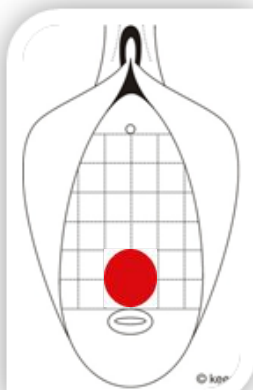
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edges, sharp/blunt dissection, making one fistula out of the two, FOLEY Ch 22, tension-free bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over the repair, avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

16.04 + 13.05.85 not leaking, incontinence +, miction healed, stress +
01/11-85 leaking insp/ fistula drop foot recovered

12/02-86 operation: VVF-repair**VVF 279**14/07-86 not leaking, incontinence \pm , miction insp/ healed**25/11-86 operation: VVF-repair****VVF 468**

15/01-87 leaking insp/ fistula

01/04-87 operation: VVF-repair**VVF 596**27/08-87 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence

multiple fistulas

RR
preanesthesia: 125/75 mm Hg
5": 120/75
10": 120/75
15": 120/75
postoperation: 120/75

sabl (katsina)

female

15 yr

07/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1.5 cm 0 vesicovaginal fistula extremely R type **IIAb**, leaking urine for 5 mth which started immediately following obstructed labor for 1 day, dead male, married 2 yr ago, still with husband
EUO/F 5 cm, F/C 5 cm

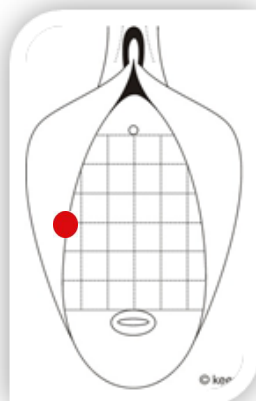
operation: UVVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

an incision at \pm 2 mm from fistula edge, difficult sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure with a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

22.03.85	not leaking/labium healed	cath removed	bladder drill
23.03.85	not leaking, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
04.07.85	idem		
04.10.85	not leaking at all, no incontinence, normal miction	healed, no stress.	
06/03-86	amenorrhea for 3 mth	not leaking at all	instructions
02/07-86	PII (0 alive) premature sb male 9 days ago	not leaking at all	



1.5 cm 0

	RR
preanesthesia:	140/75 mm Hg
5":	140/75
10":	130/70
15":	125/70
postoperation:	125/70

hmy (katsina)

female

40 yr

07/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PXII (4 alive), **multiple extensive** one \pm 2 cm 0 urethrovesicovaginal fistula type **IIAa** and one \pm 4 cm 0 vesicovaginal fistula, leaking urine for 2 yr which started immediately following repeat CS b. c.o. obstructed last labor for 4 days, dead female, married 25 yr ago, not living with husband
EUO/F 4 cm, F/F 3 cm, F/C 0 cm

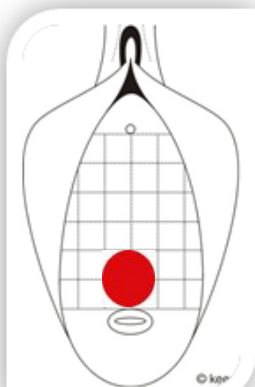
operation: UVVF/VVF-repair and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm around fistula edges, sharp/blunt dissection, FOLEY Ch 16, separate tension-free transverse UVVF and VVF closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

04.04 ?leaking? 18.04.85 not leaking/labium healed cath removed drill
19.04.85 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence
07.05 + 04.07.85 idem
11.11.85 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 160/90 mm Hg
5": 150/85
10": 150/85
15": 150/85
postoperation: 125/75

mig (katsina) female 36 yr 08/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: minute < 0.1 cm 0 residual urethrovesicovaginal fistula extremely L
following multiple repairs 1/2- .. 16/7-84
EUO/F 4 cm, F/C 6 cm

operation: UVVF-repair

duration: 70 min

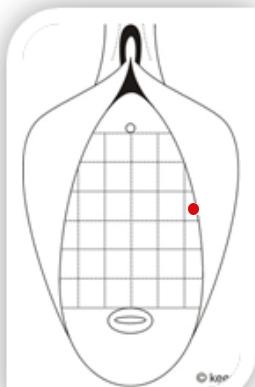
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

fistula only demonstrated by 200 ml gv and cough, transverse incision thru fistula, episiotomy L, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/symphysis closure by single layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow

22.03.85 incontinence cath removed bladder drill

26.03.85 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence \pm

09.04.85 not leaking, incontinence \pm , normal miction healed, stress \pm
foot drop recovered



minute < 0.1 cm 0

RR
preanesthesia: 120/80 mm Hg
5": 120/80
10": 120/80
15": 120/80
postoperation: 100/70

Pt 96

KATSINA

VVF 108

hw

female

20 yr

12/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (2 alive), \pm 0.5 cm vesicovaginal fistula midline type I, leaking urine for 7 mth which started immediately following obstructed last labor for 1 day, dead male, married 6 yr ago, not living with husband
EUO/F 7 cm, F/C 5 cm

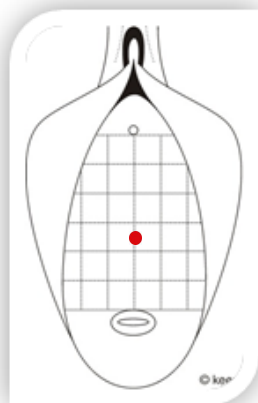
operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, scar tissue ++, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, vagina pack; free urine flow

26.03.85 not leaking at all cath removed bladder drill
27.03.85 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence
30.04.85 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 150/85 mm Hg
5": 150/85
10": 150/85
15": 150/85
postoperation: 135/80

Pt 97

KATSINA

VVF 109

na

female

18 yr

12/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 vesicovaginal fistula L type **IIAa**, leaking urine for 12 mth which started immediately following obstructed labor of 2 days, dead male, married 3 yr ago, still living with husband
EUO/F 5 cm, F/C 5 cm

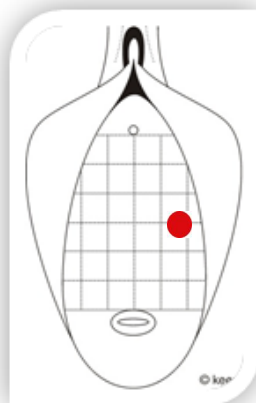
operation: VVF-repair and fibrofatty pad graft L

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall and fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

	25.03.85	not leaking/labium healed	cath removed	bladder drill
26.03.85		not leaking at all, no incontinence, normal miction		
		insp/ healed, no stress incontinence		
09.04.85		not leaking at all, no incontinence, normal miction		healed, no stress



	RR
preanesthesia:	140/80 mm Hg
5":	140/80
10":	125/75
15":	125/75
postoperation:	130/80

zadd (katsina city)

female 17 yr

12/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 1 cm 0 urethrovaginal fistula R type **IIAb**, leaking urine for 4 yr which started immediately following obstructed first labor for 2 days, dead female, married 6 yr ago, not living with husband, 1x operated 3 yr ago
EUO/F 4 cm, F/C 6 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall and a fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

26.03.85 not leaking/labium healed cath removed bladder drill
27.03.85 not leaking at all, no incontinence, normal miction healed, no stress
17.05 + 27.06.85 not leaking, incontinence +, miction healed, stress +
03/10-85 leaking & miction insp/ healed, stress incontinence +

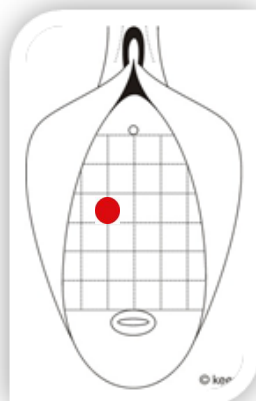
18/04-86 operation: elevation VVF 358

21/07-87 completely ok until 3 days ago when she started to menstruate first time since operation insp/ stress incontinence +

14/08-87 operation: rhapsy/elevation VVF 687

29/09-87 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence

12/06-88 leaking +++, normal miction insp/ healed, no stress



1 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 120/70
10": 120/70
15": 120/70
postoperation: 120/70

zabk (katsina)

female

40 yr

14/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVIII (0 alive), \pm 5 cm 0 vesicovaginal fistula midline/L type **IIAa**, leaking urine for 3 yr which started 10 days following obstructed labor for 3 days, dead female, married 30 yr ago, still living with husband
EUO/F 5 cm, F/C 1 cm

operation: bilateral ureter catheterization, VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral ureter catheterization for 20 cm, incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

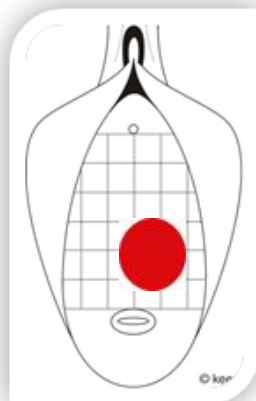
04.04 + 18.04.85 leaking/labium healed cath removed bladder drill

19.04 + 03.05 + 05.07 + 05.11.85 not leaking, incontinence +, miction stress +

16/04-86 operation: elevation**VVF 353**

18/11-86 not leaking, no incontinence, normal miction

insp/ healed, good elevation, no stress incontinence



5 cm 0

RR
preanesthesia: 189/110 mm Hg
5": 150/95
10": 150/95
15": 150/95
postoperation: 120/80

Pt 100

KATSINA

VVF 112

tIm (katsina)

female

20 yr

14/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 3 yr which started immediately following obstructed labor for 2 days, dead female, married 6 yr ago, not living with husband, distal urethra floor missing for 1 cm must have been operated at least 1x "EUO"/F 4 cm, F/C 4 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy L, incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 12, excision of vagina mucosa, tension-free transverse bladder to urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, a sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

04.04.85 not leaking/labium healed cath removed bladder drill

05.04 + 23.04 + 11.06 + 25.09.85 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence

22/04-87 **amenorrhea for 3 mth** not leaking at all **instructions**

second obstetric fistula completely ok until PV (1 alive) sb female in hospital

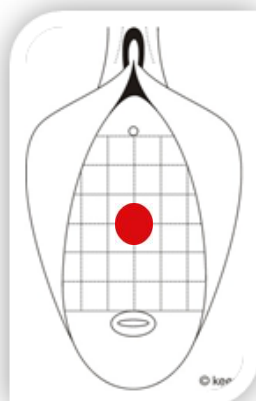
20/05-95 operation: UVVF-repair vvf 3129

08/09-95 leaking insp/ small fistula

21/03-96 operation: UVVF-repair VVF 3454

16/11-97 operation: urethra/avw_colposuspension VVF 3999

20/06-98 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR

preanesthesia: 125/80 mm Hg

5": 125/80

10": 120/70

15": 120/70

postoperation: 125/80

Pt 101
Pt 23

KATSINA
new fistula after early sex

VVF 113
VVF 23/55

hhma (katsina) female 21 yr 19/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: **new sex-induced** or residual \pm 0.5 cm 0 vesicovaginal fistula R type I following multiple repairs d.d. 9/5- .. 15/7-84 completely ok for 2.5 mth after last repair F/C 2 cm

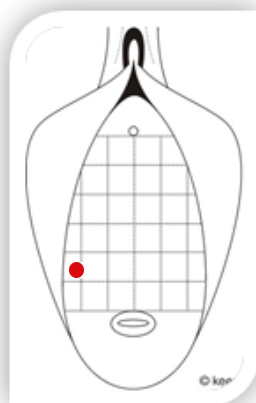
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, vagina pack; free urine flow

04.04.85 not leaking at all cath removed bladder drill
05.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
23.04 + 04.07.85 idem
09.12.85 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 125/75

uak (katsina)

female

23 yr

19/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PV (1 alive), \pm 4x3 cm vesicovaginal fistula L type I, leaking urine for 2 yr which started immediately following an obstructed last labor for 4 days, live male, married 10 yr ago, still living at husband
EUO/F 7 cm, F/C 3 cm

operation: VVF-repair and fibrofatty pad graft L

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

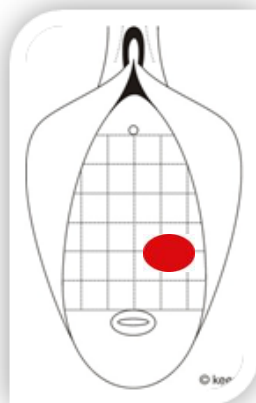
incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair and a transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

04.04 + 18.04.85 not leaking/labium healed cath removed bladder drill

19.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

02.05 + 18.07.85 idem

09.10.85 not leaking at all, no incontinence, normal miction healed, no stress



4x3 cm

RR

preanesthesia: 130/85 mm Hg

5": 120/70

10": 115/70

15": 115/70

postoperation: 110/70

actually the first circumferential repair

hub (katsina) female 15 yr 21/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula with circumferential defect/
urethra block type **IIAb**, leaking of urine for 6 mth which started immediately following obstructed labor for 3 days, dead male, married 3 yr ago, not living with husband
EUO/F 2 cm, F/C 6 cm, AB/AU 2 cm

operation: UVVF-repair with bladder neck reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, bladder neck is mobile, reconstruction of bladder neck by single layer of inverting chromic catgut starting anteriorly and then anteriolaterally, FOLEY Ch 16, then further reconstruction, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

04.04.85 not leaking/labium healed cath removed bladder drill

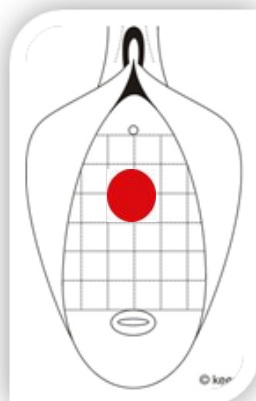
05.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

23.04 + 31.05.85 idem

02.10.85 not leaking at all, no incontinence, normal miction healed, no stress

24/06-86 **amenorrhea for 3 mth** not leaking at all **instructions**

29/07-86 aborted at home not leaking at all



3 cm 0

RR
preanesthesia: 135/90 mm Hg
5": 135/90
10": 135/90
15": 130/80
postoperation: 125/80

Pt 105

KATSINA

VVF 117

hmm (Katsina)

female

18 yr

21/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 0.5 cm 0 vesicovaginal fistula R type I, leaking urine for 3.5 yr which started immediately following obstructed labor for 4 dyas, dead male, married 5 yr ago, not living with husband, 1x operation 2 yr ago
EUO/F 7 cm, F/C 3 cm

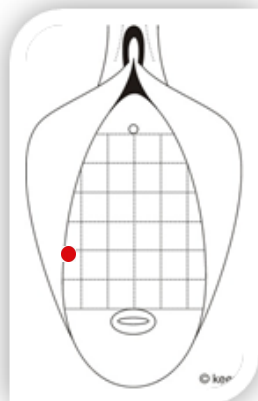
operation: VVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at ± 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, excision of vagina mucosa, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, an incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall and a fixation of this fibrofatty pad over repair, a transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

- 04.04.85 not leaking/labium healed cath removed bladder drill
- 05.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 13.05.85 idem
- 04.10.85 not leaking at all, no incontinence, normal miction healed, no stress
- 24/04-86 **amenorrhea for 3 mth** not leaking at all **instructions**



0.5 cm 0

RR
 preanesthesia: 125/80 mm Hg
 5": 125/80
 10": 125/75
 15": 125/75
 postoperation: 125/75

aam (katsina) female 19 yr 22/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual small \pm 0.2 cm 0 vesicovaginal fistula following multiple repairs
d.d. 18/4- .. 28/6-94
EUO/F 5 cm, F/C 3 cm

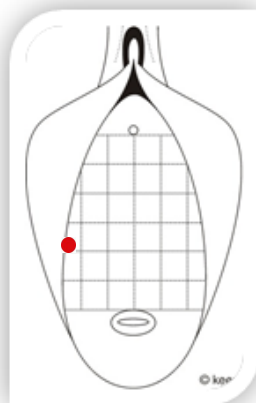
operation: VVF-repair

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

fistula demonstrated by 150 ml gv, transverse incision thru fistula, episiotomy R, difficult sharp dissection, FOLEY Ch 16, tension-free transverse closure by a single layer of inverting chromic catgut, gv check, adaptation of fibrofatty pad over repair, a transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow

08.04.85	not leaking at all	cath removed	bladder drill
09.04 + 02.05 + 28.06 + 29.07	(not) leaking	healed, stress +	
05/12-85	leaking & miction	insp_gv/ no leakage, incontinence ++	



0.2 cm 0

	RR
preanesthesia:	150/90 mm Hg
5":	150/85
10":	125/75
15":	125/75
postoperation:	150/90

hak (katsina) female 22 yr 25/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (4 alive), \pm 5x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 7 yr which started immediately following **native surgery** (yankan gishiri) **by wanzami bco ba hanya**, married 12 yr ago, still at husband EUO/F 0 cm, F/C 6 cm

operation: UVVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 90 min

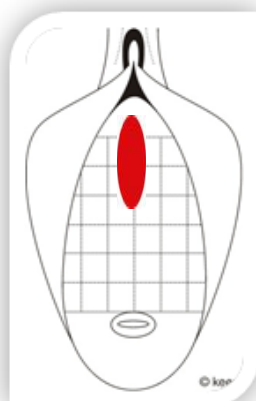
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

U incision around fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free longitudinal bladder closure/urethra reconstruction by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbo cavernosus fibrofatty tissue, tunneling under R lateral vagina wall, tight fixation of this fibrofatty pad over repair, longitudinal avw closure by chromic catgut, skin closure, pressure pad and vagina pack; free urine flow **almost bloodless dissection**

08.04.85 not leaking/labium healed cath removed bladder drill

10.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

24.04 + 22.05.85 idem

04/07-85 **amenorrhea for 6 mth** not leaking at al **instructions**23/09-85 à terme **referred to MH**

5x.1.5 cm

RR
 preanesthesia: 135/85 mm Hg
 5": 125/75
 10": 125/75
 15": 125/75
 postoperation: 100/60

Pt 107

KATSINA

VVF 120

ruw (katsina)

female

18 yr

25/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr which started immediately following a CS b.c.o. obstructed labor for 4 days, live male, married 4 yr ago, not at husband
EUO/F 6 cm, F/C 6 cm

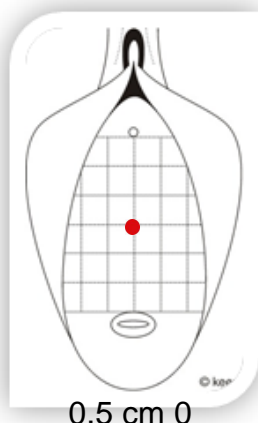
operation: VVF-repair and fibrofatty pad graft R

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over repair and a transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

- 08.04.85 not leaking/labium healed cath removed bladder drill
- 10.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 23.04 + 23.05 + 22.07.85 idem
- 08.10.85 not leaking at all, no incontinence, normal miction healed, no stress
- 28/07-86 **amenorrhoea for 3 mth** not leaking at all **instructions**



RR
 preanesthesia: 140/95 mm Hg
 5": 140/95
 10": 125/80
 15": 120/80
 postoperation: 140/95

aamw (katsina city)

female

35 yr

25/03-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PV (4 alive), \pm 0.5 cm 0 vesicovaginal fistula type **IIAa**, leaking urine for 4 yr which started immediately following an obstructed last labor for 3 dyas, SB female, married 25 yr ago, still living at husband; urethra block EUO/F 4 cm, F/C 7 cm

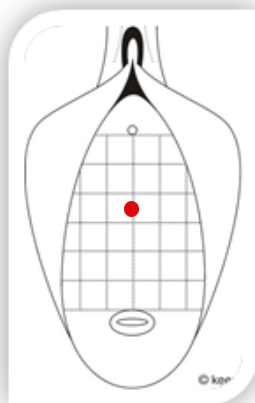
operation: VVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, deblocof proximal urethra, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

08.04.85	not leaking/labium healed	cath removed	bladder drill
09.04.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
23.04.85	idem		
08.07.85	not leaking at all, no incontinence, normal miction		healed, no stress



0.5 cm

	RR
preanesthesia:	125/70 mm Hg
5":	125/70
10":	125/70
15":	125/70
postoperation:	125/70

rdf (katsina) female 16 yr 02/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

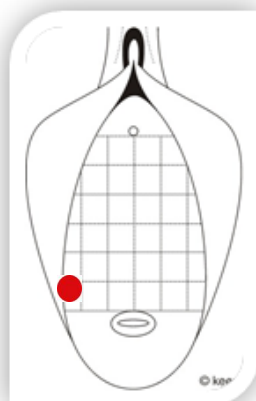
diagnosis: residual \pm 1.5 cm 0 vesicovaginal fistula extremely R following multiple VVF-repairs d.d. 24/5- .. 18/10-84operation: VVF-repair R as **first stage**

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R, transverse incision thru fistula with longitudinal extension, very difficult sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by double layer of inverting chromic catgut, gv check shows **leakage** thru \pm **0.2 cm 0 VVF at extremely L**, transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow for VVF-repair L as **second stage**

26/04-85 leaking cath removed

28/06-85 operation: VVF-repair 2x/f_f graft L**VVF 191**09.12.85 not leaking at all, no incontinence, normal miction
Insp/ healed, no stress incontinence

1.5 cm 0

RR
 preanesthesia: 115/80 mm Hg
 5": 115/80
 10": 115/80
 15": 110/70
 postoperation: 110/70

ry

female

35 yr

02/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PV (4 alive), \pm 4 cm 0 vesicovaginal fistula type I, leaking urine for 5 mth which started after **applying "vaseline"/scratching b.c.o. intravaginal itching for 1 yr**, not living with husband
 EUO/F 7 cm, F/C 1 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

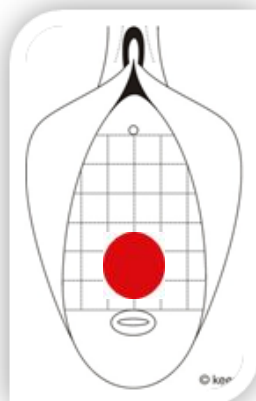
normal vagina mucosa without inflammation, bilateral ureter catheterization for 20 cm, an incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

18.04.85 not leaking/labium healed cath removed bladder drill

19.04.85 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence

03.05 + 04.07.85 idem

09.10.85 not leaking at all, no incontinence, normal miction healed, no stress



4 cm

RR
 preanesthesia: 145/90 mm Hg
 5": 130/80
 10": 125/75
 15": 125/75
 postoperation: 125/75

mads (katsina) female 20 yr 03/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PIV (0 alive), \pm 3 cm 0 urethrovesicovaginal fistula type **IIAa**, \pm 1 cm 0 rectovaginal fistula fixed to L cervix, leaking urine/passing stools per vaginam for 2 yr which started immediately following obstructed last labor for 2 days, SB female, married 8 yr ago pre(menarche 1 yr later), not living with husband, operated 1x
EUO/F 2.5 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus f_f tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, inverted T aww closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

18.04.85 not leaking/labium healed cath removed bladder drill

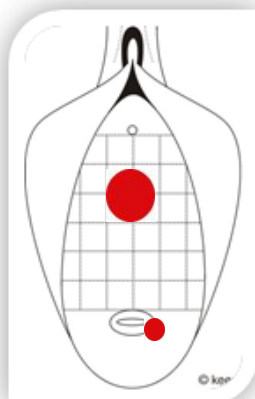
19.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no incontinence

03.05 + 28.06.85 idem

23.10.85 not leaking at all, no incontinence, normal miction healed, no stress

24/12-85 **amenorrhea for 3 mth** not leaking at all **instructions**

passing of stools pv stopped 1 mth insp/ 1 cm 0 RVF

30.05.98 operation: RVF-repair PIV (2 alive) RVF 466**second obstetric fistulas** completely ok until PVI (2 alive) sb female in hospital**21/09-01 operation: RVF-repair/R ureter/UVVF-repair VVF 5232****RVF 650**02/04-02 not leaking at all, no incontinence, normal miction stools ok
insp/ **both** healed, good elevation, no stress incontinence

3 cm 0

RR

preanesthesia: 150/90 mm Hg

5": 150/90

10": 145/90

15": 145/90

postoperation: 130/75

Pt 111

KATSINA

VVF 125

hlc (katsina)

female

40 yr

03/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PX (3 alive), ± 6 cm 0 vesicovaginal fistula type I, leaking urine for 3 yr which started immediately following obstructed last labor for 1 day, SB female, married 25 yr ago, still with husband
EUO/F 6 cm, F/C 0 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 120 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

only L ureter identified/catheterized for 20 cm, incision at fistula edge, difficult sharp/blunt dissection, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, inverted T avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow blood loss ± 400 ml

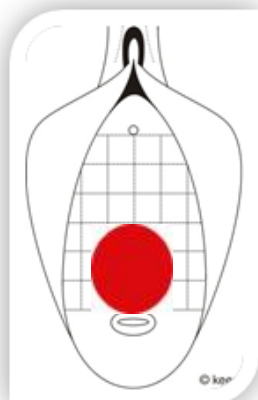
10.04 ureter cath came out 18.04.85 not leaking/labium healed cath out

19.04.85 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

03.05 + 18.07.85 idem

24.10.85 not leaking at all, no incontinence, normal miction healed, no stress



6 cm 0

RR

preanesthesia: 175/95 mm Hg

5": 175/95

10": 175/95

15": 175/95

postoperation: 135/90

hbg (katsina)

female

40 yr

04/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (1 alive), \pm 5x4 cm urethrovesicovaginal fistula type **IIAb** with **total 3E cervix prolapse**, leaking urine for 15 yr/6 mth which started (together with cervix prolapse) following diarrhea for 1 mth, last delivery 15 yr ago, SB male, last labor for 2 days, married 30 yr ago, still with husband
EUO/F 4 cm, F/C 5 cm

operation: VVF-repair and fibrofatty pad graft R as **first stage**

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 22, tension-free transverse bladder/urethra closure by single layer of inverting chromic cat gut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow
for TAH/fixation of vault as **second stage**

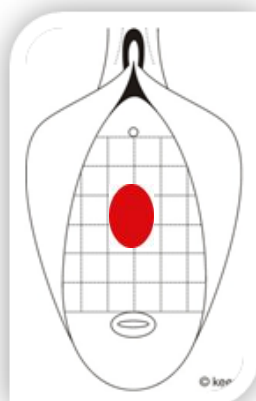
18.04 + 26.04.85 not leaking/labiumhealed cath removed bladder drill

27.04.85 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

19.07.85 not leaking at all, no incontinence, normal miction healed, no stress

total 3E cervix prolapse no donors



5x4 cm

RR
preanesthesia: 170/85 mm Hg
5": 170/85
10": 160/80
15": 160/80
postoperation: 130/70

Pt 113

KATSINA

VVF 127

barb (katsina)

female

16 yr

09/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 2x1 cm urethrovesicovaginal fistula type **IIAa**, leaking urine for 2 yr which started 3 dyas following obstructed labor of 1 day, SB male, married 4 yr ago, not living with husband, operated 1x EUO/F 4 cm, F/C 7 cm

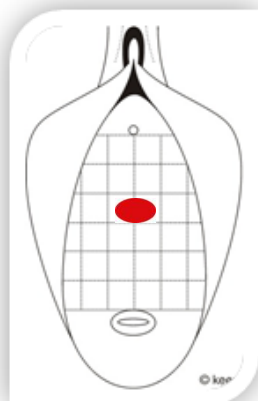
operation: VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow

- 26.04.85 not leaking/labium healed cath removed bladder drill
- 27.04.85 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence
- 13.05 + 08.07.85 idem
- 14.10.85 not leaking at all, no incontinence, normal miction healed, no stress
- 08/07-86 **amenorrhea for 4 mth** not leaking at all uterus **not** enlarged



2x1 cm

RR
 preanesthesia: 150/90 mm Hg
 5": 150/90
 10": 150/90
 15": 150/85
 postoperation: 130/75

no compliance whatsoever despite all the instructions

amb (katsina) female 15 yr 09/04-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula at R anterior cervix type I, leaking urine of 8 mth which started immediately following obstructed labor for 2 days, SB male, married 2 yr ago, still living with husband, drop foot R EUO/F 8 cm, F/C 0 cm

operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure and vagina pack; free urine flow

26.04.85 not leaking at all cath removed bladder drill
07.05 + 26.06 + 04.10.85 not leaking at all, no incontinence, normal miction healed

09/11-88 **amenorrhea for 3 mth** not leaking at all **instructions**
drop foot recovered

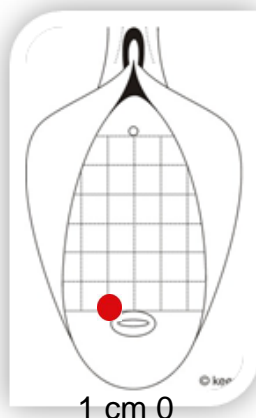
second obstetric fistula PII (0 alive)**cath 115****18/10-89 operation: VVF-repair****VVF 1326**

01/05-90 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence

third obstetric fistula completely ok until PIII (1 alive)**09/07-93 operation: UVVF-repair****VVF 2374****Fourth obstetric fistula** completely ok until PIV (0 alive)**22/09-94 operation: VVF-repair****vvf 2875**

21/01-95 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence

13/01-96 **amenorrhea for 4 mth** not leaking at all



RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/70
15": 110/70
postoperation: 105/70

rmt (katsina) female 31 yr 10/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual \pm 0.5 cm 0 vesicovaginal fistula at R anterior cervix following VVF-repair d.d. 25/4-84

operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

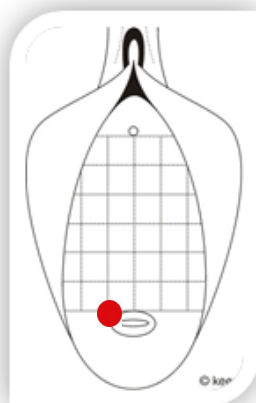
incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 24, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure and vagina pack; free urine flow

26.04.85 not leaking at all cath removed bladder drill

27.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

13.05 + 18.07.85 idem

18.10.85 not leaking at all, no incontinence, normal miction healed, no stress

01.08.88 **amenorrhea for 4 mth** not leaking at all **instructions**

0.5 cm 0

RR
 preanesthesia: 125/75 mm Hg
 5": 125/75
 10": 115/70
 15": 115/70
 postoperation: 125/75

hlb (katsina) female 15 yr 10/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual \pm 1 cm 0 vesicovaginal fistula laterally from R cervix following multiple repairs d.d. 21/3- .. 17/10-84

operation: VVF-repair

duration: 90 min

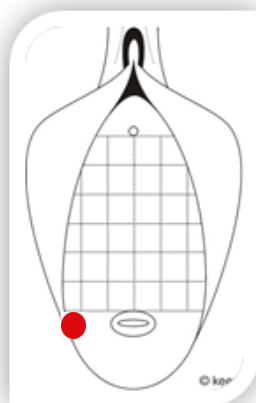
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R, transverse incision through fistula, sharp/blunt dissection, FOLEY Ch 16, tension-free oblique bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure with small widening plasty, vagina pack; free urine flow

25.04 cath block no action cath removed bladder drill
 26.04 + 17.05 + 25.07.85 not leaking, incontinence \pm , miction healed, stress \pm
 18/10-85 not leaking, incontinence $\pm\pm$, normal miction pat very happy
 insp/ healed, stress incontinence \pm

23.05.86 not leaking, incontinence + insp_gv/ healed, stress +

26.02.87 operation: colposuspension vvf 558



1 cm 0

RR
 preanesthesia: 145/90 mm Hg
 5": 145/90
 10": 145/90
 15": 145/90
 postoperation: 125/75

asn (bauchi)

female

18 yr

11/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), \pm 1 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine for 8 mth which started immediately following obstructed last labor for 4 days, SB male, married 6 yr ago, still living with husband
EUO/F 4 cm, F/C 7 cm

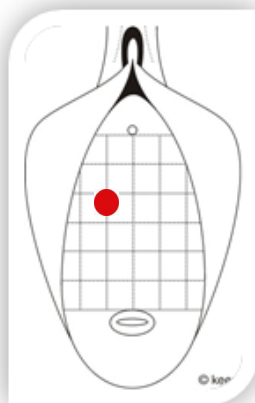
operation: VVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

26.04.85 not leaking/labium healed cath removed bladder drill
27/04-85 not leaking at all, no incontinence, normal miction
Insp/ healed, no stress incontinence



1 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
15": 125/70
postoperation: 115/70

isk (katsina) female 37 yr 11/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual \pm 0.5 cm 0 vesicovaginal fistula at L pubic bone after VVF-repair
d.d. 27/09-84

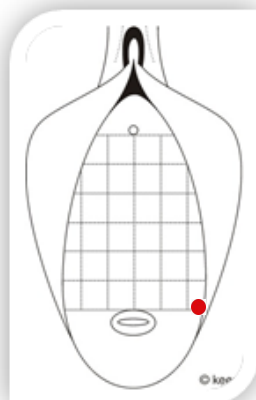
operation: VVF-repair

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

transverse incision thru fistula, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow
NB small piece of DESCHAMPS aneurysm needle is broken inside bone and cannot be retrieved

26.04.85 not leaking at all cath removed bladder drill
27.04.85 not leaking at all, no incontinence, normal miction
Insp/ healed, no stress incontinence



0.5 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/80
15": 125/80
postoperation: 115/80

laj (katsina)

female

25 yr

11/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI (0 alive), urine incontinence as distal urethra missing over 3 cm type **IIBa**, leaking urine for 1.5 yr which started immediately after native surgery (yankan gishiri) by wanzami for painful urine obstruction, delivered 11 yr ago by CS, married 12 yr, not living at husband "EUO"/F 0 cm

operation: urethra reconstruction/elevation and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

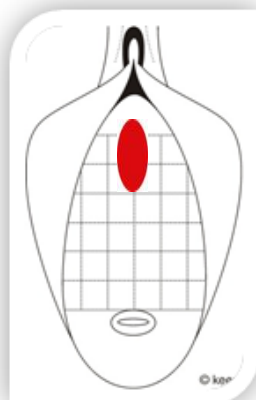
U incision, sharp/blunt dissection, FOLEY Ch 18, tension-free longitudinal urethra reconstruction over 3 cm by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse T avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

26.04.85 not leaking/labium healed cath removed bladder drill

27.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

13.05 + 08.07.85 idem

25.09.85 not leaking at all, no incontinence, normal miction healed, no stress



3x1 cm

RR

preanesthesia: 125/75 mm Hg

5": 125/75

10": 125/70

15": 125/70

postoperation: 135/80

Pt 117

KATSINA

VVF 134

ukb (katsina)

female

17 yr

12/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 1 cm 0 urethrovesicovaginal fistula R, leaking urine for 2 yr which started immediately following obstructed labor for 2 days, SB male, married 3 yr ago, still living with husband
EUO/F 4 cm, F/C 8 cm

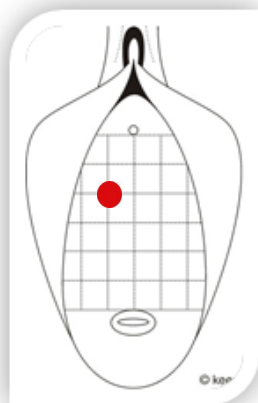
operation: VVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

- 26.04.85 not leaking/labium healed cath removed bladder drill
- 27.04.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 14.05 + 16.07.85 idem
- 10.10.85 not leaking at all, no incontinence, normal miction healed, no stress
- 01/04-86 **amenorrhoea for 4 mth** not leaking at all **instructions**



1 cm 0

RR
 preanesthesia: 120/70 mm Hg
 5": 120/70
 10": 120/70
 15": 115/65
 postoperation: 110/65

asmm (katsina)

female 16 yr

12/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula L type **IIAa**, leaking urine for 8 mth which started immediately following obstructed labor for 2 days, SB female, married 3 yr ago, still living at husband
EUO/F 4 cm, F/C 7 cm

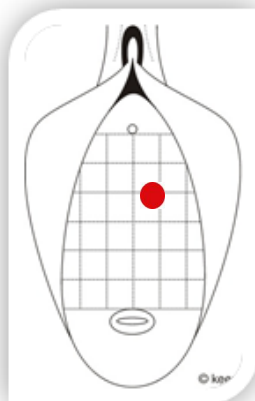
operation: VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

03.05.85 not leaking/labium healed cath removed bladder drill
04.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
22.05 + 23.07.85 idem
18.10.85 not leaking at all, no incontinence, normal miction healed, no stress
06/02-86 **amenorrhea for 5 mth** not leaking at all **instructions**



1 cm 0

RR
preanesthesia: 135/75 mm Hg
5": 135/75
10": 115/70
15": 115/70
postoperation: 125/70

saks (katsina)

female

16 yr

16/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula fixed to symphysis type **IIAb**,
leaking urine for 2 yr which started immediately following obstructed labor
for 1 day, male SB, married 6 yr ago, not living with husband
EUO/F 5 cm, F/C 3 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

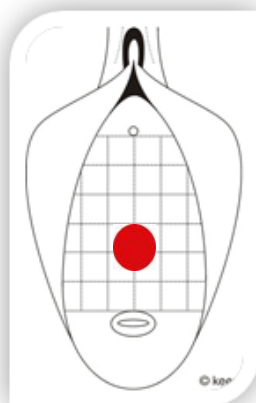
incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free
transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check,
incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty
tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair,
transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow

03.05.85 not leaking/labium healed cath removed bladder drill

04.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

22.05 + 23.07.85 idem

18.10.85 not leaking at all, no incontinence, normal miction healed, no stress

25/03-86 **amenorrhea for 4 mth** not leaking at all **instructions**

3 cm 0

RR
preanesthesia: 125/65 mm Hg
5": 125/65
10": 125/65
15": 125/65
postoperation: 125/70

Pt 120

KATSINA

VVF 137

bmb (katsina)

female

15 yr

16/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 4 mth which started 2 days following obstructed labor for 2 day SB female, married 3 yr ago, not living with husband
EUO/F 6 cm, F/C 6 cm

operation: VVF-repair

duration: 35 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 18, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure and vagina pack; free urine flow

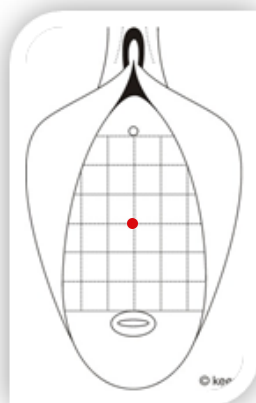
03.05.85 not leaking at all cath removed bladder drill

04.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

22.05 + 23.07.85 idem

04.10.85 not leaking at all, no incontinence, normal miction healed, no stress

25/03-86 **amenorrhea for 4 mth** not leaking at all **instructions**



0.5 cm 0

RR
preanesthesia: 150/80 mm Hg
5": 150/80
10": 135/70
15": 135/70
postoperation: 125/70

Pt 121

KATSINA

VVF 138

ayb (katsina)

female

22 yr

17/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 2 yr which started immediately following CS b.c.o. obstructed labor for 3 days, SB male, married 10 yr ago, not with husband
EUO/F 6 cm, F/C 6 cm

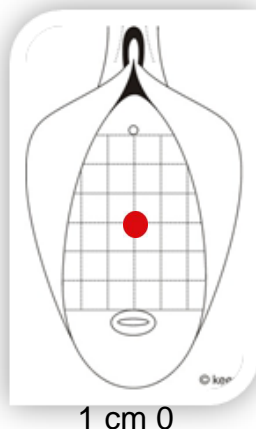
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R, incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow

03.05.85	not leaking at all	cath removed	bladder drill
04.05.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
23.05 + 29.07.85	idem		
25.10.85	not leaking at all, no incontinence, normal miction		healed, no stress



RR
preanesthesia: 140/90 mm Hg
5": 140/90
10": 140/90
15": 140/90
postoperation: 125/70

btdk (katsina)

female

16 yr

19/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 5 mth which started immediately following obstructed labor for 4 days, SB male, married 2 yr ago, not living with husband, complete drop foot R, incomplete drop foot L
EUO/F 4 cm, F/C 7 cm

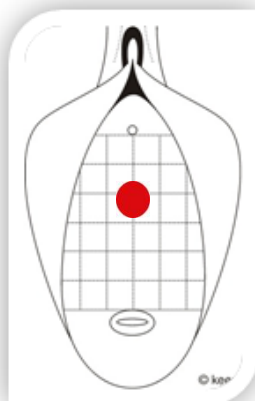
operation: UVVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

03.05.85	not leaking/labium healed	cath removed	bladder drill
04.05.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
22.05 + 23.07.85	idem		
18.10.85	not leaking at all, no incontinence, normal miction		healed, no stress
	drop feet recovered		
12/11-86	amenorrhea for 4 mth	not leaking at all	instructions
	aborted at 5 mth		
23.06.87	amenorrhea for 4 mth	not leaking at all	instructions



2 cm 0

RR
preanesthesia: 135/80 mm Hg
5": 135/80
10": 125/75
15": 125/75
postoperation: 110/70

Pt 123

KATSINA

VVF 140
cath

rjr (katsina)

female

18 yr

19/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, ± 4x1 cm urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 6 mth which started 3 days following obstructed labor for 1 day, SB male, married 2 yr ago, not with husband
EUO/F 2 cm, F/C 7 cm, AB/AU 2 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge with longitudinal extension over urethra, sharp/ blunt dissection, FOLEY Ch 16, tension-free transverse_oblique bladder/urethra closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, inverted T avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

03.05 + 07.05 not leaking/labium healed cath removed bladder drill

08.85 + 22.05 + 23.07 (not) leaking, incontinnec + healed, stress +

18.10.85 leaking & miction insp/ healed, stress incontinence ++

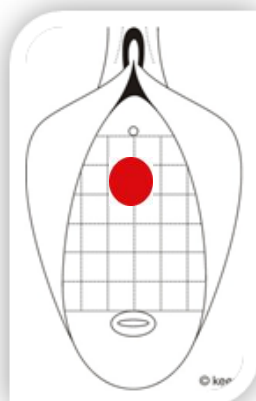
11/11-85 operation: dilatation/lengthening/elevation VVF 250

17/06-87 operation: elevation VVF 631

10/09-89 operation: dilatation VVF 1279

09/10-89 operation: dilatation/colposuspension VVF 1314

13.09.92 nb atonic bladder Ch 18 for 4 wk ??delivery??



4 cm 0

RR

preanesthesia: 120/70 mm Hg

5": 115/70

10": 115/70

15": 115/70

postoperation: 110/70

Ihm (katsina)

female

20 yr

22/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, ± 5x1 cm urethrovesicovaginal fistula **IIBa**, leaking urine for 3 yr which started immediately following native surgery (yankan gishiri) by wanzami because pat refused sex with husband, married 7 yr ago not living with husband
EUO/F 0 cm, F/C 8 cm

operation: VVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

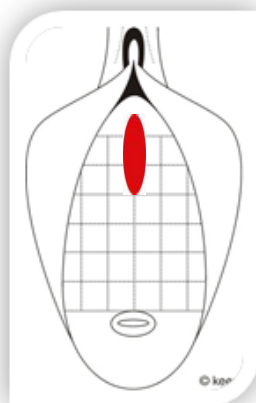
U incision, sharp/blunt dissection, FOLEY Ch 16, tension-free longitudinal bladder closure/urethra reconstruction by double layer of inverting chromic catgut, gv check, elevation of bladder neck by suturing pubococcygeus muscles over it, an incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse curved avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow blood loss ± 250 ml

07.05 + 13.85 not leaking/labium healed cath removed bladder drill

08.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

31.05.85 idem

24.10.85 not leaking at all, no incontinence, normal miction healed, no stress

24/11-86 **amenorrhea for 4 mth** not leaking at all **instructions**

5x1 cm

RR
preanesthesia: 150/90 mm Hg
5": 150/90
10": 150/85
15": 150/85
postoperation: 125/70

may (katsina)

female

21 yr

22/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 5x3 cm urethrovesicovaginal fistula type **IIAb**, leaking of urine for 2.5 yr which started immediately following obstructed labor for 4 days, SB male, married 5 yr ago, not living with husband; successful RVF-repair d.d. 25/7-84
EUO/F 5 cm, F/C 2 cm

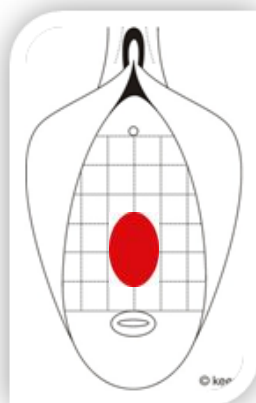
operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge with longitudinal extension over urethra, sharp/ blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow blood loss \pm 300 ml

07.05.85 not leaking/labium healed cath removed bladder drill
08/05-85 not leaking at all, no incontinence, normal miction
insp/ **both** healed



5x3 cm

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 120/80
15": 120/80
postoperation: 105/65

hif (katsina)

female

20 yr

23/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 4x1 cm urethrovesicovaginal fistula with circumferential defect type **IIAb** and bladder opening fixed to symphysis, leaking urine of 3 yr which started immediately following obstructed labor for 4 days, SB male, married 9 yr, not living at husband, severe 1.5 cm 0 circular vagina stricture; very narrow pubic arch
EUO/F 4 cm, F/C 3 cm, AB/AU 4 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

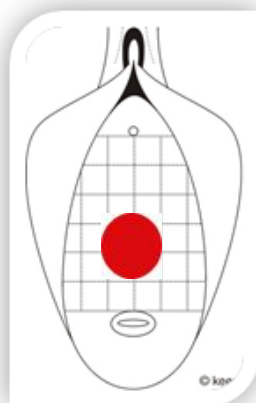
severing of stricture at R, incision at 0.2 cm from fistula edge, difficult sharp/blunt dissection, excision of scar tissue, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic cat gut, gv check shows still some leakage, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad and vagina pack; free urine flow blood loss \pm 350 ml

07.05 + 14.05 not leaking/labium healed cath removed bladder drill

15.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

29.07.85 idem

29.10.85 not leaking at all, no incontinence, normal miction healed, no stress

03/06-86 **amenorrhea for 8 mth** not leaking at all **instructions**

4 cm 0

RR

preanesthesia: 135/90 mm Hg

5": 130/85

10": 130/85

15": 130/85

postoperation: 120/75

hac (katsina)

female

18 yr

23/04-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (1 alive), \pm 3x1 cm urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 4 yr which started immediately following obstructed first labor for 5 days, SB male, married 5 yr ago, not living with husband; large vagina delivered live female 2 yr ago
EUO/F 3 cm, F/C 8 cm

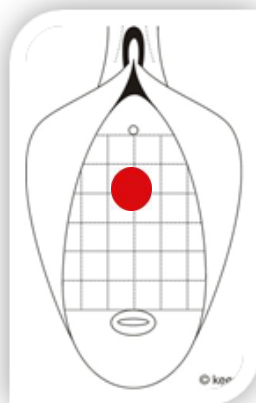
operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge with longitudinal extension over urethra, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder to urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

	07.05 + 13.05	not leaking/labium healed	cath removed	bladder drill
14.05.85		not leaking, incontinence \pm , normal miction		
		insp/ healed, stress incontinence \pm		
31.05.85		not leaking, incontinence \pm , normal miction	healed, stress \pm	



3 cm 0

	RR
preanesthesia:	125/70 mm Hg
5":	125/70
10":	125/70
15":	125/70
postoperation:	125/70

hrj (katsina)

female

17 yr

25/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3x2 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 1 yr which started immediately following obstructed labor for 4 days, SB male, married 2 yr ago, not living with husband
EUO/F 4 cm, F/C 5 cm

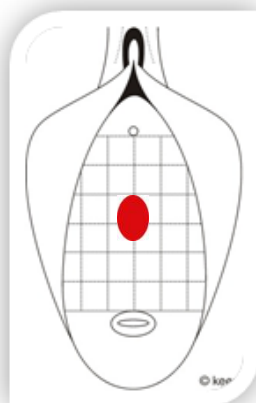
operation: VVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at 0.2 cm from fistula edge with longitudinal extension over urethra, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder to urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

13.05.85	not leaking/labium healed	cath removed	bladder drill
14.05.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
18.10.85	not leaking at all, no incontinence, normal miction		healed, no stress
05/06-86	amenorrhea for 8 mth	not leaking at all	instructions



3x2 cm

	RR
preanesthesia:	125/80 mm Hg
5":	120/70
10":	120/70
15":	120/70
postoperation:	110/70

dsac (katsina)

female

30 yr

30/04-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, \pm 5x2 cm urethrovesicovaginal fistula type **IIa**, leaking of urine for 10 yr which started immediately following yankan gishiri by wanzami as there was something in vagina (?ba hanya?), married 15 yr ago, still with husband, normal menstruation, 0.2 cm vagina stricture or **vagina septum**
EUO/F 0 cm, F/VS 1 cm, F/C 5 cm

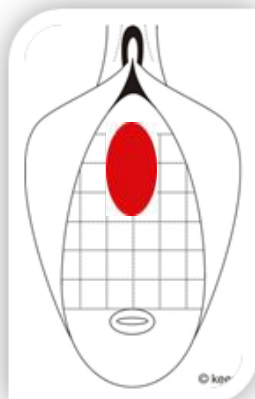
operation: UVVF-repair, urethra and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

an episiotomy R thru septum, nulliparous cervix, wide U incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, a tension-free longitudinal urethra reconstruction and transverse bladder closure by double layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection /mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, avw closure by chromic catgut skin closure, pressure pad, vagina pack; free urine flow

17.05.85 not leaking/labium healed cath removed bladder drill

18.05.85 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence \pm 06.06.85 not leaking, incontinence \pm , normal miction healed, stress \pm 29/10-85 **new fistula** x 4 mth insp/ small fistula**??early sex??****12/11-85 operation: UVF-repair and elevation****VVF 253**18/03-86 not leaking, no incontinence, normal miction
insp/ healed, slight vagina stricture

5x2 cm

RR
preanesthesia: 180/95 mm Hg
5": 180/95
10": 180/95
15": 170/90
postoperation: 170/90

aub (katsina)

female

16 yr

30/04-95

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 5 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 1 yr which started immediately following obstructed labor for 1 day, live male, married 4 yr ago, not living with husband, pvw stricture
EUO/F 2 cm, F/C 2 cm vagina shortening

operation: UVVF-repair and fibrofatty pad graft R

duration: 90 min

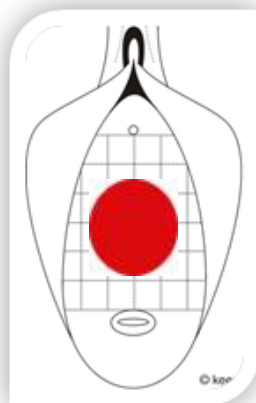
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

severing of stricture, an incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over whole repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

17.05.85 not leaking/labium healed cath removed bladder drill

18.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

31.05.85 idem

04.10.85 not leaking at all, no incontinence, normal miction healed, no stress
vagina only 6 cm deep but wide enough

5 cm 0

RR

preanesthesia: 130/80 mm Hg

5": 125/70

10": 125/70

15": 125/70

postoperation: 125/70

Pt 131

KATSINA

VVF 148

ritw (katsina)

female

20 yr

02/05-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, ± 0.5 cm 0 vesicovaginal fistula at L type I, leaking urine for 6 yr which started immediately following obstructed labor for 4 days, SB male, married 8 yr ago, still living with husband, operated 2x EUO/F 7 cm, F/C 1 cm

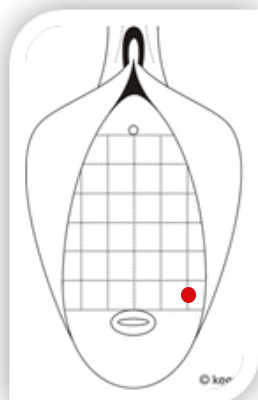
operation: VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L2/L3 and 15 min later by 2 ml resp 2 ml lignocaine 5%

fistula detected by gv, transverse incision thru fistula, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure with a double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of the bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

17.05.85	not leaking/labium healed	cath removed	bladder drill
18.05.85	not leaking at all, no incontinence, normal miction insp/	healed, no stress incontinence	
03.06.85	not leaking at all, no incontinence, normal miction	healed, no stress	



0.5 cm 0

	RR
preanesthesia:	125/75 mm Hg
5":	125/75
10":	125/75
15":	125/75
postoperation:	115/70

aay (katsina)

female

16 yr

03/05-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 7 mth which started immediately following obstructed labor for 2 days, SB male, married 3 yr ago, not at husband
EUO/F 7 cm, F/C 6 cm

operation: VVF-repair

duration: 50 min

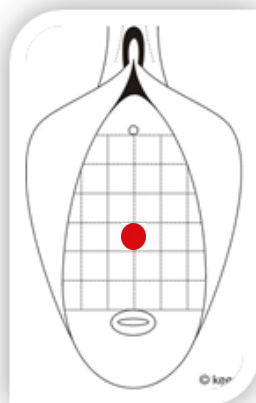
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

17.05.85 not leaking at all cath removed bladder drill

18.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

03.06.85 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR
preanesthesia: 150/90 mm Hg
5": 150/90
10": 150/90
15": 145/90
postoperation: 145/90

Isab (katsina)

female

20 yr

06/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, circumferential defect bladder neck with 1 cm opening bladder neck and 4 cm 0 vesicovaginal fistula type **IIAb**, leaking urine for 4 yr which started immediately following obstructed labor for 5 days, SB male, married 7 yr ago, not living with husband, pvw stricture
EUO/F 4 cm, F/F 1 cm, F/C 1 cm, AB/AU 2 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R with severing of stricture, ureters **not** identified, incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse **difficult** bladder/symphysis/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse aww closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow **scarring +++**

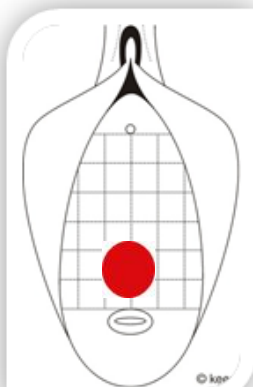
26.05.85 not leaking/labium healed cath removed bladder drill

27.05 + 29.07 + 01.11 + 20.12.85 (not) leaking & miction healed, stress ++

17.02.86 leaking & miction healed, stress incontinence ++ grade II

26/06-86 operation: elevation/widening plasty VVF 40811/11-86 not leaking, incontinence \pm , normal miction

insp/ healed, good elevation, stress incontinence +

27/07-87 **amenorrhea for 5 mth** not leaking at all **instructions****second obstetric fistula IIBb** completely ok until PXI (4 alive) live male at home**31.05.12 operation: uvvf-repair + sphincter/pb repair rvf 1058 vvf 8288**15.07.12 not leaking, incontinence +, stools ok **both** healed, stress +

multiple fistulas

RR

preanesthesia: 125/80 mm Hg

5": 125/80

10": 125/80

15": 115/70

postoperation: 110/70

aigb (katsina)

female

16 yr

07/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1x0.5 cm urethrovesicovaginal fistula type **IIAa**, leaking urine for 5 mth which started immediately following obstructed labor of 5 days, SB male, married 5 yr ago, not living with husband, vagina stenosis/shortening
EUO/F 3 cm, F/C 4 cm deformed EUO

operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R, incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure with a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

26.05.85 not leaking/labium healed cath removed bladder drill

27.05 + 11.06.85 not leaking, incontinence +, normal miction healed, stress +

29/07-85 leaking & miction insp/ healed, stress incontinence ++

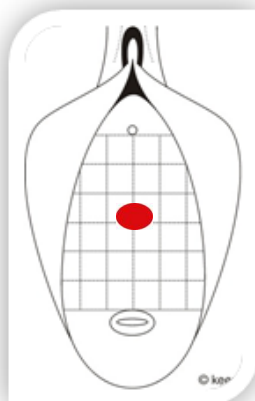
15/10-85 operation: lengthening urethroplasty/elevation VVF 234

15/05-86 not leaking, no incontinence, normal miction

insp/ healed normal menstruation

09/06-88 operation: vaginoplasty**VVF 934**

30/06-68 good result



1.5x1 cm

RR

preanesthesia: 150/80 mm Hg

5": 150/80

10": 140/75

15": 135/75

postoperation: 145/80

had (katsina)

female

18 yr

08/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3x2 cm vesicovaginal fistula at R type I, leaking urine for 6 yr which started immediately following obstructed labor of 5 days, SB female, married 7 yr ago, not living with husband
EUO/F 8 cm, F/C 1 cm

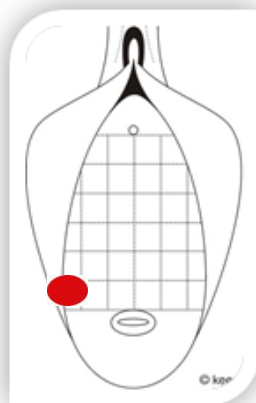
operation: catheterization R ureter, VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

catheterization R ureter for 20 cm, incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure with a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

26.05.85	not leaking/labium healed	cath removed	bladder drill
27.05.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
11.06.85	not leaking at all, no incontinence, normal miction		healed, no stress



3x2 cm

	RR
preanesthesia:	125/80 mm Hg
5":	125/80
10":	115/75
15":	115/75
postoperation:	110/70

hugk (katsina) female 35 yr 09/05-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (1 alive), \pm 0.1 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine of 10 yr that started immediately following obstructed last labor for 4 days, SB male, married 25 yr ago, still at husband, operated 4x EUO/F 4 cm, F/C 4 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

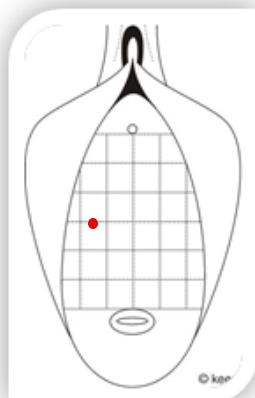
incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow

26.05.85 not leaking/labium healed cath removed bladder drill

27.05.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

11.06.85 idem

13.11.85 not leaking at all, no incontinence, normal miction healed, no stress



0.1 cm 0

RR
preanesthesia: 170/95 mm Hg
5": 170/95
10": 170/90
15": 160/90
postoperation: 150/90

badm (katsina) female 23 yr 13/05-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 7 cm 0 urethrovesicovaginal fistula, leaking urine for 8 yr which started immediately following obstructed labor for 5 days, SB male, married 9 yr ago, not living with husband, **N.B.** successful RVF-repair (ZARIA), pvw stricture EUO/F 4 cm, FC 0 cm

operation: catheterization L ureter/UVVF-repair/fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

only L ureter identified/catheterized for 20 cm, an incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, a fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow
no covering by avw

17/05-85 operation: avw reconstruction VVF 161

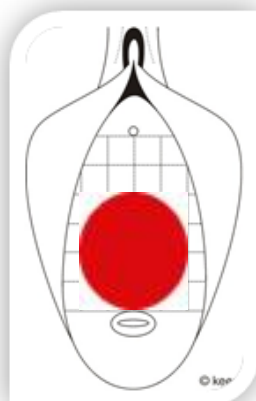
10/08-85 breakdown

12/12-85 operation: VVF-repair/avw VVF 269

24/12-85 secondary hemorrhage clots removed, **no** fresh bleeding
insp/ not leaking, repair intact 1 pint of blood/no donors

27/12-85 severe gastroenteritis iv fluids + ort

28/12-85 severe dehydration since she had nobody to look after her



6 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 110/70
10": 80/50
iv fluids started 15": 95/60
postoperation: 125/75

snb (katsina)

female

17 yr

13/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 2 cm 0 urethrovesicovaginal fistula L type **IIAa**, leaking urine for 3 mth which started immediately following obstructed last labor for 2 days, at home SB female, married 7 yr ago, not living with husband, drop foot L
EUO/F 4 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow NB P.P/streptomycin b.c.o. heavily infected urine

02.06.85 not leaking/labium healed cath removed bladder drill

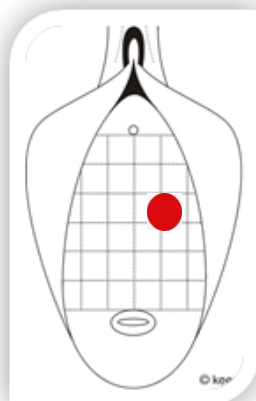
03.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

04.07.85 idem

02.10.85 not leaking at all, no incontinence, normal miction healed, no stress

05/05-86 **amenorrhea for 3 mth** not leaking at all **instructions**

drop foot recovered



2 cm 0

RR

preanesthesia: 125/80 mm Hg

5": 125/80

10": 125/80

15": 125/80

postoperation: 125/80

Pt 141

KATSINA

VVF 158

rgds (katsina)

female

20 yr

14/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 4x3 cm vesicovaginal fistula type I, leaking urine for 6 mth which started immediately following obstructed last labor for 1.5 days, SB male, married 7 yr ago, not with husband
EUO/F 7 cm, F/C 3 cm

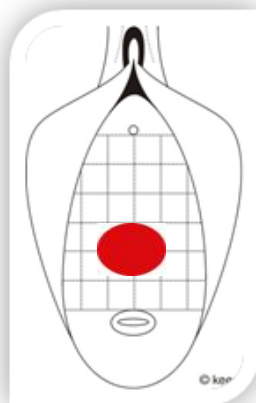
operation: ureters, VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral ureter catheterization for 20 cm, incision at \pm 2 mm from fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

24.05 ureter cath out 02.06.85 not leaking/labium healed cath out drill
03.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
08.07.85 not leaking at all, no incontinence, normal miction healed, no stress



4x3 cm

RR
preanesthesia: 135/80 mm Hg
5": 135/80
10": 130/70
15": 115/65
postoperation: 115/65

sad (katsina)

female

15 yr

15/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 5x4 cm vesicovaginal fistula type I, leaking urine for 1 yr that started immediately following forceps delivery b.c.o. obstructed labor for 2 days, SB male, married 3 yr ago, not living at husband, pvw stricture
EUO/F 6 cm, F/C 0 cm

operation: ureters, VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

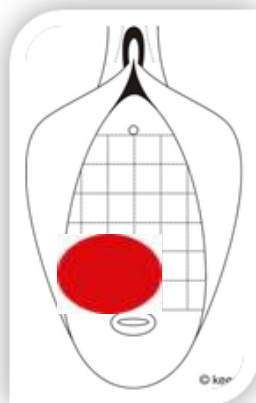
episiotomy R with severing of stricture, bilateral ureter catheterization for 20 cm, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall fixation of this fibrofatty pad over the repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

02.06.85 not leaking/labium healed cath removed bladder drill

03.06.85 not leaking at all, no incontinenc, normal miction
insp/ healed, no stress incontinence

14.07.85 idem pt menstruating

05.11.85 not leaking at all, no incontinence, normal miction healed, no stress



5x4 cm

RR

preanesthesia: 140/80 mm Hg

5": 140/80

10": 140/80

15": 140/80

postoperation: 140/80

Pt 143

KATSINA

VVF 160

rit (katsina)

female

18 yr

16/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), ± 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 3 yr which started immediately following obstructed first labor for 3 days, live female, married 6 yr ago, not living with husband EUO/F 4 cm, F/C 10 cm

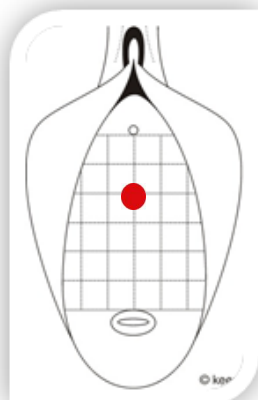
operation: UVVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure with a double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over the repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

02.06.85	not leaking/labium healed	cath removed	bladder drill
03.06.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
04.07.85	idem		
18.10.85	not leaking at all, no incontinence, normal miction		healed, no stress



1 cm 0

	RR
preanesthesia:	145/70 mm Hg
5":	145/70
10":	145/70
15":	145/70
postoperation:	130/70

badm (katsina) female 23 yr 17/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: uncovered raw bladder surface following repair on 13/5-85

operation: avw reconstruction

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bladder repair intact with fibrofatty graft in place, bilateral transverse incision of vagina mucosa, dissection of vagina mucosa from lateral vagina wall, spatulation of labia minora and transverse avw closure by chromic catgut with fixation as far down near vagina vault onto pvw by 3x chromic catgut (so it will not prevent menstruation), pack

10/08-85 leaking insp/ breakdown

12/12-85 operation: VVF-repair/avw**VVF 269**

infusion started before anesthesia in total 1,000 ml

RR

preanesthesia: 125/80 mm Hg

5": 125/70

10": 90/50

15": 95/50

postoperation: 130/70

amb (katsina)

female

32 yr

21/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVI (1 alive), \pm 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 8 mth which started immediately following obstructed last labor for 3 days, SB female, married 20 yr ago, not living with husband
EUO/F 10 cm, F/C 0 cm

operation: VVF

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

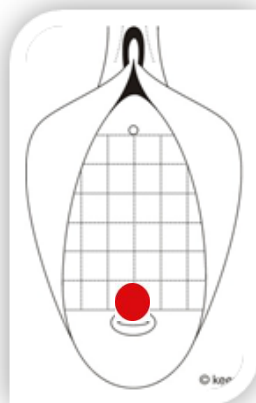
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 18, tension-free transverse closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, vagina pack; free urine flow

10.06.85 not leaking at all cath removed

11.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

11.07 + 09.10.85 idem

05.12.85 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 120/75
10": 120/75
15": 120/75
postoperation: 120/75

Pt 145

KATSINA

VVF 163

hak (katsina)

female

20 yr

21/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 3x2 cm vesicovaginal fistula R type I, leaking of urine for 2 yr which started 14 days following obstructed labor for 5 days, SB female, married 7 yr ago, not living with husband
EUO/F 8 cm, F/C 2 cm

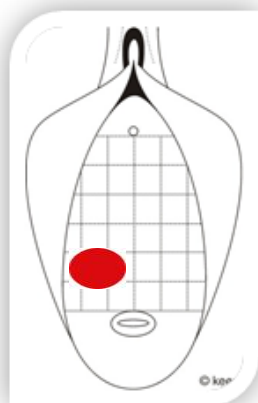
operation: VVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

- 10.06.85 not leaking/labium healed cath removed bladder drill
- 11.06.85 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence
- 19.07.85 idem
- 23.10.85 not leaking at all, no incontinence, normal miction healed, no stress
- 25/07-86 **amenorrhea for 4 mth** not leaking at all **instructions**



3x2 cm

RR
 preanesthesia: 140/85 mm Hg
 5": 140/85
 10": 140/85
 15": 140/85
 postoperation: 130/80

idm (katsina)

female

27 yr

23/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (2 alive), \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for .5 yr which started immediately following obstructed last labor for 6 days, SB male, married 14 yr ago, not living with husband
EUO/F 8 cm, F/C 4 cm

operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

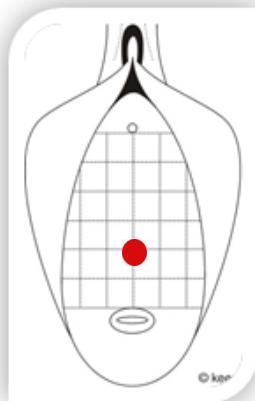
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure with chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

10.06.85 not leaking at all cath removed bladder drill

11.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

11.07.85 idem

23.10.85 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 120/75
15": 125/75
postoperation: 120/75

Pt 147

KATSINA

VVF 165

ahn (katsina)

female 15 yr

23/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), ± 4x3 cm vesicovaginal fistula R type I, leaking urine for 7 mth which started immediately following forceps delivery b.c.o. obstructed last labor for 3 days, SB male, married 3 yr ago, not living with husband EUO/F 7 cm, F/C 2 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

ureters **not** identified, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

10.06.85 leaking/labium healed cath removed bladder drill
11.06 + 11.07 + 18.10 + 22.11.85 leaking insp_gv/ no leakage, stress ++

19/06-86 operation: elevation VVF 403

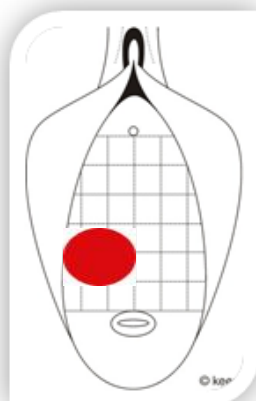
06/08-86 not leaking, incontinence ±, normal miction
insp/ healed, moderate elevation

03/04-87 leaking & normal miction
insp_gv/ no leakage/**no incontinence** clear urine in vaginae
methylene blue/ no ureter fistula

nb total urine stress incontinence + ureter fistula PV (0 alive)

25/01-03 operation: vaginal implantation R ureter Pt 4333 VVF 5648

11/06-03 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



4x3 cm

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/80
15": 125/80
postoperation: 110/70

Pt 148

KATSINA

VVF 166

fui (katsina)

female

33 yr

24/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), ± 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 8 mth which started 10 days following a CS b.c.o. obstructed last labor for 3 days, SB male, married 20 yr ago, not living with husband, cervix fixed due to CS
EUO/F 10 cm, F/C 0 cm

operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure with chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

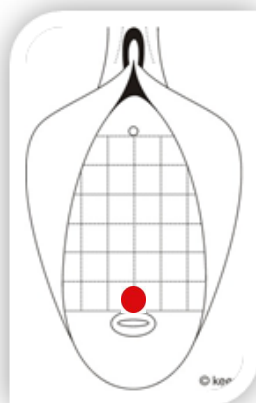
10.06.85 leaking cath removed bladder drill

11.06 + 23.10.85 leaking insp/ fistula

25/10-85 operation: VVF-repair

VVF 239

24/06-86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



1 cm 0

RR
 preanesthesia: 125/80 mm Hg
 5": 125/80
 10": 125/80
 15": 125/80
 postoperation: 125/80

bsk (katsina)

female

20 yr

25/05-85

surgeon: Kees WAALDIJK

assistant: trainee

diagnosis: P0, ± 5x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 2 yr which started immediately following native surgery by wanzami since she refused sex with husband (ba hanya, married 10 yr ago, not with husband **whole woman underdeveloped though everything present**
EUO/F 0 cm, F/C 5 cm

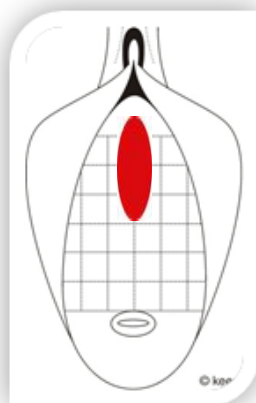
operation: VVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

U incision around fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse reconstruction of urethra over 5 cm closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

31.05 hematoma expressed 10.06 not leaking/labium healed cath out
11.06.85 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence
11.07.85 idem
24.10.85 not leaking at all, no incontinence, normal miction healed, no stress
 vagina stenosis/shortening



5x1 cm

RR
preanesthesia: 120/70 mm Hg
5": 115/70
10": 110/70
15": 110/70
postoperation: 120/70

agm (katsina)

female

20 yr

27/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple two** \pm 1 cm o urethrovesicovaginal fistula midline type **IIAb** and \pm 1 cm 0 vesicovaginal fistula R, leaking of urine for 6 yr which started 14 days following obstructed labor for 4 days, SB male, married 9 yr ago, not with husband, operated 2x without success, circular vagina stricture 2.5 cm 0
EUO/F 2 cm, F/F 3 cm, F/C 0 cm

operation: UVVF- and VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral longitudinal severing of stricture, incision at fistulas' edges, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra and bladder closure each by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over both repairs, transverse avw closure with chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

17.06.85 not leaking/labium healed cath removed bladder drill

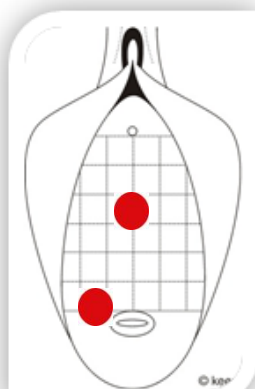
18.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.08.85 idem

08.05.86 not leaking at all, no incontinence, normal miction healed, no stress

20.10.95 hard suprapubic mass/irregular bladder surface
urinalysis/ no cysts_ova
??bladder cancer?? referred to ZARIA_ABUTH

now aabk



multiple fistulas

RR
preanesthesia: 140/90 mm Hg
5": 130/80
10": 125/75
15": 130/80
postoperation: 110/70

ia SOKOTO city female 29 yr 28/05-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, **multiple two** \pm 1 cm 0 urethrovesicovaginal fistula midline and R type **IIAb**, leaking urine for 7 yr which started immediately following obstructed labor for 3 days, SB male, married 15 yr ago, no living with husband, successful proximal RVF-repair/unsuccessful VVF
EUO/F 4 cm, F/C 2 cm

operation: UVVF-repair 2x and fibrofatty pad graft R

duration: 90 min

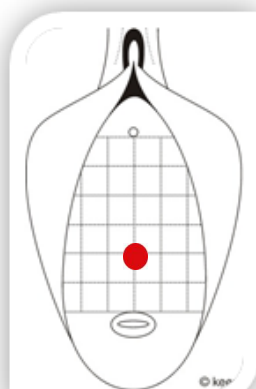
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

transverse incision thru both fistulas, sharp/blunt dissection, FOLEY Ch 16 tension-free transverse bladder/urethra closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

17.06.85	leaking/labium healed	cath removed	bladder drill
18.06 + 04.07.85	leaking ?healed?		
06/01-87	leaking healed	insp_gv/ fistula	

16/03-87 operation: VVF-repair**VVF 574**

27/08-87 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence $\pm\pm$



multiple fistulas

	RR
preanesthesia:	125/90 mm Hg
5":	125/85
10":	120/80
15":	120/80
postoperation:	110/65

Pt 152

KATSINA

VVF 170

asg (katsina)

female

18 yr

28/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 4 cm 0 vesicovaginal fistula type I, leaking urine for 2 yr that started immediately following obstructed labor for 2 days, SB male, married 6 yr ago, not living with husband, drop foot R, vagina stenosis with pvw stricture, cervix not identified, no menstruation since EUO/F 6 cm, F/V 0 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

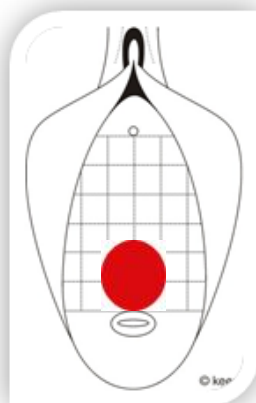
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral longitudinal severing of stricture, an incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by a single layer of inverting chromic catgut starting with bilateral fixation onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow **very difficult** **severe_moderate vagina stenosis/shortening**

30/05-85 free urine flow

01/06-85 high fever/subconscious no sign of meningitis
R/ penicillin_chloramphenicol/iv fluids

06/06-85 severe eclampsia or hepatorenal failure



4 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
15": 125/70
postoperation: 110/60

Pt 153

KATSINA

VVF 171

am SOKOTO city

female

18 yr

29/05-85

surgeon: Kees WAALDIJK

assistant: trainee

diagnosis: PI, \pm 4x2 cm urethrovesicovaginal fistula midline type **IIBb**, leaking urine for 5 yr that started immediately following obstructed labor for 3 days, SB female, married 7 yr ago, not living at husband, operated 1x EUO/F 2 cm, F/C 4 cm

operation: UVVF_urethra-repair and fibrofatty pad graft R

duration: 85 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free longitudinal bladder_urethra closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow
17.06.85 not leaking/labium healed cath removed bladder drill
18.06 + 09.12.85 leaking insp/ complete breakdown

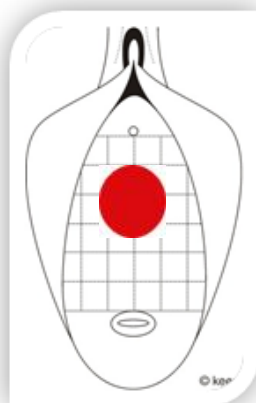
08/04-86

operation: urethra

VVF 344

26/05-86

not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +



4 cm 0

RR
 preanesthesia: 120/65 mm Hg
 5": 115/65
 10": 115/65
 15": 115/65
 postoperation: 110/60

rlk (katsina)

female

20 yr

30/05-85

surgeon: Kees WAALDIJK

assistant: trainee

diagnosis: PI, \pm 4x2 cm urethrovesicovaginal fistula type **IIAb**, leaking urine for 1 yr which started immediately following obstructed labor for 2 days, at home SB female, married 6 yr ago, not living with husband, operated 1x EUO/F 2 cm, F/C 5 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 90

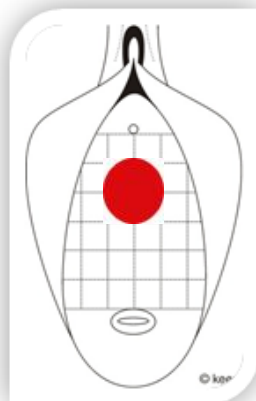
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethr closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

17.06.85 not leaking/labium healed cath removed bladder drill

18.06.85 not leaking, incontinence \pm , normal mictioninsp/ healed, stress incontinence \pm **cervix prolapse**

04.07.86 idem

05.08.85 not leaking, incontinence \pm , normal mictionhealed, stress \pm 

4 cm 0

RR

preanesthesia: 120/70 mm Hg

5": 125/75

10": 120/70

15": 115/70

postoperation: 105/60

rhz (katsina)

female

35 yr

30/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PXIII (3 alive), ± 8x5 cm vesicovaginal fistula type I, leaking urine for 1 yr which started immediately following an obstructed last labor for 2 days, SB male, married 21 yr ago, still at husband, bladder base prolapse, cervix fixed
EUO/F 6 cm, F/C 0 cm

operation: ureters catheterization, VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

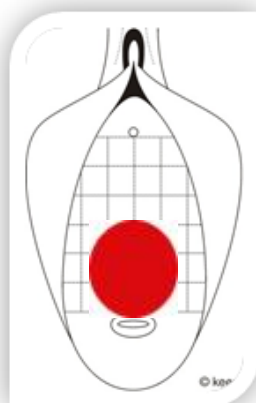
bilateral ureter catheterization for 20 cm, R ureter outside bladder, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/symphysis/bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow

17.06.85 not leaking/labium healed cath removed bladder drill

18.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no incontinence

04.07.85 idem

22.11.85 not leaking at all, no incontinence, normal miction healed, no stress

18/02-86 **amenorrhea for 3 mth** not leaking at all **intructions**

8x5 cm

RR

preanesthesia: 120/65 mm Hg

5": 115/65

10": 110/65

15": 110/60

postoperation: 125/75

**post extensive yankan gishiri IIBa repair
development of incontinence surgery
using pcm**

rsm (katsina) female 26 yr 31/05-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: stress incontinence following successful repair d.d. 14/5-84

operation: elevation of bladder neck

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

FOLEY Ch 16, gv 150 ml shows no fistula, longitudinal midline incision from proximal neourethra up to cervix, sharp dissection, an elevation of bladder neck_ floor by suturing the pubococcygeus muscles under it with interrupted chromic catgut, gv check, longitudinal avw closure by chromic catgut, pack; free urine flow

15.06.85	not leaking at all	cath removed	bladder drill
18.06.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
04.07.85	not leaking at all, no incontinence, normal miction		healed, no stress

RR

preanesthesia: 150/90 mm Hg

5": 140/90

10": 135/80

15": 135/80

postoperation: 130/80

Pt 156

KATSINA

VVF 175

aat (katsina)

female

20 yr

03/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 1 cm 0 vesicovaginal fistula L type I, leaking urine for 1 yr which started 2 days following obstructed last labor for 7 days, SB male, married 8 yr ago, not with husband
EUO/F 10 cm, F/C 2 cm

operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

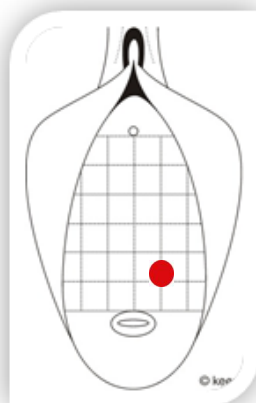
24.06.85 not leaking at all cath removed bladder drill

25.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

11.07 + 25.09.85 idem

29.11.85 not leaking at all, no incontinence, normal miction healed, no stress

14/07-86 **amenorrhea for 5 mth** not leaking at all **instructions**



RR
preanesthesia: 135/80 mm Hg
5": 135/80
10": 135/80
15": 135/80
postoperation: 130/80

ahy (katsina)

female

15 yr

03/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, urethrovesicovaginal fistula type **IIBb**, leaking urine for 2 yr which started immediately following native surgery by wanzami bco ba hanya, never married; well developed girl/woman, **vagina malformation**
EUO/F 0 cm, F/"V" 0 cm

operation: UVVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

on sounding **two** openings found, one into bladder and the other into vagina, incision between supposed vagina introitus and rectum, longitudinal incision of pwv, vagina 5 cm deep with diameter of 1 cm, small cervix/uterus, no menarche yet, U incision, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse urethra reconstruction over 4 cm by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus f_f tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow **vagina 2-3 cm deep!!!**

24.06.85 not leaking/labium healed cath removed bladder drill

25.06 + 18.07.85 not leaking, incontinence +, normal miction healed, stress +

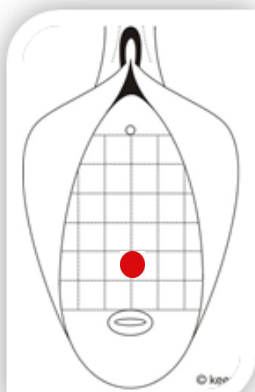
08/10-85 overflow due to UV-stricture

30/06-86 operation: dilatation/elevation/vaginoplasty VVF 412**25/08-87 operation: dilatation/elevation/avw VVF 701**24/09-87 pat **refuses** further dilatation**23/01-93 operation: widening vesicostomy/fixation VVF 2218****30/10-93 operation: urethra/avw VVF 2524****04/02-94 operation: urethrotomy VVF 2623**25/06-94 not laking, incontinence \pm , normal miction insp/ healed, UV-stricture**02/07-94 operation: dilatation_urethrotomy VVF 2804**26.11.94 pat **refuses** anything

not leaking, incontinence +, normal mictionsevere uv-stricture + 2° cervix prolapse

30.05.10 operation: anterior urethrotomy VVF 7850

27.06.10 not leaking, incontinence +, normal miction healed, stress +



0.5 cm 0 opening into bladder neck

RR

preanesthesia: 125/80 mm Hg

5": 120/75

10": 125/75

postoperation: 130/75

Pt 158

KATSINA

VVF 177

zsw (katsina)

female

16 yr

06/06-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (0 alive), \pm 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 5 mth which started 3 days following obstructed labor for 4 days, SB female, married 4 yr ago, not with husband
EUO/F 10 cm, F/C 0 cm

operation: VVF-repair

duration: 40 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 18, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, pressure pad vagina pack; free urine flow

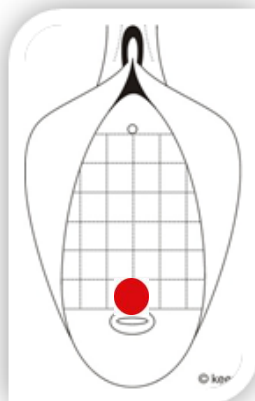
24.06.85 not leaking at all cath removed bladder drill

25.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

11.07 + 08.10.85 idem

11.12.85 not leaking at all, no incontinence, normal miction healed, no stress

01/07-86 **amenorrhea for 4 mth** not leaking at all **instructions**



2 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 115/70
15": 115/70
postoperation: 125/80

sudm (katsina)

female

25 yr

07/06-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PVI (2 alive), \pm 2 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 5 mth which started immediately following forceps delivery b.c.o. obstructed last labor of 2 days, SB male, married 12 yr ago, not living with husband
EUO/F 3 cm, F/C 7 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

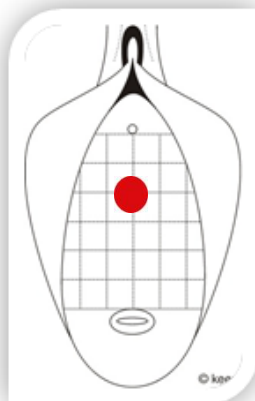
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

24.06.85 not leaking/labium healed cath removed bladder drill

25.06.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

17.07 + 09.10.85 idem

12.02.86 not leaking at all, no incontinence, normal miction healed, no stress

08/06-87 **amenorrhea for 6 mth** not leaking at all **instructions**

2 cm 0

RR
preanesthesia: 130/75 mm Hg
5": 130/75
10": 130/75
15": 130/75
postoperation: 120/70

Pt 160

KATSINA

VVF 179

zad (katsina)

female

20 yr

07/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (0 alive), \pm 3 cm urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 1.5 yr which started immediately following obstructed labor for 1 day, SB male, married 10 yr ago, not living with husband
EUO/F 4 cm, F/C 6 cm, AB/AU 2 cm

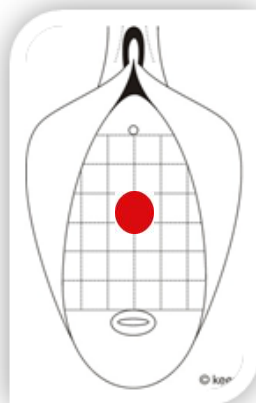
operation: UVVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 18, tension-free transverse bladder/symphysis/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under the R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

24.06.85	not leaking/labium healed	cath removed	bladder drill
25.06.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
11.07 + 02.10.85	idem		
19.02.86	not leaking at all, no incontinence, normal miction		healed, no stress



3 cm 0

	RR
preanesthesia:	140/80 mm Hg
5":	140/80
10":	130/80
15":	130/80
postoperation:	140/80

Pt 161

KATSINA

VVF 180

dama (katsina)

female

30 yr

11/06-85

surgeon: Kees WAALDIJK

rvf

assistant: Dr RAO

diagnosis: PVII (5 alive), **multiple** ± 4 cm 0 vesicovaginal fistula midline and 1 cm 0 CS_ vesicocervicovaginal fistula type I, ± 0.5 cm 0 proximal rectovaginal fistula at R, leaking urine/passing flatus_diarrheic stools per vaginam for 2 yr that started 4 days after CS b.c.o. obstructed last labor for 4 days, SB male, married 16 yr ago, not living with husband
EUO/F 6 cm, F/C 2 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by double layer of inverting chromic catgut, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, gv check shows leakage (another VVF or what is more likely, I had feeling that with fixation of graft the middle suture has torn out), skin closure, pressure pad, vagina pack; free urine flow **blood loss ± 500 ml!!**

29.06 + 04.07.85 leaking/labium healed cath removed
05/08.85 leaking insp_gv/ **healed** but leaking from cervix
11.11.86 insp_gv fistula

03/12-86 operation: VCVF-repair VVF 476

20/04-88 operation: VCVF-repair VVF 925

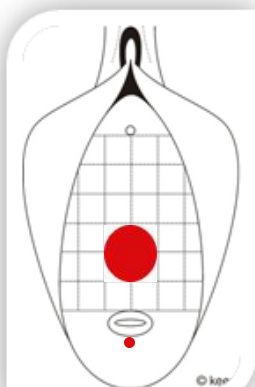
02/04-89 operation: cystostomy_stone removal VVF 1140

06/09-89 operation: VCVF-repair VVF 1271

20.09.89 1 cm fistula

08/10-89 operation: VCVF-repair VVF 1312

07/01-90 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence **small proximal RVF**
only diarrheic stools pv leave it



multiple fistulas

RR
preanesthesia: 130/85 mm Hg
5": 130/85
10": 130/85
15": 130/85
postoperation: 90/60
20": 120/70

legs elevated + 1000 ml glucose 5% iv

mst (katsina)

female

25 yr

12/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (3 alive), \pm 1 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine for 6 yr which started immediately following CS b.c. o. obstructed first labor for 1 day, live male, married 11 yr ago, not living with husband, operated 1x, cervix fixed
EUO/F 5 cm, F/C 5 cm

operation: UVVF-repair and fibrofatty pad graft R

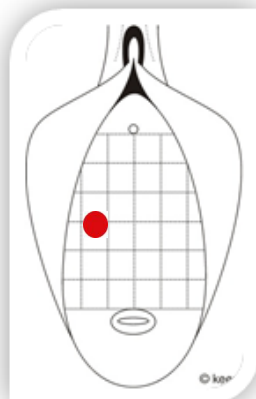
duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

nb since urine heavily infected R septrin TT bds for 10 days

29.06.85	not leaking/labium healed	cath removed	bladder drill
30.06.85	not leaking at all, no incontinence, normal miction insp/	healed, no stress incontinence	
16.07.85	idem		
29.11.85	not leaking at all, no incontinence, normal miction		healed, no stress
09/12-87	delivered 1x <u>live</u> male by CS		PIV (all alive)
	now amenorrhea for 4 mth	not leaking at all	instructions



1 cm 0

RR
preanesthesia: 170/120 mm Hg
5": 150/100
10": 150/100
15": 150/100
postoperation: 155/100

ssm (katsina)

female

18 yr

13/06-85

surgeon: Kees WAALDIJK
 assistant: Abdullahi HARUNA
 diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula fixed to pubic bones type **IIAb**,
 leaking urine for 3 yr that started immediately following obstructed labor
 for 1.5 days, SB male, married 6 yr ago, not with husband, severe vagina
 stenosis, pvw stricture
 EUO/F 4 cm, F/C 0 cm
 operation: VVF-repair and fibrofatty pad graft R
 duration: 100 min
 anesthesia: spinal L2/L3 with 2 ml lignocaine 5% and 10 mg morphine im/iv

episiotomy R with longitudinal severing of stricture, incision at fistula edge, sharp/ blunt
 dissection, FOLEY Ch 16, tension-free transverse bladder/ symphysis/urethra closure
 by single layer of inverting chromic catgut, **no** gv check as time is running out, incision R
 labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue,
 tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair,
 transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free
 urine flow blood loss \pm 300 ml

05.07.86 leaking uv-stricture **no** cooperation
29/09-87 operation: vaginal removal of 4x4x3 cm stone VVF 741
19/12-87 operation: VVF-repair VVF 788
01/08-88 operation: VVF-repair VVF 996

08/09-88 not leaking, incontinence $\pm\pm$, normal miction
 insp/ healed, no stress incontinence

04/04-89 **new** leaking for 2 mth after high fever/abdominal pain **?abortion?**
01/11-90 operation: dilatation_FOLEY VVF 1691

not leaking at all

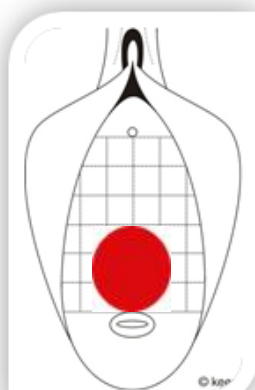
new third leakage

22/03-92 operation: dilatation of UV-stricture VVF 1958
15/08-92 operation: vesicostomy VVF 2074
10/06-93 operation: urethrotomy_UVVF-□repair□ VVF 2327

11/07-93 not leaking, incontinence \pm , normal miction

26/02-04 operation: cystostomy/stone removal VVF 6041
07/11-04 operation: cystostomy/stone removal VVF 6342

14/12-04 not leaking, incontinence +, normal miction wound healed
 insp/ healed, good elevation, stress incontinence +



4 cm 0

RR
 preanesthesia: 130/85 mm Hg
 5": 115/80
 10": 115/80
 15": 115/80
 postoperation: 125/80

iimg (katsina) female 31 yr 14/06-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: minute residual fistula extremely at R after repair on 17/8-84
EUO/F 4 cm, F/C 3 cm

operation: UVVF-repair

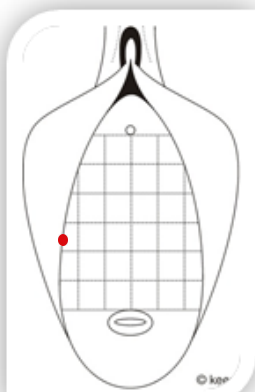
duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

fistula demonstrated by gv, transverse incision thru fistula, sharp/blunt dissection, fistula not found, **again** gv: now only **incontinence with some discoloration at extremely R but no fistula demonstrable!**, FOLEY Ch 16, transverse avw closure by chromic catgut, skin closure, pressure pad, pack; free urine flow

??minute fistula or incontinence??

29.06.85	not leaking at all	cath removed	bladder drill
30.06.85	not leaking, incontinence +, normal miction		healed, stress +
16.07 + 25.09.85	idem		
05/11-85	leaking & miction	insp/	total stress incontinence

24.07.86 operation: vvf + elevation**vvf 472**

minute < 0.1 cm 0

	RR
preanesthesia:	160/95 mm Hg
5":	160/95
10":	160/95
15":	150/95
postoperation:	150/95

midk (katsina) female 30 yr 15/06-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PVII (1 alive), \pm 5 cm 0 vesicovaginal fistula, \pm 0.5 cm 0 proximal rectovaginal fistula, leaking urine/passing of stools per vaginam for 5 mth which started immediately following CS b.c.o. obstructed last labor for 5 days, SB male, married 16 yr ago, still living with husband, drop foot R, cervix fixed
EUO/F 6 cm, F/C 0 cm

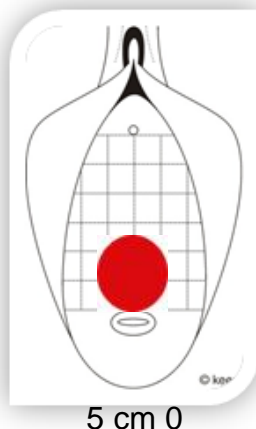
operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

ureters **not** identified, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

	29.06.85	not leaking/labium healed	cath removed	bladder drill
04.07.85		not leaking at all, no incontinence, normal miction		
		insp/ healed, no stress incontinence		
	07.08 + 10.08.85	idem		
31.10.85		not leaking at all, no incontinence, normal miction		healed, no stress



	RR
preanesthesia:	120/80 mm Hg
	5": 115/75
	10": 115/75
	15": 115/75
postoperation:	110/65

har (katsina)

female

25 yr

24/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple two** \pm 3.5 cm Ourethrovesicovaginal fistula with a circumferential defect and \pm 2 cm 0 vesicovaginal fistula type **IIAb**, leaking urine for 2 yr that started immediately following obstructed labor for 6 days, SB female, married 15 yr ago, not living with husband, severe pwv stricture EUO/F 1.5 cm, F/F 1 cm, F/C 2 cm, AB/AU 2.5 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

severing of stricture at R, incision at fistula edge, sharp/blunt dissection, making **one** fistula out of the two, FOLEY Ch 16, tension-free transverse bladder/symphysis/ urethra closure by single layer of inverting chromic catgut, gv check, an incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

stool contamination (also of ?abdomen?) doubtful outcome as to continence

01.07 + 16.07.85 leaking/labium healed cath removed bladder drill

17.07.85 not leaking, incontinence +, normal miction healed, stress +

28.07 + 12.08 + 18.10.85 idem

17/02-86 leaking & miction insp_gv/ healed, stress ++

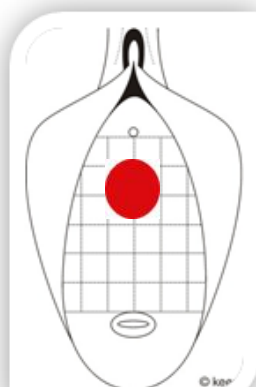
18/02-86 operation: elevation/vaginoplasty

VVF 287

05/11-88 operation: rhaphy/elevation

VVF 1100

03/07-93 **nb** pat did not report for 5 yr leaking
insp_gv/ total urine incontinence



multiple fistulas

RR

preanesthesia: 150/90 mm Hg

5": 150/90

10": 150/90

15": 150/90

postoperation: 150/90

bam (katsina) female 26 yr 24/06-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula and residual rectovaginal fistula, leaking urine/passing stools per vaginam for 11 yr which started immediately following CS b.c.o. obstructed labor for 4 days, SB male, married 16 yr ago, not with husband, operated 2x for VVF
EUO/F 4 cm, F/C 3 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy L, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure with a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

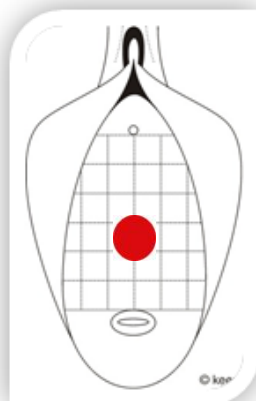
16.07.85 leaking/labium healed cath removed bladder drill
17.07.85 not leaking, incontinence +, normal miction healed, stress +
29.07 + 20.08.85 idem
07/11-85 leaking & miction insp/ healed, stress incontinence ++

12.03.86 operation: rvf-repair rvf 27

13/08-87 operation: rhaphy/elevation VVF 685
22/09-87 not leaking, incontinence +, normal miction stools ok
insp/ **both** healed, stress incontinence +

20/07-88 operation: suprapubic suspension VVF 987

29/03-90 operation: elevation by colposuspension VVF 1468
02/10-93 not making any effort insp/ stress incontinence ++



2 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/70
15": 120/70
postoperation: 120/70

aidm (katsina) female 20 yr 25/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, minute urethrovesicovaginal fistula extremely L type **IIAb** with **stress incontinence**, leaking urine for 4 yr which started immediately following CS b.c.o. obstructed labor for 2 days, SB male, married 5 yr ago, not living with husband, operated 1x
EUO/F 4 cm, F/C 5 cm

operation: UVVF-repair/bladder neck elevation by fibrofatty pad graft L

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

fistula demonstrated only after 220 ml gv, transverse incision thru fistula sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, a **tight** fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

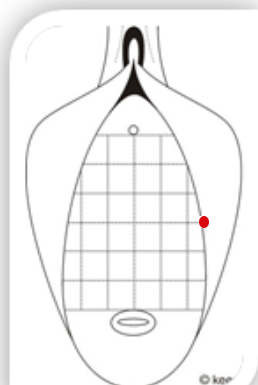
16.07.85 not leaking/labium healed cath removed bladder drill

17.07 + 05.08.85 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence \pm

27.02.86 leaking & miction insp/ total urine stress incontinence

28/07-86 operation: elevation VVF 436

21/08-86 not leaking, incontinence \pm , normal miction
insp/ healed, good elevation, stress incontinence \pm



minute < 0.1 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 125/80
10": 120/80
15": 120/80
postoperation: 115/70

mad (katsina)

female

16 yr

26/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 1 yr which started immediately after obstructed labor for 5 days, SB male, married 3 yr ago, not living with husband, pvw stricture
EUO/F 4 cm, F/C 6 cm, AB/AU 2 cm

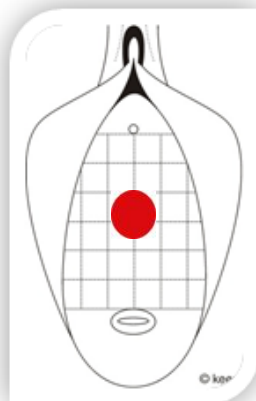
operation: UVVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5% and morphine 10 mg im

severing of stricture at R, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/symphysis/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

29.06 expression small hematoma 16.07 not leaking/labium healed cath out
17.07.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
05.08 + 01.10..85 idem
05.12.85 not leaking at all, no incontinence, normal miction healed, no stress
15/12-86 **amenorrhea for 4 mth** not leaking at all **instructions**



3 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/89
10": 125/80
15": 115/70
postoperation: 110/70

air (katsina) female 16 yr 26/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 1 cm 0 vesicovaginal fistula at L type **IIAa**, rectovaginal fistula with sphincter ani rupture, leaking urine/passing stools per vaginam for 9 mth which started immediately following obstructed last labor for 1 day, SB male, married 3 yr ago, not living with husband
EUO/F 5 cm, F/C 7 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

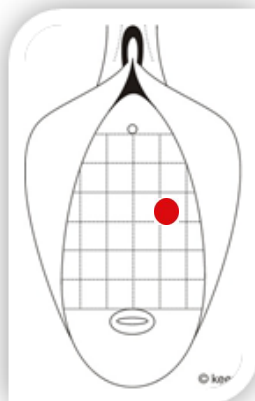
16.07.85 not leaking/labium healed cath removed bladder drill

17.07.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

05.08 + 14.10.85 idem

01.11.85 not leaking at all, no incontinence, normal miction healed, no stress

11/11-86 **amenorrhea for 9 mth** not leaking at all **instructions**



1 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 125/75

als (katsina) female 17 yr 27/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.1 cm urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 5 mth which started immediately following an obstructed labor for 2 days, SB male, married 5 yr ago, not with husband
EUO/F 4 cm, F/C 8 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

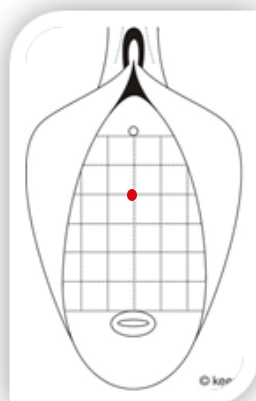
transverse incision thru fistula edge, sharp/blunt dissection, FOLEY Ch 14, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow

16.07.85 not leaking/labium healed cath removed bladder drill

17.07.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence, normal miction

05.08.85 idem

04.12.85 not leaking at all, no incontinence, normal miction healed, no stress

22/04-86 **amenorrhea for 3 mth** not leaking at all **instructions**13/11-86 **P11 (1 alive) at home** 24 days ago live female everything ok

0.1 cm 0

RR
 preanesthesia: 135/90 mm Hg
 5": 125/85
 10": 125/85
 15": 125/85
 postoperation: 140/90

rdf (katsina) female 16 yr 28/06-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: two residual \pm 1 cm 0 vesicovaginal fistula extremely R and 0.1 cm 0 vesicovaginal fistula at L following multiple repairs d.d. 24/5-84 .. 2/4-85; cervix displaced to R
EUO/F 7 cm, F/C 1 cm

operation: VVF-repair 2x and fibrofatty pad graft L

duration: 10 min

anesthesia: spinal L2/L3 with 2 ml lignocaine 5% and 2x morphine 10 mg iv

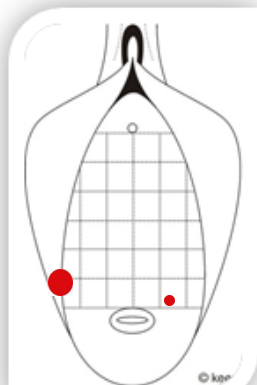
bilateral episiotomy, transverse incision thru both fistulas, a sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check shows for **first** time no leakage incision L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under L lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

22.07.85 not leaking/labium healed cath removed bladder drill

24.07.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

06.08 + 02.10.85 idem

09.12.85 not leaking at all, no incontinence, normal miction healed, no stress

16.07.88 **new leakage ??spontaneously??** for 4 mth Ch 18 x 6 wk
lower abd pain/blood pv miscarriage

multiple fistulas

RR
 preanesthesia: 115/80 mm Hg
 5": 110/80
 10": 105/70
 15": 105/70
 postoperation: 110/80

Pt 171

KATSINA

VVF 192

dmm (katsina)

female

25 yr

02/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 8 yr that started immediately following obstructed labor for 4 days, SB female, married 12 yr ago, not living at husband operated 2x
EUO/F 3 cm, F/C 5 cm vagina stenosis

operation: UVVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, tight fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

23.07.85 not leaking/labium healed cath removed bladder drill

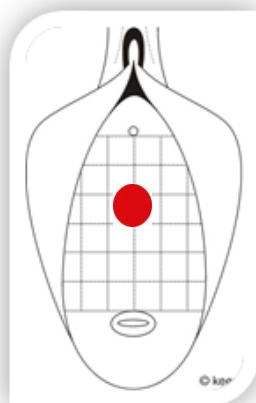
24.07.86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

20.08 + 14.10.85 idem

20.02.86 not leaking at all, no incontinence, normal miction healed, no stress vagina stenosis

09/03-87 **amenorrhoea for 5 mth** not leaking at all **instructions**



2 cm 0

RR

preanesthesia: 120/70 mm Hg

5": 120/70

10": 110/70

15": 110/70

postoperation: 115/70

Pt 172

KATSINA

VVF 193

fib (katsina)

female

16 yr

03/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 6 cm 0 vesicovaginal fistula type I, leaking urine for 1 yr that started immediately following obstructed labor for 2 days, SB female, married 6 yr ago, not living with husband
EUO/F 6 cm, F/C 0 cm

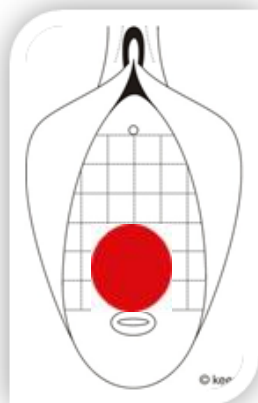
operation: ureters catheterization, VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilatera ureter catheterization for 20 cm, incision at fistula edge, sharp/ blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure with single layer of inverting chromic catgut starting with fixation of angles to pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

- 24.07.85 not leaking/labium healed cath removed bladder drill
- 25.07.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 10.08.85 idem
- 10.02.86 not leaking at all, no incontinence, normal miction healed, no stress
- 11/11-86 **amenorrhoea for 5 mth** not leaking at all **keloid R labium**



6 cm 0

RR
 preanesthesia: 140/85 mm Hg
 5": 140/85
 10": 140/85
 15": 140/85
 postoperation: 150/85

zsk (rép niger)

female

20 yr

05/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple two** \pm 2x1 cm urethrovaginal fistula and 2 cm 0 urethrovesico vaginal fistula type **IIa**, leaking urine for 1.5 yr which started immediately following obstructed labor for 5 dyas, SB male, married 6 yr ago, still with husband, successful RVF-repair
EUO/F 0 cm, F/F 2 cm, F/C 5 cm

operation: UVVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

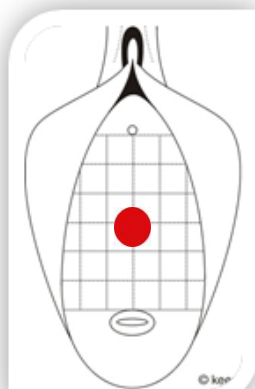
U incision with longitudinal extension and incision at fistula edge, sharp/ blunt dissection, FOLEY Ch 16, a tension-free urethra reconstruction with a transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

24.07.85 not leaking/labium healed cath removed bladder drill

25.07.85 not leaking at all, no incontinence, normal miction
insp/ **both** healed, no stress incontinence

12.08.85 idem

14.10.85 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 120/80 mm Hg
5": 115/70
10": 120/70
15": 110/70
postoperation: 110/70

sms (katsina)

female

20 yr

08/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple three** \pm 2 cm 0 urethrovesicovaginal fistula midline with minute fistula at R and minute fistula at extremely L type **IIAb** and leaking urine for 2 yr which started immediately following obstructed labor of 7 days, SB male, married 7 yr ago, not living with husband, operated 1x, pvw stricture, moderate vagina stenosis/shortening
EUO/F 2 cm, F/C 3 cm

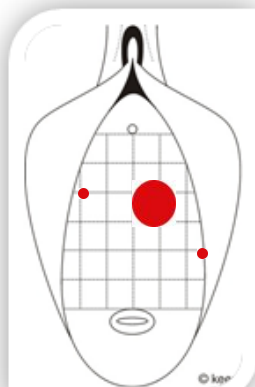
operation: UVVF-repair 3x and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection reveals fistula R, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check reveals fistula at L, transverse bladder to pubococcygeus musculature by chromic catgut, gv check, an incision of R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repairs, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

29.07.85 ?leaking?/labium healed 20.08 not leaking cath out drill
21/08-85 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence



multiple fistulas

RR
preanesthesia: 120/80 mm Hg
5": 115/70
10": 115/70
15": 115/70
postoperation: 115/70

ayk (katsina)

female

21 yr

10/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 4 yr which started immediately following obstructed labor for 1 day, SB female, married 8 yr ago, not at husband, operated 1x EUO/F 10 cm, F/C 0 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

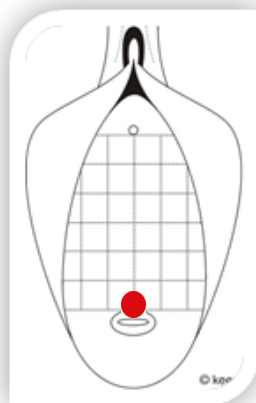
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow scarring++

29.07.85 not leaking/labium healed cath removed bladder drill

30.07.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

20.08 + 18.10.85 idem

24.12.85 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR

preanesthesia: 150/90 mm Hg

5": 140/85

10": 140/85

15": 140/85

postoperation: 110/60

huk (katsina) female 21 yr 10/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula type **IIAb**, rectovaginal fistula leaking urine/passing stools per vaginam for 7 yr which started immediately following obstructed labor of 2 days, SB male, married 9 yr ago, not living with husband, operated by **abdominal approach** in Niger, severe vagina stenosis/shortening with circular vagina stricture EUO/F 2 cm, F/C 1 cm

operation: UVVF-repair, fibrofatty pad graft R and pvw reconstruction by a skin rotation flap from R buttock

duration: 100 min

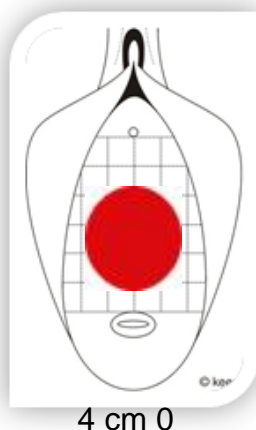
anesthesia:spinal L3/L4 with 2 ml lignocaine 5%

bilateral episiotomy with severing of stcontracture ring, blunt dissection of pararectal tissue whereby abdomen opened, no RVF detected, on repeated asking **now** pat states that after operation she passes **stools/urine through anus** (implantation of ureters into bowel), ureters **not** identified, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, pvw reconstruction by skin rotation flap from R buttock, skin closure, pressure pad, vagina pack; **no** free urine flow stenosed vagina 10 cm deep

20/12-85 insp/ healed, avw intact, vagina ok

18/03-86 insp/ healed, bladder present, vagina ok

07/02-90 insp/ vagina nicely healed, bladder intact



RR
 preanesthesia: 120/75 mm Hg
 5": 120/70
 10": 120/70
 15": 120/70
 postoperation: 110/60

z
ihj (katsina) female 17 yr 11/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 6 cm 0 urethrovesicovaginal fistula type **IIBb**, large rectovaginal fistula with sphincter ani rupture, **real cloaca**, leaking urine/ passing stools per vaginam for 1 yr which started immediately following obstructed labor for 3 days, SB female, married 4 yr ago, not with husband, drop foot R, cervix not identified
EUO/F 1 cm, F/V 0 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/symphysis/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow doubtful repair, no outcome as to continence (urethra 1 cm)
if successful for lengthening urethroplasty

29.07 leaking 14.08 cath out not leaking, incontinence \pm , normal miction
14/10-85 not leaking, incontinence \pm , miction healed, euo drawn inside
01/04-86 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence, **deformed EUO**

new second leakage following sex

20/02-92 operation: urethra vvf 1898

21/06-92 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



6 cm 0

RR
preanesthesia: 140/70 mm Hg
5": 140/70
10": 130/70
15": 130/70
postoperation: 120/70

alm (katsina)

female

22 yr

12/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PIV (2 alive), \pm 4 cm 0 urethrovesicovaginal fistula, leaking urine for 6 mth which started immediately following obstructed labor for 2 days, SB male, married 10 yr ago, not living with husband, pvw stricture, drop foot L
EUO/F 2.5 cm, F/C 2 cm lpl stricture

operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

severing of stricture at R, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 20, tension-free transverse bladder/symphysis/urethra adaptation by single layer inverting chromic catgut, gv check, incision R labium majus, sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

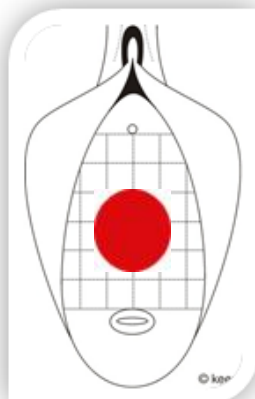
29.07 ?leaking?/labium healed 21.08 not leaking cath removed drill
22/08-85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress

23.12.92 returns now leaking 3 mth completely ok until PV (2 alive) sb male at home

second obstetric fistula PV (2 alive) sb male at home

cath 310**10/04-93 operation: urethrotomy****VVF 2235**

22/05-93 insp_gv/ leakage at L, no stricture

29/05-93 operation: UVVF-"repair"**VVF 2303**22/07-93 not leaking, incontinence \pm , normal mictioninsp/ healed, good elevation, stress incontinence \pm 

4 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 130/75
15": 125/75
postoperation: 125/80

bgdm (katsina) female 17 yr 16/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, minute vesicovaginal fistula extremely at L type I, leaking urine for 1 yr which started immediately following obstructed labor for 2 days, SB male, married 3 yr ago, not living with husband, severe vagina stenosis, cervix displaced to L
EUO/F 5 cm, F/C 1 cm

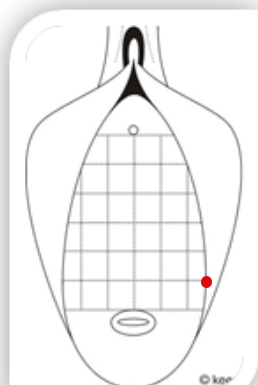
operation: VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R, fistula only identified after 150 ml gv, episiotomy L, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 14, a tension-free transverse closure of bladder over fistula by a single layer of inverting chromic catgut, **no** gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow
very difficult repair

10.08.85 not leaking/labium healed cath removed bladder drill
11.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
09.10.85 idem
13.02.86 not leaking at all, no incontinence, normal miction healed, no stress
16/07-87 **amenorrhea for 4 mth** not leaking at all **instructions**



minute < 0.1 cm 0

RR
preanesthesia: 135/85 mm Hg
5": 125/75
10": 125/80
15": 125/75
postoperation: 125/75

Pt 180

KATSINA

VVF 201

harg (katsina)

female

20 yr

17/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, ± 0.5 cm 0 vesicovaginal fistula midline, leaking urine for 5 mth which started immediately following CS b.c.o. obstructed labor for 2 days, live male, married 8 yr ago, not at husband
EUO/F 6 cm, F/C 6 cm no menstruation

operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 14, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow

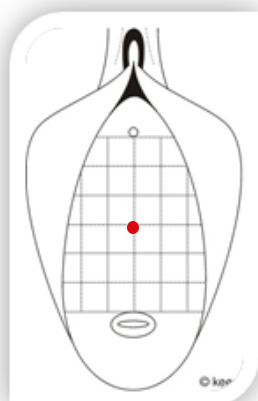
05.08.85 not leaking at all cath removed bladder drill

06.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no incontinence

20.08.85 idem

20.11.85 not leaking at all, no incontinence, normal miction healed, no stress

29/06-87 no menstruation since CS_subtotal hysterectomy
insp/ cervix identified VE/ no uterus felt



0.5 cm 0

RR
 preanesthesia: 140/85 mm Hg
 5": 140/85
 10": 135/80
 15": 135/80
 postoperation: 135/80

aai (katsina)

female 18 yr

18/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula fixed at symphysis type **IIAb**, leaking urine for 2.5 yr which started immediately following obstructed labor for 1 day, SB male, married 6 yr ago, not living with husband, severe vagina stenosis/shortening with contracture ring at 4 cm from introitus
EUO/F 4 cm

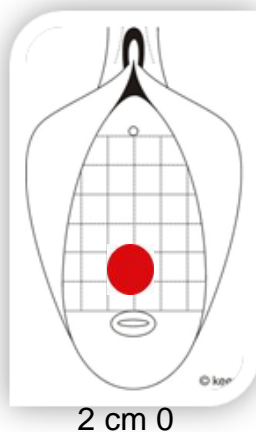
operation: repair of iatrogenic RVF

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R with bilateral severing of contracture ring, blunt dissection whereby abdomen opened and **iatrogenic** 4-5 cm transverse rectum tear at \pm 6 cm from anus, exactly at this moment patient starts to pass loose stool in large amount and keeps on passing it throughout the operation with gross contamination of large wound area and abdomen, cleansing untill at last it is clean, tension-free rectum closure by double layer of inverting chromic catgut, only 1x adaptation of peritoneum/rectum (for drainage of contamination), skin closure, sphincter ani dilatation
though properly instructed pat confessed she did not pass stools at all
18/07-85 pt ok

19/07-85 sudden unexpected massive toxin invasion or ??eclampsia??



RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
15": 125/70
postoperation: 125/70

fsy (Katsina)

female

24 yr

19/07-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 5 cm 0 vesicovaginal fistula with urethra block type **IIAb**, leaking urine for 7 yr that started immediately following obstructed labor for 2 days, male SB, married 12 yr ago, not living with husband, pvw stricture EUO/F 4 cm, F/C 0 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5% and 2x morphine 10 mg iv

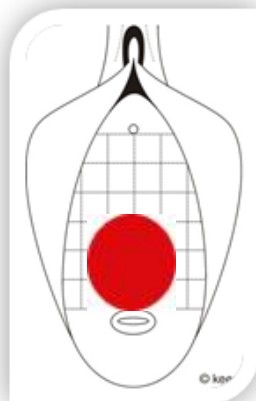
episiotomy R with bilateral severing of stricture, ureters **not** identified, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/pubic bones/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue and tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

30/07-85 secondary hemorrhage pack iron dextran + fersolate
not leaking

31/07-85 not bleeding

05/08-85 not leaking anemia + iron dextran/jectofer im

07/08-85 not leaking severe gastroenteritis with dehydration ++++ iv fluids



5 cm 0

RR
preanesthesia: 140/85 mm Hg
5": 140/85
10": 140/75
15": 140/75
postoperation: 125/70

iut (Katsina)

female

20 yr

22/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (2 alive), \pm 1.5 cm 0 urethrovesicovaginal fistula at R, leaking urine for 2 yr which started immediately following obstructed 2nd labor for 6 days, SB male, married 6 yr ago, not living with husband, delivered 4 mth ago live male
EUO/F 4 cm, F/C 7 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

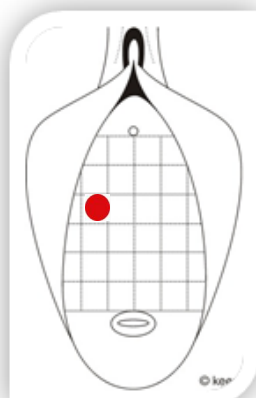
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

10.08.85 not leaking/labium healed cath removed bladder drill

11.08.85 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence

21.10.95 idem

08.02.86 not leaking at all, no incontinence, normal miction healed, no stress

23/06/87 **amenorrhea for 5 mth** not leaking at all **instructions**30/03-88 PIV (3 alive) delivered 5 mth ago live male **at home** not leaking at all

1.5 cm 0

RR
preanesthesia: 120/80 mm Hg
5": 115/70
10": 115/70
15": 110/70
postoperation: 110/70

aly (katsina)

female

25 yr

22/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula L type **IIAb**, leaking urine for 5 yr which started immediately following obstructed labor for 3 days, SB male, married 11 yr ago, not living with husband, operated 2x, vagina stenosis with contracture ring, cervix at L
EUO/F 3 cm, F/C 1 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R and bilateral severing of stricture, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder to mobilized lateral vagina wall closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure using also spatulated labia minora by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow blood loss \pm 300 ml **scarring ++++**

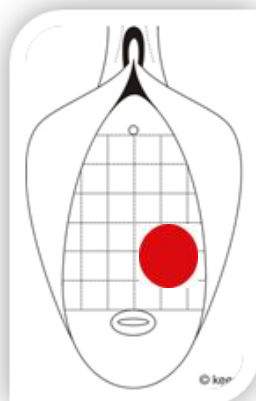
10.08 + 20.08.85 not leaking/labium healed cath removed bladder drill
21.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence vagina 4 cm deep

08.10 + 25.02 + 28.04.86 idem

23.12.86 not leaking at all, no incontinence, normal miction healed, no stress

21/12-87 operation: lengthening vaginoplasty**VVF 791**

27/01-88 acceptable result: vagina 7-8 cm deep start sexual intercourse



2 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 135/80
10": 130/80
15": 130/80
postoperation: 100/60

hgn (katsina)

female

20 yr

23/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula L type **IIAa**, leaking urine for 2 yr which started immediately following obstructed labor for 2 days, SB male, married 6 yr ago, not with husband, operated 1x EUO/F 4 cm, F/C 6 cm

operation: VVF-repair and fibrofatty pad graft L

duration: 70 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

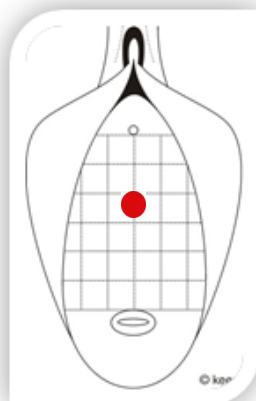
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure with a single layer of inverting chromic catgut, gv check, incision L labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under L lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

10.08.85 not leaking/labium healed cath removed bladder drill

11.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

14.12.85 idem

23.12.85 not leaking at all, no incontinence, normal miction healed, no stress

19/09-89 **amenorrhea for 5 mth** not leaking at all **instructions**31/03-90 **PII (1 alive) live female at home** not leaking at all

1 cm 0

RR

preanesthesia: 125/75 mm Hg

5": 120/75

10": 120/75

15": 120/75

postoperation: 115/70

rzc (katsina)

female

23 yr

23/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PVI (2 alive), \pm 3x2 cm vesicovaginal fistula type I, leaking urine of 5 yr which started immediately following CS b.c.o. obstructed 4th labor for 1 day, SB male, married 10 yr ago, still living with husband; **NB** successful VVF-repair after delivery I
EUO/F 6 cm, F/C 1 cm

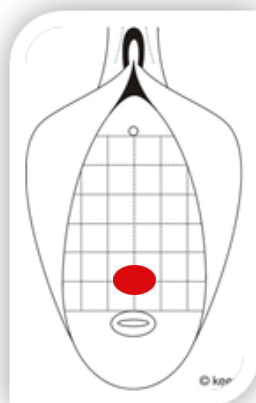
operation: VVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, 3/4 bladder defect larger than avw defect, FOLEY Ch 16, tension-free transverse bladder closure by a single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

10.08.85	not leaking/labium healed	cath removed	bladder drill
11.08.85	not leaking at all, no incontinence	normal miction	
	insp/ healed, no stress incontinence		
13.12.85	not leaking at all, no incontinence, normal miction		healed, no stress



3x2 cm

	RR
preanesthesia:	160/90 mm Hg
5":	150/75
10":	150/75
15":	140/75
postoperation:	120/75

amb (katsina)

female

21 yr

24/07-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (1 alive), \pm 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**,
leaking urine for 3 mth which started immediately following obstructed last
labor for 1 day, SB male, married 4 yr ago, not living with husband
EUO/F 4 cm, F/C 5 cm

operation: VVF-repair and fibrofatty pad graft R

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

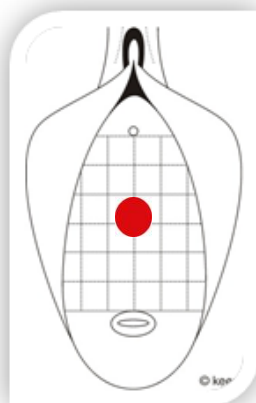
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse
bladder/urethra closure by a double layer of inverting chromic catgut, gv check, incision
R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue,
tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, trans
verse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

10.08.85 not leaking/labium healed cath removed bladder drill

11.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.10.85 idem

14.02.86 not leaking at all, no incontinence, normal miction healed, no stress

17/12-86 **amenorrhea for 7 mth** not leaking at all **instructions**

2 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 120/70
15": 115/70
postoperation: 115/70

zsd (katsina) female 17 yr 25/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1.5x1 cm urethrovesicovaginal fistula type **IIAb**, leaking urine for 10 mth which started immediately following obstructed labor for 2 days, SB male, married 3 yr ago, not living with husband, vagina stenosis, pvw stricture, traumatized sphincter ani
EUO/F 4 cm, F/C 1 cm

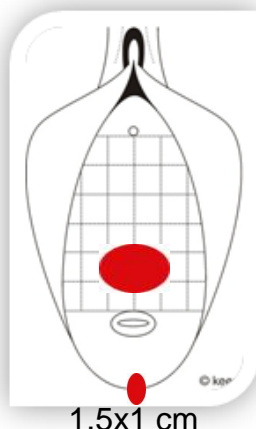
operation: UVVF-repair and fibrofatty pad graft R

duration: 50 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral severing of stenosis/stricture, incision at fistula edge, sharp/ blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, an incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

10.08.85	not leaking/labium healed	cath removed	bladder drill
11.08.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
18.10.85	idem		
11.03.86	not leaking at all, no incontinence, normal miction		healed, no stress
05.10.88	pat worried as she feels something inside = cervix		not leaking at all
	insp/ healed, no stress, circular stricture, vagina 7-8 cm deep		



RR
preanesthesia: 130/80 mm Hg
5": 130/75
10": 130/75
15": 130/75
postoperation: 120/75

rzm (katsina)

female

27 yr

25/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (2 alive), \pm 1 cm 0 vesicovaginal fistula L vagina vault type I, leaking of urine for 1 yr which started immediately following (sub)total CS_hysterectomy b.c.o. obstructed last labor for 1 day, SB male, married 15 yr ago, still living with husband
EUO/F 15 cm, F/V"C" 0 cm

operation: VVF-repair

duration: 45 min

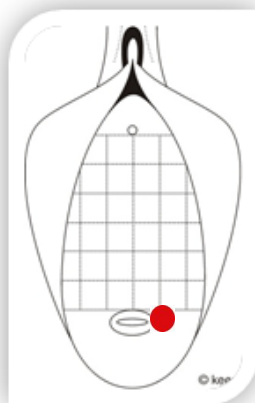
anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

VE reveals some kin of ?cervix stump? but no cervix canal (no menstruation since operation), incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

10.08.85 not leaking at all cath removed bladder drill

11.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

24.08.85 not leaking at all, no incontinence, normal miction healed, no stress



1 cm

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 140/80
15": 140/80
postoperation: 140/80

ftk (katsina)

female

20 yr

29/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 4 yr which started immediately following obstructed labor for 4 days, SB female, married 7 yr ago, not living with husband, NB postpoliomyelitis syndrome R leg with slight flexion_adduction contracture of R hip EUO/F 3 cm, F/C 1 cm

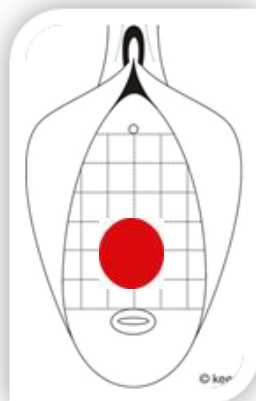
operation: UVVF-repair and fibrofatty pad graft L

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/symphysis/urethra closure by single layer of inverting chromic catgut, gv check, since flexion_adduction R incision L labium majus sharp dissection/ mobilization of bulbocavernosus fibrofatty tissue, tunneling under L lateral vagina wall, fixation of this fibrofatty pad over the repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

20.08.85 not leaking/labium healed cath removed bladder drill
 21.08.85 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence
 29.10.85 idem
 18.02.86 not leaking at all, no incontinence, normal miction healed, no stress
 vagina 5-6 cm deep

12/01-88 **amenorrhea for 3 mth** not leaking at all **instructions**

4 cm 0

RR
 preanesthesia: 130/75 mm Hg
 5": 130/75
 10": 120/70
 15": 120/70
 postoperation: 135/85

hssl (katsina city)

female

23 yr

29/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 5x3 cm vesicovaginal fistula R type I, leaking urine for 6 yr which started unmediately following CS b.c.o. obstructed last labor for 2 days, SB female, married 12 yr ago, not at husband, cervix fixed EUO/F 10 cm, F/"C" 0 cm

operation: **difficult** VVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 24, tension-free transverse bladder closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

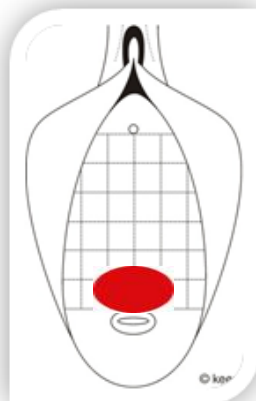
20.08.85 not leaking/labium healed cath removed bladder drill

21.08.85 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

09.10.85 idem

14.02.96 not leaking, no incontinence, normal miction healed, no stress pat menstruating



5x3 cm

RR

preanesthesia: 125/80 mm Hg

5": 125/70

10": 125/70

15": 125/70

postoperation: 115/70

zmb (katsina)

female

24 yr

30/07-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (3 alive), \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 1.5 yr which started immediately following 4th CS hysterectomy b.c.o. obstructed last labor for 1 day, SB female, married 11 yr ago, not living with husband
EUO/F 10 cm, F/V 0 cm

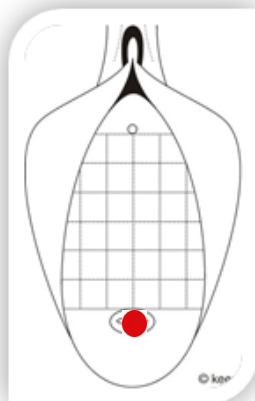
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

episiotomy R, incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

20.08.85 not leaking at all cath removed bladder drill
21.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
11.11.86 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 130/75
10": 125/75
15": 125/70
postoperation: 105/70

suk (katsina)

female

19 yr

30/07-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 5 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 3 yr which started immediately following an obstructed labor for 3 days, SB male, married 6 yr ago, not living with husband
EUO/F 4 cm, F/C 3 cm

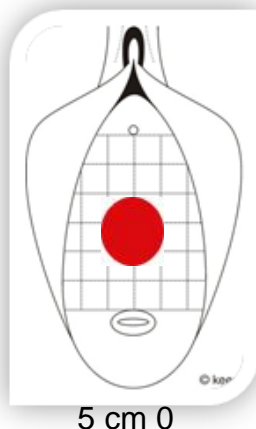
operation: UVVF-repair and fibrofatty pad graft R

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic cat gut starting with fixation of the angles to pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

	20.08.85	not leaking/labium healed	cath removed	bladder drill
21.08.85		not leaking at all, no incontinence, normal miction		
		insp/ healed, no stress incontinence		
11.11.85		not leaking at all, no incontinence, normal miction		healed, no stress



	RR
preanesthesia:	150/80 mm Hg
5":	140/80
10":	125/70
15":	125/70
postoperation:	115/70

hij (katsina)

female

18 yr

31/07-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: P0, \pm 4x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 3 mth which started immediately following yankan gishiri by wanzami as she refused sex with husband (ba hanya), married 3 yr ago pre(menarche 2 yr later), not living with husband
EUO/F 0 cm, F/C 8 cm

operation: urethra reconstruction and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

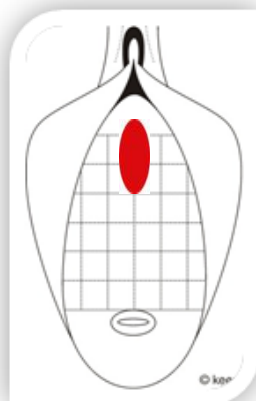
U incision at 1 cm from fistula edge, sharp/blunt dissection, FOLEY Ch 14, tension-free urethra reconstruction over 4-5 cm by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbo cavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow

20.08.85 not leaking/labium healed| cath removed bladder drill
21.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
08.10.85 idem
20.12.85 not leaking at all, no incontinence, normal miction healed, no stress

second obstetric leakage PIV (2 alive) instrinsic_stress incontinence

16/07-04 operation: urethralization/suspension VVF 6220

23/08-04 not leaking, incontinence \pm , normal miction
insp/ healed, good elevation, stress incontinence \pm



4x1 cm

RR
preanesthesia: 130/85 mm Hg
5": 125/75
10": 125/75
15": 125/75
postoperation: 125/75

transsymphyseal fistula**nb we could never figure out what really caused this fistula**

hys (katsina city) female 35 yr 05/08-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (1 alive), small **transsymphyseal urine fistula** type **IIAa/III**, leaking of urine for 20 yr which started immediately following obstructed first labor for 5 days, SB male, married 22 yr ago, not living with husband, normal menstruation; successful RVF-repair, **VVF-repair 2x followed by development of this fistula**, last delivery by CS

operation: excision of fistula tract and closure in 3 layers

duration: 30 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

FOLEY Ch 24 and 300 ml gv: no leakage (according to pat only leaking whilst standing walkin but not whilst lying), an ovular excision of operation scar tissue and then leakage thru small transsymphyseal fistula, it might have been that symphysiotomy has been performed as gap of 1.5 cm between pubic bones, excision of fistula tract, mobilization of surrounding tissue, closure in 3 layers, skin closure leaving drain in suprapubic area; free urine flow

20.03.86 + 06.08.86 + 12.06.87 abscess opened + foley

29/02-92 operation: exploration fistula tract VVF 1923**22/01-93 operation: exploration VVF 2216****17/06-93 operation: cystostomy_exploration VVF 2334**

24.11.93 not leaking at all wound healed

25.06.12 started to leak thru breakdown sp wound 6 mth ago chronic urosepsis anemia +++ first hematinics + drinking transsymphyseal wound still closed for review in 5 days: seems like intravesical mass refer to urologist: cystoscopy

RR

preanesthesia: 125/70 mm Hg

5": 125/70

10": 125/70

15": 125/70

postoperation: 115/70

ajdm (katsina)

female

24 yr

06/08-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), **extensive** ± 8 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 8 yr which started immediately following obstructed first labor for 3 days, SB male, married 10 yr ago, at husband still, operated 1x EUO/F 4 cm, F/C 0 cm

operation: ureters catheterization, UVVF-repair and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

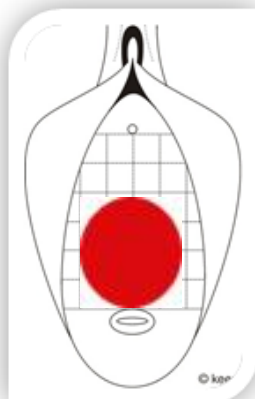
bilateral ureter catheterization for 20 cm, incision at fistula edge, sharp /blunt dissection, FOLEY Ch 16, tension-free transverse bladder/symphysis/ urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

27.08.85 not leaking/labium healed cath removed bladder drill

28.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.10 + 20.12.85 idem

14.07.86 bloody urine healed but atrophic vagina mucosa

30/04-92 **amenorrhea for 6 mth** not leaking at all **instructions**01/10-92 **PIV (3 alive)** live male by CS 2 mth ago not leaking at all

8 cm 0

RR

preanesthesia: 135/75 mm Hg

5": 130/65

10": 125/65

15": 125/65

postoperation: 125/65

sabd (katsina)

female

20 yr

07/08-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking of urine for 3.5 mth which started 14 days following obstructed labor for 3 days, SB female, married 4 yr ago, not living with husband
EUO/F 4 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

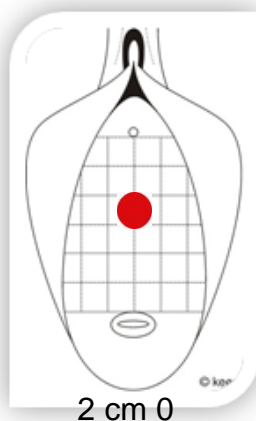
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, vagina pack; free urine flow

23.08.85 not leaking/labium healed cath removed bladder drill

24.08.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

04.10.85 idem

20.03.86 not leaking at all, no incontinence, normal miction healed, no stress

17/07-86 **amenorrhea for 5 mth** not leaking at all **instructions**05.01.87 **a term** **referred to mh**

RR

preanesthesia: 150/90 mm Hg

5": 150/80

10": 135/70

15": 135/70

postoperation: 110/70

hyma (katsina) female 20 yr 08/08-85

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **very extensive** \pm 8 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIBb**, leaking of urine for 3.5 yr which started immediately following obstructed labor for 4 days, SB male, married 5 yr ago, not living with husband; successful RVF-repair 21/3-85
EUO/F 0 cm, F/V 0 cm

operation: VVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 100 min **difficult/doubtful**

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral episiotomy, incision at fistula edge and 1.5 cm from urethra roof sharp/blunt dissection, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over 4 cm and transverse bladder/symphysis/neourethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, extensive mobilization of lateral vagina wall_labia minora and avw reconstruction by this material, skin closure, pressure pad, vagina pack; free urine flow
blood loss \pm 350 ml

07.09 leaking cath out 02.20 + 08.02.86 lekaing fistula

15/07-86 operation: VVF-repair and avw VVF 426

03/04-87 leaking insp/ neourethra obliterated, fistula R

22/07-88 operation: UVVF-repair VVF 989

must have been more or less ok

15/10-92 nor reporting for over 4 yr leaking/low abdominal pain insp/ healed

15/06-93 operation (kano): urethrotomy VVF 574

bladder stone

07/09-93 operation (kano): cystostomy/stone removal VVF 627

26/09-93 not leaking, incontinence \pm , normal miction



8 cm 0

RR
preanesthesia: 135/85 mm Hg
5": 120/75
10": 120/70
15": 120/70
postoperation: 95/50

ri KADUNA city

female

21 yr

09/08-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple four** \pm 0.5 cm 0 urethrovesicovaginal fistula L and \pm 3 cm 0 urethrovesicovaginal fistula L and two minute fistulas at R type **IIAb**, leaking urine for 4 y which started immediately following obstructed labor for 6 days, SB male, married 6 yr ago, not living with husband, operated 1x, vagina shortening, normal menstruation though cervix not identified EUO/F 2 cm, F/F 0.5 cm, F/V 0 cm

operation: catheterization L ureter, VVF-repair and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

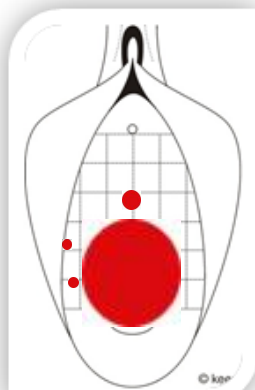
catheterization L ureter, incision at fistula edges, sharp/blunt dissection and making one fistula out of the two L ones, **scar tissue +++**, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic catgut, gv check shows the two minute fistulas at R, another small opening at R vault seems to be cervix canal, since heavy scarring the two R fistulas are covered by a flap from R pubococcygeus musculature, an incision R labium majus, sharp dissection/ mobilization of bulbo cavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

30.08 + 07.09.85 lekaing cath removed bladder drill

02.10 + 08.02.96 leaking fistula

13/02-88 operation: VVF-repair**VVF 856**

16/03-88 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence \pm



multiple fistulas

RR
preanesthesia: 115/70 mm Hg
5": 115/70
10": 110/65
15": 110/65
postoperation: 110/65

fsyd (katsina) female 18 yr 12/08-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 7 mth which started 5 days following obstructed labor of 3 days, SB male, married 3 ye ago, not living with husband, no menstruation
EUO/F 4 cm, F/C 6 cm

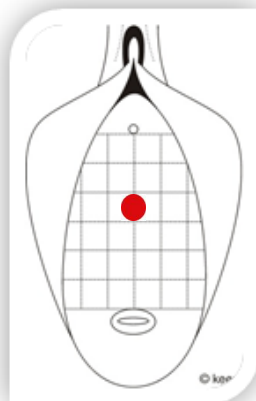
operation: UVVF-repair and fibrofatty pad graft R

duration: 75 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/urethra closure by single layer of inverting chromic cat gut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pad, pack; free urine flow

30.08.85	not leaking/labium healed	cath removed	bladder drill
01.09.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
08.10.85	idem		
17.02.86	not leaking at all, no incontinence, normal miction		healed, no stress
17.11.86	not leaking at all, no incontinence, normal miction		no menstruation
	insp/ healed, no stress incontinence	cervix canal intact	
11.04.88	no menstruation since delivery	not leaking at all	
	insp/ cervix canal intact, healed, no stress incontinence		



1 cm 0

	RR
preanesthesia:	130/80 mm Hg
5":	130/80
10":	115/70
15":	110/70
postoperation:	110/70

his (katsina)

female

15 yr

13/08-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **extensive** ± 8x6 cm urethrovesicovaginal fistula with circumferential defect type **IIBb**, leaking of urine for 1 yr which started immediately following obstructed labor for 4 days, SB male, married 4 yr ago, not with husband
EUO/F 0 cm, F/C 1 cm

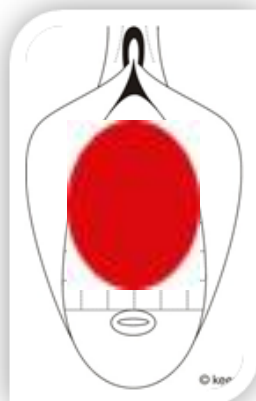
operation: VVF-repair, urethra reconstruction and fibrofatty pad graft R

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

bilateral episiotomy, incision at fistula edge and 1 cm from urethra roof, sharp/blunt dissection, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over 4 cm and tension-free transverse bladder/symphysis/neourethra closure by single layer of inverting chromic catgut, **no** gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, extensive dissection/mobilization labia minora and lateral vagina walls, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

30.08.85	not leaking/labium healed	cath removed	bladder drill
01.09.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
08.10.95	idem	vagina contracted	
11.12.85	not leaking at all, no incontinence, normal miction		healed, no stress
	vagina 2-3 cm deep		
25/03-86	not leaking, incontinence ± since she started to work 3 wk ago		
	insp/ healed, stress incontinence ±		



8x6 cm

	RR
preanesthesia:	130/90 mm Hg
5":	130/90
10":	120/80
15":	120/80
postoperation:	110/70

spinal anesthesia with bupivacaine 0.5%

hab (katsina) female 35 yr 03/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVIII (2 alive), \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 5 yr which started 5 days following forceps delivery b.c.o. an obstructed last labor for 5 days, live female, married 20 yr ago, still living with husband
EUO/F 6 cm, F/C 2 cm

operation: VVF-repair

duration: 35 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

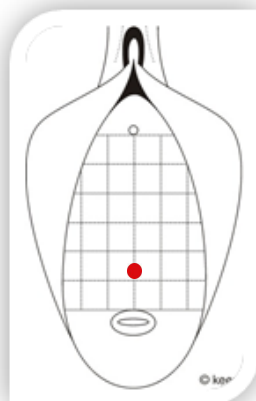
incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

21.10.85 not leaking at all cath removed bladder drill

22.10.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

11.11.85 idem

18.11.86 not leaking at all, no inconmtinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 145/80 mm Hg
5": 145/80
10": 140/80
15": 140/80
postoperation: 120/70

msm (rép niger)

female

27 yr

03/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (2 alive), \pm 0.5 cm 0 vesicovaginal fistula slightly at R type I, leaking of urine for 1.5 yr which started immediately following obstructed last labor of 1.5 days, SB female, married 15 yr ago not living with husband
EUO/F 8 cm, F/C 3 cm

operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

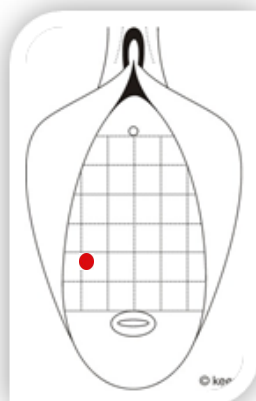
transverse incision thru fistula, sharp dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic cat gut, gv check, transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow

21.10.85 not leaking at all cath removed bladder drill

22.10.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

07.11.85 idem

10.02.86 not leaking at all, no incontinence, normal miction healed, no sgress

09/03-87 **amenorrhea for 8 mth** not leaking at all **instructions****second obstetric fistula** completely ok until PVII (1 alive) SB female by CS**15/06-92 operation: VVF-repair****VVF 1995**15/10-92 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

0.5 cm 0

RR

preanesthesia: 125/80 mm Hg

5": 115/75

10": 115/75

15": 115/75

postoperation: 105/70

ass (katsina)

female

22 yr

03/10-85

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PIII (1 alive), \pm 5 cm 0 vesicovaginal fistula midline/R type I, leaking urine for 4 yr which started immediately following obstructed last labor for 4 days, SB female, married 10 yr ago, not at husband, normal menstruation, cervix canal not identified
EUO/F 6 cm, F/C 0 cm

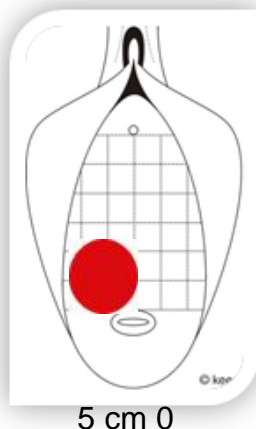
operation: catheterization L ureter, VVF-repair and fibrofatty pad graft R

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

only L ureter identified/catheterized for 20 cm, incision at fistula edge, difficult sharp dissection, FOLEY Ch 16, a tension-free transverse bladder to symphysis R/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

21.10.85 not leaking/labium healed cath removed bladder drill
22.10.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
07.11.85 idem
25.03.86 not leaking at all, no incontinence, normal miction healed, no stress



RR
preanesthesia: 125/80 mm Hg
5": 130/80
10": 130/80
15": 130/80
postoperation: 115/70

fnyd (katsina)

female

20 yr

04/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), **multiple two** \pm 2 cm 0 urethrovesicovaginal fistula **IIAb** with circumferential defect and \pm 3 cm 0 midline vesicovaginal fistula, leaking urine for 8 mth that started immediately following obstructed last labor for 6 days, SB male, married 7 yr ago, not living with husband
EUO/F 4 cm, AB/AU 1 cm, F/F 3 cm, F/C 0 cm

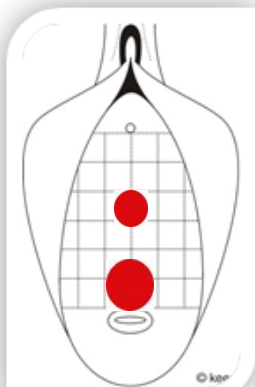
operation: UVVF/VVF-repair 2x and fibrofatty pad graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edges, a sharp/blunt dissection whereby abdomen opened, FOLEY Ch 16, tension-free bladder and bladder/symphysis/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

21.10 incontinence/labium healed 29.10 not leaking cath out bladder drill
30.10.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
15.11.85 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 120/80 mm Hg
5": 115/75
10": 110/70
15": 110/70
postoperation: 100/60

bs KATSINA city

female

21 yr

07/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PV (2 alive), ± 6x5 cm urethrovesicovaginal fistula type **IIAb**, leaking of urine for 7 yr which started immediately following obstructed first labor of 1 day, SB female, married 9 yr ago, husband died
EUO/F 4 cm, F/C 1 cm

operation: UVVF-repair and fibrofatty pad graft R

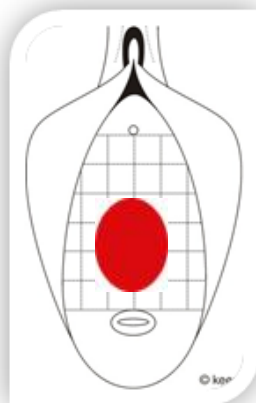
duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/pubis bones/urethra closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

16/10-85 severe gastroenteritis: diarrhea_vomiting oral fluids

17/10-85 severe dehydration +++ iv fluids 2500 ml



6x5 cm

RR
preanesthesia: 150/100 mm Hg
5": 145/100
10": 140/95
15": 140/95
postoperation: 100/60

rlr (katsina)

female

17 yr

07/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2.5 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 1.5 yr which started immediately following obstructed labor for 3 days, SB female, married 5 yr ago, not living with husband
EUO/F 4 cm, F/C 5 cm, AB/AU 1 cm

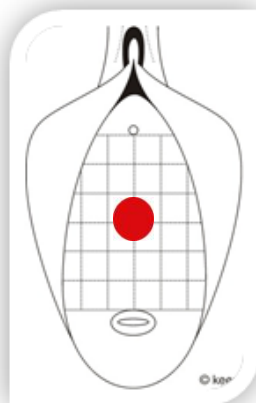
operation: UVVF-repair and fibrofatty pad graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder/pubis closure by single layer of inverting chromic catgut, gv check, incision R labium majus, sharp dissection/mobilization of bulbocavernosus fibrofatty tissue, tunneling under R lateral vagina wall, fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut, skin closure, pressure pad, vagina pack; free urine flow

29.10.85	not leaking/labium healed	cath removed	bladder drill
30.10.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
22.11.85	idem		
13.03.86	not leaking at all, no incontinence, normal miction		healed, no stress



2 cm 0

	RR
preanesthesia:	130/75 mm Hg
5":	130/75
10":	130/75
15":	130/75
postoperation:	130/75

rif (katsina)

female

28 yr

08/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple two** \pm 0.2 cm 0 urethrovesicovaginal fistula L type **IIAa** and \pm 1 cm 0 vesicovaginal fistula L, leaking urine for 8 yr which started immediately following obstructed labor for 3 days, SB male, married 15 yr ago, not with husband, operated 2x
EUO/F 4 cm, F/F 4 cm, F/C 0 cm

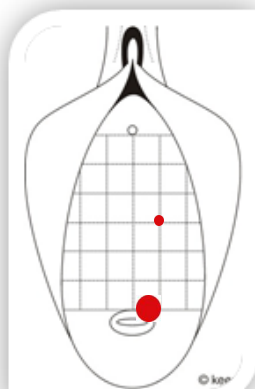
operation: UVVF/VVF-repair 2x

duration: 90 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

an incision at VVF edge, sharp/blunt dissection, FOLEY Ch 16, tension-free transverse bladder closure by single layer of inverting chromic catgut, an incision at UVVF edge, sharp dissection, tension-free transverse bladder to urethra closure with a single layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, vagina pack; free urine flow

29.10.85	not leaking at all	cath removed	bladder drill
30.10.85	not leaking at all, no incontinence, normal miction		
	insp/	healed, no stress incontinence	
13.11.85	idem		
14.03.86	not leaking at all, no incontinence, normal miction		healed, no stress



multiple fistulas

	RR
preanesthesia:	140/90 mm Hg
5":	140/90
10":	130/85
15":	130/85
postoperation:	125/80

bhg (jigawa)

female

20 yr

08/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 2 cm 0 vesicovaginal fistula midline vault type I and leaking urine for 16 mth which started immediately following an obstructed last labor for 2 days, SB male, married 7 yr ago, no living with husband, operated 1x, no menstruation
EUO/F 10 cm, F/V 0 cm

operation: VVF-repair

duration: 80 min

anesthesia: spinal L3/L4 with 2 ml lignocaine 5%

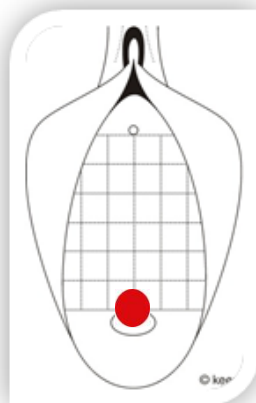
episiotomy L, incision at fistula edge, difficult sharp dissection, scarring/adhesions ++ (??vaginal hysterectomy??), FOLEY Ch 16, a tension-free transverse bladder closure by double layer of inverting chromic catgut, gv check, transverse avw closure by chromic catgut, skin closure, vagina pack; free urine flow

29.10.85 not leaking at all cath removed bladder drill

30.10.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.02.86 idem

10.04.86 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 125/70
10": 125/70
15": 125/70
postoperation: 105/60

rsg (katsina) female 16 yr 09/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **extensive** ± 6 cm 0 urethrovesicovaginal fistula, rectovagino-vesical fistula, ± 3x2x2 cm bladder stone, leaking urine/passing flatus pv (stools stopped 6 mth ago) for 2 yr that started 6 days following obstructed labor for 2 days, SB male, married 4 yr ago; severe vagina stenosis/partial colpocleisis, postpoliomyelitis syndrome **IIb**
EUO/F 2 cm circumferential defect

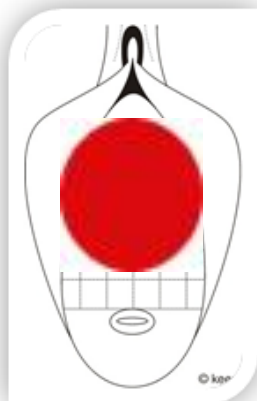
operation: cystostomy/stone removal/UVVF-repair_urethra/rectum adaptation

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, on passing sound into bladder stone is felt, suprapubic mass, PFANNENSTIEL incision, longitudinal opening of contracted/1-cm-thick bladder, removal of stone, there seems to be kind of internal bladder sphincter thru which sound is passed, proximally from this there is vesicovagino-rectal fistula thru which fingertip can be passed and felt in rectum (?just in front of cervi_uterus?), there is **kind of valve mechanism** since stool not entering into bladder, closure of bladder, closure of abdominal wall leaving drain in RETZIUS cavity, dilatation/severing of distal urethra FOLEY Ch 28, dissection of what is left of avw, urethra reconstruction with avw/PVW by single layer of chromic catgut 00 resulting in shortening of vagina up to 3 cm, skin closure, intrarectal mucosa adaptation over rectovagino-vesical fistula by 2x chromic catgut, sphincter ani dilatation, vagina pack; free urine flow
extremely difficult repair

29.10.85 repair broke down abdominal wound healed



6 cm

RR
preanesthesia: 130/85 mm Hg
5": 130/85
10": 130/85
postoperation: 100/60

hsk (katsina) female 21 yr 10/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

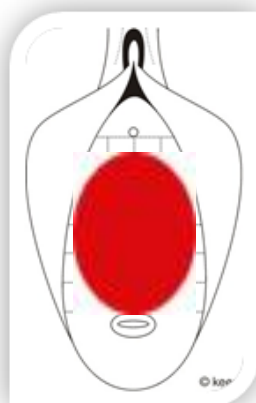
diagnosis: PI, **very extensive** \pm 10 cm 0 urethrovesicovaginal fistula, leaking urine for 5 yr that started immediately following obstructed labor for 5 days, SB male, married 8 yr ago, not living at husband; operated 1x and urethra as **1st stage** on 18/9-84
EUO/F 2 cm, F/C 0 cm

operation: R ureter/UVVF-repair/urethra/fibrofatty graft R/avw

duration: 185 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

both ureters identified but only R acn be catheterized for 25 cm, severing of neourethra, incision at fistula edge, sharp dissection of lateral vws, sharp dissection of bladder from pubic bones/cervix, FOLEY Ch 16, tension-free urethra reconstruction over 4-5 cm, transverse bladder closure by single layer of inverting chromic catgut 00, peritonization, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over the repair, high fixation of uterus over f_f graft pc musculature, avw reconstruction, closure R labium, pad, vagina pack; free flow of blood-stained urine vagina sufficient
30.10.85 leaking/labium healed cath removed bladder drill
O1.11 + 11.02.86 leaking insp/ healed but total urine incontinence



10x8 cm

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 100/60

rsd (katsina)

female

17 yr

14/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula type **IIAa**, leaking of urine for 20 mth which started immediately after forceps delivery bco obstructed labor of 1 day, in hospital (eclampsia) SB female, married 5 yr ago, not living with husband; ?operated? but pat denies it
EUO/F 5 cm, F/VS 1 cm severe 1 cm circular vagina stricture

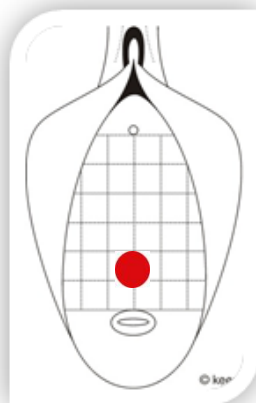
operation: VVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, a difficult sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow nothing is done to circular vagina stricture

05.11.85	not leaking/labium healed	cath removed	bladder drill
06.11.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
22.11.85	idem		
15.04.86	not leaking at all, no incontinence, normal miction		healed, no stress
	vagina contracted		



1 cm 0

RR
preanesthesia: 120/80 mm Hg
5": 120/80
10": 120/80
postoperation: 105/65

ldk (niger state)

female 17 yr

15/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple two** \pm 1 cm 0 urethrovesicovaginal fistula at L and \pm 1 cm urethrovesicovaginal fistula L lungu type **IIAb**, leaking urine for 2 yr which started immediately following obstructed labor for 2 days, SB female, married 3 yr ago, not living with husband, operated 1x EUO/F 4 cm, F/C_os 2 cm

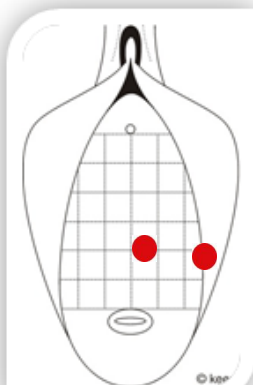
operation: UVVF-repair 2x and fibrofatty graft L

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions through lungu fistula, sharp dissection of avw, scar tissue +++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones, transverse avw closure by chro mic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.11.85 not leaking/labium healed cath removed bladder drill
 06.11.85 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence
 11.12.85 not leaking at all, no incontinence, normal miction healed, no stress
 14/04-87 **new leaking** whilst standing/walking **?pat delivered again?**
 insp/ total urine incontinence ++ PII (0 alive) sb male at home
07/07-87 operation: rhaphy/elevation of bladder neck vvf 657
 19/08-87 not leaking, minimal incontinence, normal miction
 insp/ healed, no stress incontinence



multiple fistulas

RR
 preanesthesia: 110/60 mm Hg
 5": 110/60
 10": 105/60
 postoperation: 95/55

hrg (katsina) female 20 yr 18/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 7 yr that started immediately following obstructed labor of 1 day SB male, married 9 yr ago, not living with husband, operated 1x kurma EUO/F 3 cm, F/C 0 cm

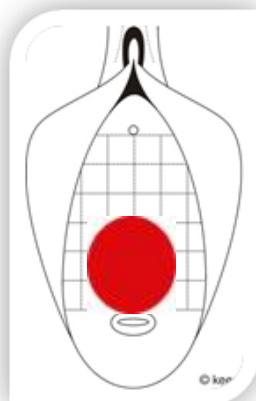
operation: UVVF-repair and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, scar tissue ++, ureters **not** identified, FOLEY Ch 16, tension-free transverse closure by a single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over the repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.11 leaking/labium healed 04.01.86 not leaking at all cath removed
05.01.86 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence \pm



4 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 115/70
10": 110/70
postoperation: 95/60

mld (katsina)

female

25 yr

23/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **extensive multiple three** \pm 3x1 cm urethrovaginal fistula, \pm 1 cm 0 vesicovaginal fistula R and \pm 4 cm 0 vesicovaginal fistula midline/L type **IIBb**, leaking urine for 11 yr that started immediately following obstructed labor for 5 days, SB male, married 13 yr ago, still living with husband, operated 2x
EUO/F 0 cm, F/F 1 cm, F/C 0 cm

operation: L ureter/UVVF-repair/urethra/fibrofatty graft R/avw repair

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

only R ureter identified/catheterized for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from pubic bones/cervix, FOLEY Ch 16, tension-free urethra reconstruction/transverse closure by single layer of inverting chromic catgut 00 (L-shape repair), transverse closure R fistula, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by mobilized R labia as pedicled skin graft by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

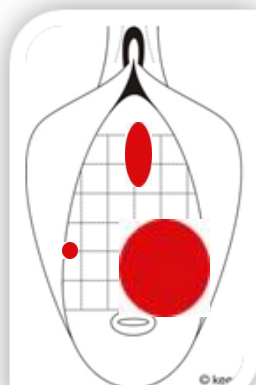
13.11.85 not leaking/labium healed cath removed bladder drill
05.12 + 23.12.85 leaking insp/ fistula L
19.11.86 leaking fistula at L

18/03-87 operation: VVF-repair**VVF 579****07/10-87 operation: elevation of bladder neck****VVF 753**

05/11-87 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence \pm

27/04-89 operation: suprapubic suspension**VVF 1187**

24/05-89 leaking insp/ total urine incontinence



multiple fistulas

RR
preanesthesia: 120/70 mm Hg
5": 110/65
10": 110/65
postoperation: 95/60

hhfb (katsina)

female

32 yr

24/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple three** small 0.5 cm 0 urethrovesicovaginal fistulas type **IIAb** leaking urine for 18 yr which started immediately following obstructed labor for 3 days, SB male, married 20 yr ago, not with husband, operated 3x
EUO/F 3 cm, F/C 1.5 cm

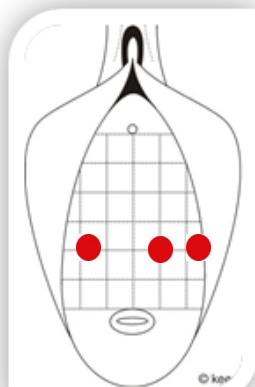
operation: UVVF-repair and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistulase with longitudinal extension over urethra sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

13.11.85 not leaking/labium healed cath removed bladder drill
29.11.85 not leaking at all, no incontinence, normal miction
insp/ healed, definitely stress incontinence
17.02.86 not leaking at all, no incontinence, miction definitely stress +
pat **very** happy



multiple fistulas

RR
preanesthesia: 145/80 mm Hg
5": 145/80
10": 140/80
postoperation: 105/70

fui (katsina) female 33 yr 25/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: residual \pm 0.1 cm 0 vesicovaginal fistula midline following repair 24/5-85;
cervix fixed/retracted
EUO/F 10 cm, F/C 0 cm

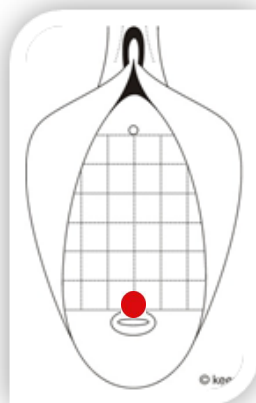
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

13.11 + 22.11.85	not leaking at all	cath removed	bladder drill
05.12.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
17.02.86	idem		
24.06.86	not leaking at all, no incontinence, normal miction		healed, no stress



1 cm 0

	RR
preanesthesia:	120/75 mm Hg
5":	120/75
10":	115/70
postoperation:	120/70

fad (sokoto)

female

35 yr

29/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PXII (6 alive), **multiple two** \pm 1 cm 0 vesicovaginal fistula and \pm 2x1 cm CS_vesicocervicovaginal fistula type I, leaking urine of 3 yr which started immediately following obstructed 11th labor for 3 days, SB male, married 25 yr ago, still living with husband, CS for 12th delivery 9 mth ago; incisional hernia CS-scar
EUO/F 6 cm, F/F 4 cm, F/C 0 cm

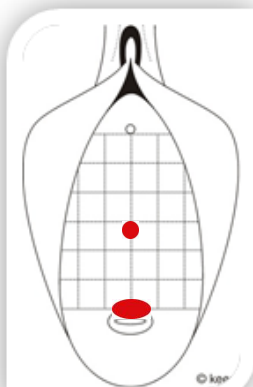
operation: VVF-repair 2x and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edges, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, separate tension-free transverse closure by single layer of inverting chromic catgut 00, gv check: spilling thru EUO incision R labium majus, sharp dissection/mobilization of fibrofatty tissue tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair, avw closure by chromic catgut 1/5, closure R labium pressure pad, skin closure, vagina pack; free urine flow

21.11.85 not leaking/labium healed cath removed bladder drill
05.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
21.02.86 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 130/80 mm Hg
5": 115/70
10": 110/70
postoperation: 100/69

min (katsina)

female

17 yr

30/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula midline/L type **IIAb**, leaking of urine for 6 mth which started immediately following obstructed labor for 2 days, SB male, married 7 yr ago, not at husband
EUO/F 4 cm, F/C 3 cm

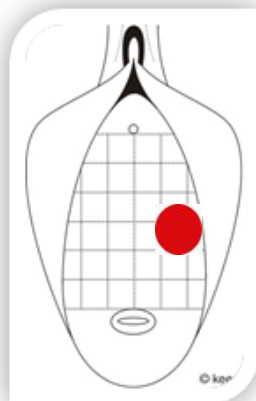
operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, sharp dissection of bladder from L pubic bones/cer vix, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of L angle onto symphysis, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

21.11.85 not leaking/labium healed cath removed bladder drill
05.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence vagina 5-6 cm deep
12.02.86 idem
15.04.86 not leaking at all, no incontinence, normal miction healed, no stress
10/06-87 **amenorrhea for 5 mth** not leaking at all **instructions**



3 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 135/70
10": 130/70
postoperation: 135/70

Isk (katsina)

female

18 yr

30/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII, \pm 1 cm 0 urethrovesicovaginal fistula L type **IIAa**, leaking urine for 3 yr which started immediately following obstructed first labor for 3 days, SB male, married 5 yr ago, not living with husband
EUO/F 5 cm, F/C 6 cm

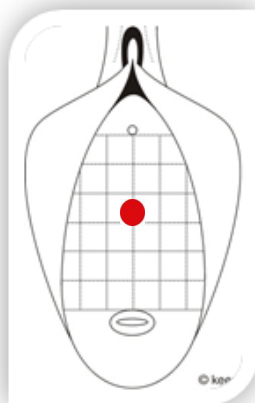
operation: UVVF-repair and fibrofatty graft L

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 14, tension-free transverse closure with a single layer of inverting chromic catgut 00, gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

21.11.85	not leaking/labium healed	cath removed	bladder drill
05.12.85	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
06.03.86	idem		
05.05.86	not leaking at all, no incontinence, normal miction		healed, no stress



1 cm 0

	RR
preanesthesia:	130/80 mm Hg
5":	125/75
10":	125/75
postoperation:	125/70

zsb (katsina)

female

17 yr

31/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3x2 cm urethrovesicovaginal fistula fixed to symphysis R type **IIAb**, leaking urine for 1 yr that started 3 days following obstructed labor for 2 days, SB mal, married 3 yr ago, not living with hus band, drop foot R EUO/F 3 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, a sharp dissection of bladder from R pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles to pubic bone, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue tunneling under R lateral vagina wall, transverse fixation of the fibrofatty pad over repair, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

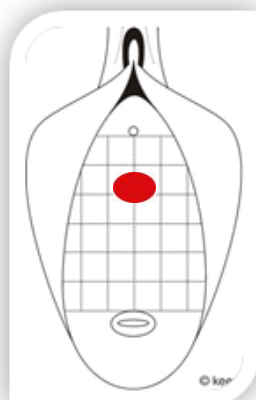
21.11.85 not leaking/labium healed cath removed bladder drill

05.12.85 not leaking at all, no incontinence, normal miction

insp/ healed, stress incontinence \pm

05.03.86 idem

08.05.86 not leaking at all, no incontinence, normal miction healed, no stress drop foot recovered

10/02-90 **amenorrhea for 3 mth** not leaking at all **instructions**

3x2 cm

RR

preanesthesia: 125/70 mm Hg

5": 125/70

10": 125/70

postoperation: 125/70

Pt 220

KATSINA
"CS" fistula

VVF 244

rid (katsina)

female

16 yr

31/10-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), \pm 2x1 cm vesicocervicovaginal fistula type I, leaking urine for 4 mth which started 7 days following obstructed last labor for 1 day, SB male, married 5 yr ago, not living with hus band, no menstruation, CS for first delivery
EUO/F 10 cm, F/"C" 0 cm

operation: VCVF-repair

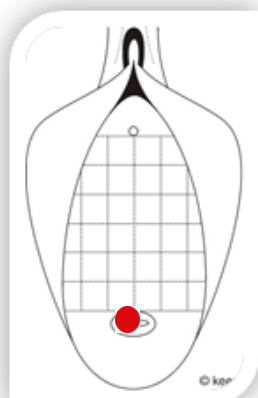
duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, scar tissue ++, FOLEY Ch 16, tension-free longitudinal closure by double layer of inverting chromic catgut 00, gv check, transverse avw/cervix closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

22.11.95 not leaking at all cath removed bladder drill

05.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



longitudinal 2x1 cm

RR

preanesthesia: 115/70 mm Hg

5": 110/70

10": 105/70

postoperation: 115/70

jmi (niger state)

female

20 yr

01/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 3 cm 0 vesicovaginal fistula midline/R type I, leaking urine for 2 yr which started immediately following CS bco obstructed last labor for 1 day, SB male, married 7 yr ago, not living with husband, mutilated cervix
EUO/F 6 cm, F/"C" 0 cm

operation: VVF-repair and fibrofatty graft R

duration: 80 min

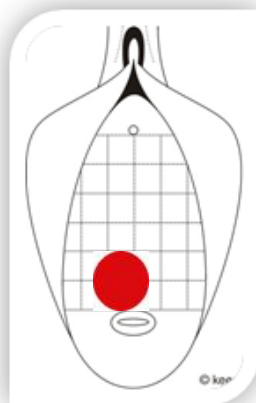
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

22.11.85 not leaking/labium healed cath removed bladder drill

05.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

23.02.86 not leaking at all, no inconmtinence, normal miction healed, no stress



3 cm 0

RR
preanesthesia: 130/75 mm Hg
5": 125/75
10": 115/70
postoperation: 95/60

Pt 221

KATSINA

VVF 246

asmf (katsina)

female

15 yr

06/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, ± 7x1 cm urethrovesicovaginal fistula type **IIBa**, **leaking urine for 60 days (2 mth)** which started immediately following yankan gishiri by wanzami because she refused sex with husband (ba hanya), married 1 yr ago, not living with husband, normal menstruation
EUO/F 0 cm, F/C 1 cm vagina 7-8 cm deep

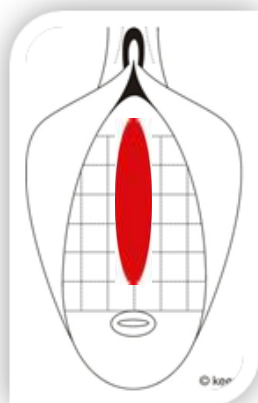
operation: UVVF-repair, urethra reconstruction and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision at fistula edge, sharp dissection of avw, FOLEY Ch 16, tension-free longitudinal closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

15.11 cath block/changed 29.11.85 not leaking/labium healed cath removed
30.11.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence, urethra ok
17.02.86 idem
01.07.86 not leaking at all, no incontinence, normal miction healed, no stress



7x1 cm

RR
preanesthesia: 130/70 mm Hg
5": 130/70
10": 125/60
postoperation: 110/60

dum (katsina)

female

20 yr

06/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 3x2 cm 0 urethrovesicovaginal fistula midline/L type **IIAb**, leaking urine for 3 yr that started immediately following CS bco obstructed last labor for 2 days, SB male, married 6 yr ago not living with husband, cervix fixed/retracted
EUO/F 5 cm, F/C 4 cm

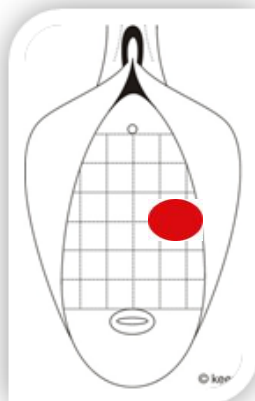
operation: UVVF-repair and fibrofatty graft L

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from L pubic bone, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of L angle onto L pubic bone, gv check, incision L labium majus, sharp dissection/ mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

29.11.85 not leaking/labium healed cath removed bladder drill
29.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

14/04-87 **amenorrhoea for 3 mth** uterus normal

3x2 cm

RR
preanesthesia: 120/75 mm Hg
5": 120/75
10": 110/70
postoperation: 110/70

Pt 224
Pt

KATSINA

VVF 248
RVF

mmab (katsina) female 15 yr 07/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 vesicovaginal fistula midline fixed to symphysis type **IIAb**,
leaking urine for 1 yr which started immediately following obstructed labor
for 6 days, SB male, married 3 yr ago, not with husband, iatrogenic or
proximal obstetric RVF at R corner, severe vagina stenosis, pvw
stricture, no menstruation
EUO/F 5 cm, F/C 2 cm, I/F 8 cm, F/C 0 cm

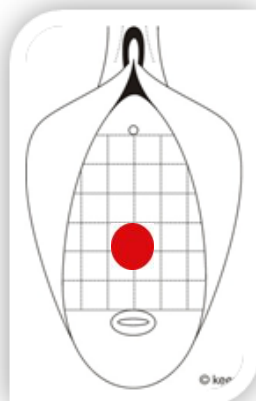
operation: UVVF-repair, fibrofatty graft L and rectum closure

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions,
sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer
of inverting chromic catgut 00 starting with fixation of the angles to pubic bones, gv
check, little diarrheic stools pv by 1 cm rectum tear at R corner 8 cm from introitus,
mobilization of rectum, peritoneum opened, rectum closure by double layer of inverting
chromic catgut, incision L labium majus, sharp dissection/mobilization of fibrofatty
tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad
over repair, peritoneum closure, transverse avw closure by chromic catgut 1/5, closure
R labium, pressure pad, skin closure, vagina pack; free urine flow

29.11.85 not leaking/labium healed/stools ok cath removed bladder drill
30.11.85 not leaking at all, no incontinence, normal miction stools ok
insp/ **both** healed, no stress incontinence



2 cm 0

RR
preanesthesia: 110/70 mm Hg
5": 110/70
10": 110/70
postoperation: 80/40
iv fluids pt ok

Pt 225

KATSINA

VVF 249

mub (katsina)

female

25 yr

08/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.2 cm 0 urethrovesicovaginal fistula L lungu, leaking of urine for 3 yr which started 3 days following obstructed labor for 2 days, SB female, married 11 yr ago, not living with husband, operated 1x EUO/F 4 cm, F/C 1 cm

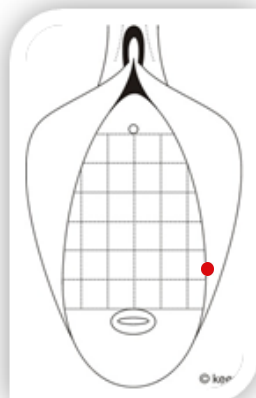
operation: UVVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue +++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check: spilling, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

29.11.85 ?incontinence? 15.12.85 not leaking cath removed bladder drill
16/12-85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



0.2 cm 0

RR
preanesthesia: 145/80 mm Hg
5": 140/70
10": 130/70
postoperation: 125/70

aui (katsina)

female

15 yr

11/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3 cm 0 vesicovaginal fistula midline type I, leaking urine for 9 mth which started immediately following obstructed labor for 3 days, SB female, married 2 yr ago, not living with husband
EUO/F 7 cm, F/C 1 cm

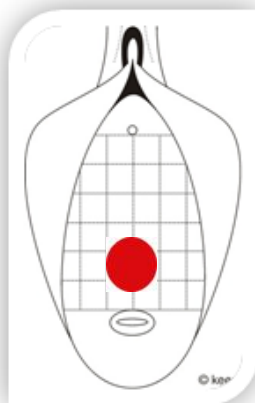
operation: VVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue +, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, vagina pack; free urine flow

05.12.85	not leaking/labium healed	cath removed	bladder drill
06.12.85	not leaking at all, no incontinenc,	normal miction	
	insp/ healed, no stress incontinence	vagina ok	
20.12 + 28.02.86	idem		
13.06.96	not leaking at all, no incontinence, normal miction	healed, no stress	



3 cm 0

	RR
preanesthesia:	125/80 mm Hg
5":	110/60
10":	110/55
postoperation:	110/60

taur (katsina)

female

17 yr

12/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula extremely R bladder floor type I, leaking urine for 4 mth which started immediately following obstructed labor for 1 day, SB male, married 4 yr ago, not living with husband
EUO/F 10 cm, F/C 1 cm

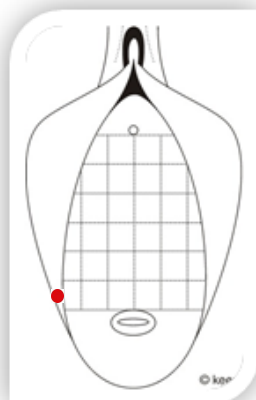
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

an incision at fistula edge with bilateral transverse extensions, difficult sharp dissection of avw, blunt mobilization of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check: spilling, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

	05.12.85	not leaking at all	cath removed	bladder drill
	20.12.85	not leaking at all, no incontinence, normal miction		
		insp/ healed, no stress incontinence		
	06.03.86	not leaking at all, no incontinence, normal miction		healed, no stress



0.5 cm 0

RR
preanesthesia: 135/85 mm Hg
5": 135/85
10": 125/85
postoperation: 120/80

Pt 228
Pt 129

KATSINA
elevation by plication of f_f graft
new fistula

VVF 253
VVF 146

DIJE SHA'AIBU CHARANCHI (katsina) female 30 yr 12/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: **new sex-induced** (or residual) 0.2 cm 0 urethrovaginal fistula type **IIBa** in neourethra following repair_urethra 30/4-85, married 15 yr ago, still living with husband **early sex**
EUO/F 2.5 cm

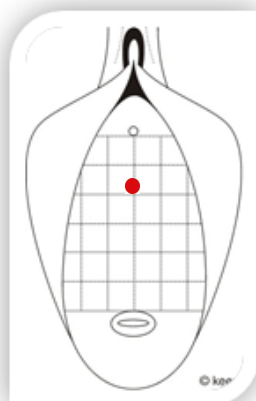
operation: VVF-repair with elevation of bladder neck

duration: 40 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, no longer circular vagina stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw from graft, FOLEY Ch 16, tension-free longitudinal closure by single layer of inverting chromic catgut 00, gv check, **elevation by plication of f_f graft**, transverse avw closure by chromic catgut 1/5, skin closure, vagina pack; free urine flow

05.12.85 not leaking at all cath removed bladder drill
23.12.85 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence vagina contracted
18.03.86 not leaking at all, no incontinence, normal miction healed, no stress



0.2 cm 0

RR
preanesthesia: 160/80 mm Hg
5": 155/80
10": 155/80
postoperation: 120/70

hyj (katsina)

female

20 yr

14/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 3 yr which started immediately following obstructed labor for 3 days, SB male, married 6 yr ago, not with husband
EUO/F 4 cm, F/C 3 cm deformed cervix

operation: UVVF-repair and fibrofatty graft R

duration: 65 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

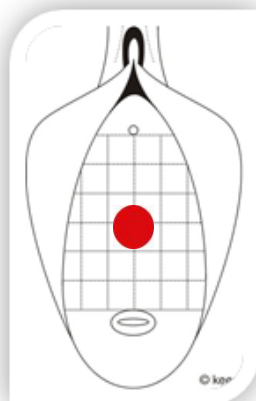
episiotomy L, incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

05.12.86 not leaking/labium healed cath removed bladder drill
06.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
11.03.86 not leaking at all, no incontinence, normal miction healed, no stress
19.09.89 **amenorrhea for 3 mth** not leaking at all **instructions**

leakage due to stone-induced urge incontinence since PII (0 alive) sb male at home

10/08-90 operation: cystostomy/stone removal VVF 1569

22/10-90 not leaking, incontinence **++**, normal miction
insp/ healed, no stress incontinence



1.5 cm 0

RR
preanesthesia: 145/80 mm Hg
5": 145/80
10": 130/70
postoperation: 115/65

fumd (katsina) female 22 yr 14/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), a **very extensive** \pm 8 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 3 yr which started 10 days following CS bco obstructed last labor for 3 days, SB male, married 8 yr ago, not living with husband, RVF healed

operation: bilateral ureters, UVVF-repair and fibrofatty graft R

duration: 130 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral ureter catheterization for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones/cervix, FOLEY Ch 18, tension-free T closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones (ureters laterally), gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow blood loss \pm 250 ml

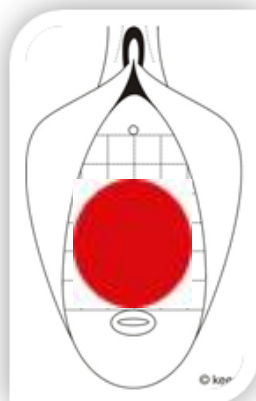
05.12 leaking/labium healed 07.01.86 not leaking cath out bladder drill
08.01 + 06.03.86 not leaking, incontinence \pm , normal miction healed, stress +
14/07-86 not leaking, incontinence +, miction insp/ total urine incontinence

20/12-87 operation: VVF-repair/rhaphy/elevation VVF 789

09/03-88 not leaking, incontinence \pm , normal miction healed, stress +

21/06-88 not leaking at all, no incontinence, normal miction

17/10-88 started to leak 2 wk ago following hifg fever/"miscarriage"
insp/ healed, total incontinence FOLEY Ch 16



8 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 120/70
10": 120/70
postoperation: 120/70

Pt 231

KATSINA

VVF 256

abd (katsina)

female

22 yr

15/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (2 alive), **multiple two** 0.2 cm 0 CS_vesicovaginal fistulas type I in front of mutilated cervix R, leaking of urine for 5 mth that started 5 days following CS b.c.o. obstructed last labor for 2 days, SB male, married 11 yr ago, not living at husband, no men struation since (VE: no uterus felt); drop foot R recovering
EUO/F 10 cm, F/"C" 0 cm

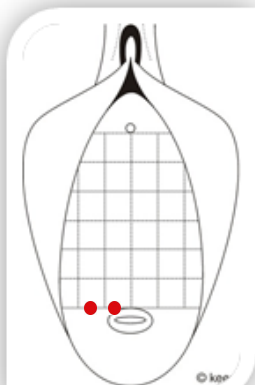
operation: CS_VVF-repair 2x

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissec tion of avw, sharp dissection of bladder from cervix, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

- 05.12.85 not leaking at all cath removed bladder drill
- 06.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 27.02.86 idem
- 01.07.86 not leaking at all, no incontinence, normal miction healed, no stress
- 14/10-87 **amenorrhhea for 3 mth** not leaking at all then aborted later
- 10/08-88 **amenorrhhea for 6 mth** not leaking at all



multiple fistulas

RR
 preanesthesia: 145/95 mm Hg
 5": 145/95
 10": 140/90
 postoperation: 140/90

lih (katsina)

female

17 yr

19/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 1 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine for 3 mth that started immediately following obstructed last labor for 3 days, SB male, married 7 yr ago, not with husband
EUO/F 5 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty graft R

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

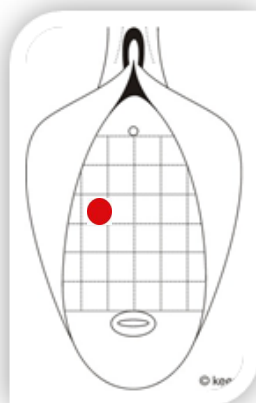
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

07.12.85 not leaking/labium healed cath removed bladder drill

08.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

04.03.96 idem

22.07.86 not leaking at all, no incontinence, normal miction healed, no stress

23/06-87 **amenorrhoea for 4 mth** uterus normal

1 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 130/75
postoperation: 110/70

hjm (katsina)

female

18 yr

19/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (1 alive), **very extensive** \pm 8 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 1 yr which started immediately following obstructed last labor for 2 days, SB male, married 7 yr ago, not living with husband
EUO/F 4 cm, F/C 0 cm

operation: bilateral ureters, UVVF-repair and fibrofatty graft R

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, bilateral ureter catheterization for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones which is difficult L, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of the angles to pubic bones, gv check, incision R labium majus, sharp dissection/ mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow
10.12.85 not leaking/labiumhealed cath removed bladder drill

04.03 +26.11.86 leaking since she went home insp/ same as before

29/08-87 operation: UVVF/urethra/graft/avw VVF 70505/11-87 not leaking at all, no incontinenc, normal miction
insp/ healed, no stress incontinence**new leakage total urine incontinence****30/07-88 operation: suprapubic suspension VVF 993****24/03-96 operation: colposuspension VVF 3465**

12.06.99 leaking & normal miction insp/ healed, stress ++



8 cm 0

RR

preanesthesia: 125/70 mm Hg

5": 125/70

10": 110/60

postoperation: 105/60

fmd (katsina) female 18 yr 22/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **extensive** \pm 6 cm 0 urethrovesicovaginal fistula and circumferential defect type **IIAb**, leaking urine for 1.5 yr which started immediately following obstructed labor of 3 days, SB female, married 3 yr ago, not at husband, scar tissue plate at vault, vagina stenosis, cervix not identified EUO/F 4 cm, F/"V" 0 cm

operation: bilateral ureters, UVVF-repair and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy with severing of stenosis, bilateral ureter catheterization for 25 cm, incision at fistula edge, sharp dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles to pubic bones, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow small bladder capacity

05.12.85 leaking/labiumhealed cath removed bladder drill

07.12 + 10.02 + 15.04.86 not leaking, incontinence +, normal miction stress ++

15/12-87 operation: rhaphy/elevation VVF 783

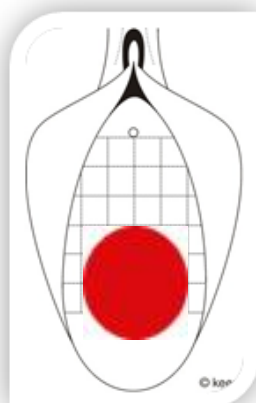
09/03-88 leaking insp/ stress incontinence ++

29/08-88 operation: urethroplasty/suprapubic elevation VVF 1034

10/01-90 not leaking, incontinence +, normal miction insp/ healed, stress ++

comes for **ba hanya** not for the incontinence**new obstetric leakage** ok until PIX (1 alive) SB male at home**01/10-97 operation: dilatation/urethrotomy VVF 3943****third leakage/second obstetric fistulas** ok until PXI (1 alive) sb male by cs**26/01-00 operation: UVVF-repair first stage VVF 4666****02/05-00 operation: CS_VCVF-"repair" second stage VVF 4764**

03/10-00 not leaking at all, no incontinence, normal miction healed, no stress



6 cm 0

RR
 preanesthesia: 130/80 mm Hg
 5": 130/75
 10": 125/70
 postoperation: 95/55

sbd (katsina)

female

19 yr

29/11-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 5 yr which started immediately following obstructed labor for 6 days, SB female, married 7 yr ago, not living with husband, severe vagina stenosis/shortening
EUO/F 3 cm, F/C 0 cm

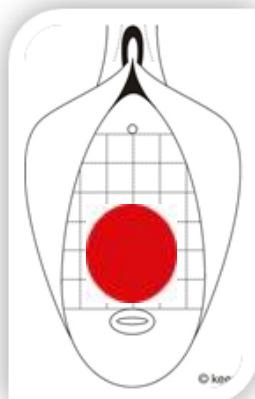
operation: R ureter, UVVF-repair and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, only R ureter identified/catheterized for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones/cervix, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones (ureter laterally), gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow
stenosed 6 cm deep vagina

18.12.85 incontinence/labium healed cath removed bladder drill
19.12.85 not leaking, incontinence +, normal miction healed, stress +
18/3-86 leaking insp/ healed, total urine incontinence
08.07.86 not leaking, incontinence +, normal miction healed, stress +
20.01.90 not leaking at all, no incontinence, normal miction healed, no stress
24/01-90 **operation: rectum repair_vaginoplasty VVF 1382**
05/01-93 everything ok insp/ functionally ok, cosmetically not nice
not leaking at all, stools ok **both** healed, good elevation, no stress



4 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 110/65
10": 100/60
postoperation: 115/70

iam (katsina)

female

25 yr

03/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **multiple three** \pm 0.2 cm, < 0.1 cm and 0.5 cm 0 urethrovesicovaginal fistulas R/midline/L type **IIAb**, leaking of urine for 3 yr which started immediately following obstructed labor for 3 days, SB female, married 11 yr ago, not living with husband, no menstruation since operation 1x (vaginal hysterectomy at repair)
EUO/F 3 cm UV-stricture

operation: UVVF-repair and fibrofatty graft R

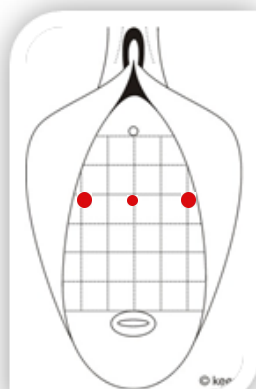
duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistulas, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20.12.85 not leaking/labium healed cath removed bladder drill

21.12 + 17.02.86 not leaking, incontinence, normal miction healed, stress +
17.03 + 19.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence vagina 7-8 cm deep



multiple fistulas

RR

preanesthesia: 130/85 mm Hg

5": 125/75

10": 125/75

postoperation: 115/70

asb (katsina) female 18 yr 03/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **extensive** \pm 6 cm 0 urethrovesicovaginal fistula and circumferential defect type **IIAb**, leaking urine for 14 mth which started immediately following obstructed labor for 2 days, SB male, married 5 yr ago, not living with husband; RVF healed

operation: UVVF-repair and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20.12 leaking/labium healed 06.01 leaking cath removed bladder drill

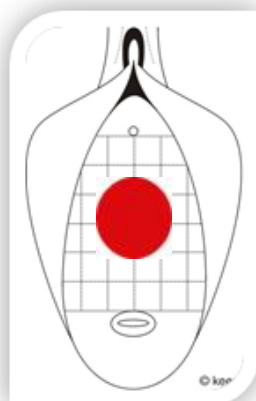
07.01 + 11.02 + 17.06.86 not leaking, incontinence ++, miction stress +++

16/12-86 operation: rhpahy_elevation VVF 495

25/02-87 not leaking at all, no incontinence, normal miction

insp/ ?avw defect or fistula? for ?repair? next month

28/03-88 **amenorrhea for 4 mth** not leaking at all, avw healed **instructions**



6 cm 0

RR

preanesthesia: 110/70 mm Hg

5": 100/60

10": 95/60

postoperation: 110/70

hs KADUNA city

female

25 yr

05/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVIII (5 alive), \pm 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**,
leaking urine for 3 mth which started immediately following obstructed last
labor for 1 day, SB female, married 15 yr ago, at husband still
EUO/F 4 cm, F/C 4 cm

operation: UVVF-repair and fibrofatty graft R

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

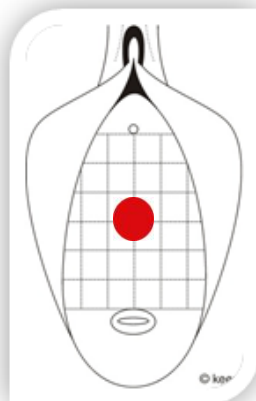
incision at fistula edge with bilateral transverse extensions, sharp dissec tion of avw,
FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic
catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty
tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad
over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut
1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20.12.85 not leaking/labium healed cath removed bladder drill

21.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.02.86 idem

05.05.86 not leaking at all, no incontinence, normal miction healed, no stress
??pregnancy??



2 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 115/75
postoperation: 105/70

hrt (katsina)

female

22 yr

09/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (2 alive), \pm 4 cm 0 urethrovesicovaginal fistula midline type **IIAa**,
leaking urine for 4 yr which started immediately following obstructed third
labor for 2 days, SB male, married 12 yr ago, no living with husband
EUO/F 4 cm, F/C 4 cm

operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw,
FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic
catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty
tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad
over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut
1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

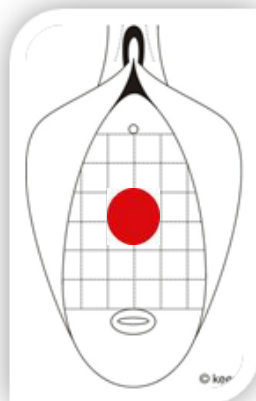
30.12.85 not leaking/labium healed cath removed

31.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.02.86 idem

22.04.86 not leaking at all, no incontinence, normal miction healed, no stress

19/11-86 **amenorrhoea for 6 mth** not leaking at all **instructions**



4 cm 0

RR
preanesthesia: 125/75 mm Hg
5": 120/75
10": 120/75
postoperation: 95/60

hsk (katsina)

female

15 yr

09/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: P0, **very extensive** \pm 6x4 cm urethrovesicovaginal fistula with hemato-colpos, leaking urine for 11 mth that started immediately following yankan gishiri by wanzami bco ba hanya, married 2 yr ago, not living with husband, no menstruation since surgery, vagina malformation, circular vagina contracture ring, bladder flush with fused avw/pvw
EUO/F 0 cm

operation: UVVF-repair, urethra, fibrofatty graft R and vaginoplasty

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, sharp opening of vagina at avw/pvw fusion, evacuation of tarry menstruation blood, sharp severing of 1.5 cm thick lateral vagina walls over 5-6 cm, ureters not identified, wide U incision, sharp dissection of avw, fibrosis ++, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free longitudinal urethra reconstruction with a transverse bladder closure by single layer of inverting chromic catgut 00, no gv check incision R labium majus, sharp dissection/ mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse_longitudinal avw closure using skin of episiotomies by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow vagina sufficient

02.01.86 not leaking/labium healed cath removed bladder drill

03.01 + 17.02.86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence **no** vagina

22.04.86 dilatation + ch 18 23.05 not leaking at all cath removed

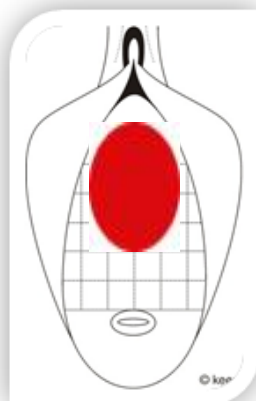
24.05 + 12.06 + 20.08.86 not leaking at all, no incontinence healed, no stress

09/08-87 operation: vaginoplasty**VVF 716**

28/10-87 insps/ very good result

14/10-93 not leaking at all, no incontinence, normal miction vagina ok

insp/ healed, good elevation, no stress incontinence



6x4 cm

RR

preanesthesia: 115/70 mm Hg

5": 110/60

10": 100/50

postoperation: 80/40

cgs (katsina)

female

21 yr

10/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 0.5 cm 0 urethrovesicovaginal fistula R type I, leaking urine for 7 yr which started immediately following CS bco obstructed first labor for 3 days, SB female, married 9 yr ago, not living with husband; operated 1x
EUO/F 4 cm, F/C 6 cm

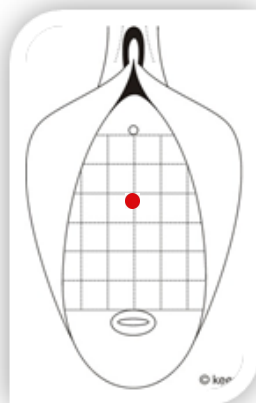
operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

31.12.95	not leaking/labium healed	cath removed	bladder drill
02.01.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
09.04.86	not leaking at all, no incontinence, normal miction		healed, no stress



0.5 cm 0

	RR
preanesthesia:	125/70 mm Hg
5":	110/60
10":	105/60
postoperation:	90/50

hsg (katsina) female 15 yr 10/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula fixed onto symphysis type **IIAb**, leaking urine for 8 mth which started immediately following obstructed labor of 2 days, SB male, married 2 yr ago, not living with husband, no menstruation; passing of stools pv stopped 1 mth ago, pvw stricture/vagina shortening, cervix not identified
EUO/F 3 cm

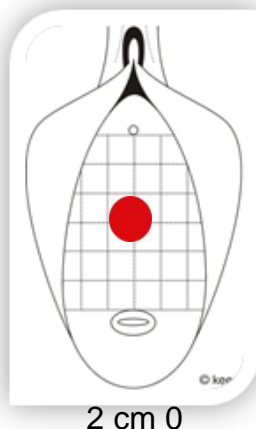
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

23.12.85 cath out x 1 day/labium healed not leaking at all
24.12.85 not leaking at all, no incontinence, normal miction
insp/ healed, stress incontinence \pm vagina contracted
24.03.86 not leaking at all, no incontinence, normal miction healed, stress \pm



RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 130/80
postoperation: 110/70

Pt 243
Pt 85

KATSINA
early sex

VVF 268
VVF 94

rytb (katsina) female 20 yr 12/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: **new sex-induced** or residual \pm 0.5 cm vesicovaginal fistula midline after repair on 21/2-85; completely ok until 2,5 mth after repair leaking for 5 mth
EUO/F 7 cm, F/C 0 cm

operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

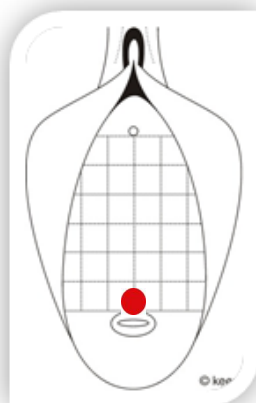
fistula demonstrated by gv, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw/cervix adaptation by chromic catgut 1/5, vagina pack; free urine flow

06.01.86 not leaking at all cath removed bladder drill

07.01.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.02 + 07.04.86 idem

28.07.86 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 120/80 mm Hg
5": 120/80
10": 110/70
postoperation: 110/70

dsw (Katsina) female 22 yr 13/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **very extensive** \pm 8 cm 0 urethrovesicovaginal fistula with a circumferential defect, leaking urine for 8.5 yr which started immediately following CS bco obstructed labor for 3 days, male SB, married 10 yr ago, not living with husband, operated 1x for VVF/RVF (NB ureterosigmoidostomy!!) and unsuccessful RVF-repair 2/5-85
EUO/F 3 cm, F/C 0 cm

operation: UVVF-repair, fibrofatty graft R and avw reconstruction

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, both ureters identified but blocked R at 3-4 and L at 5-6 cm (**no** urine!!), an incision at fistula edge, sharp dissection of avw/ lateral vagina walls, sharp dissection of bladder from pubic bones/cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, no gv check, incision R labium majus, sharp dissection/ mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by bilateral flaps from both labia by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; no urine thru FOLEY catheter

NB previous repair must have been urinary inversion into bowels since:

- a both ureters blocked and no urine flow
- b no urine from FOLEY after 3000 ml iv fluids
- c urine from vagina (RVF) and anus
- 4 always diarrgeic stools
- 5 lower abdominal operation scar

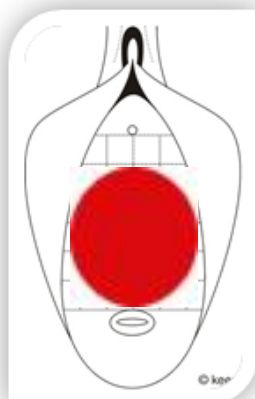
08/02-86 passing diarrheic stools per vaginam/anum
insp/ repair intact diarrheic stool from posterior fornix

01.09.87 operation: rvf-repair **rvf 47**

13.04.88 no stools pv urine pa at night insp/ **both** healed

23.03.05 operation: sphincter ani rhapsy **RVF** **VVF 6434**

25.04.05 not leaking urine thru anus at night insp/ sphincter tight



8 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 125/75
10": 125/75
postoperation: 125/75

gig (katsina)

female

35 yr

17/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PV (2 alive), \pm 5x3 cm urethrovesicovaginal fistula type **IIAb**, leaking of urine for 15 yr that started 14 days following obstructed third labor for 3 days, SB male, married 20 yr ago, not with husband
EUO/F 4 cm, F/C 2 cm

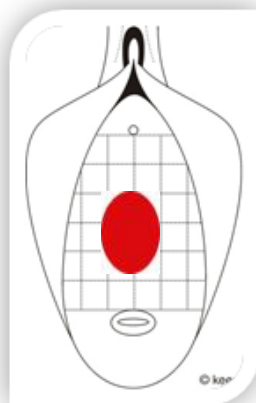
operation: UVVF-repair and fibrofatty graft R

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, very small fibrotic bladder capacity, tension-free transverse closure by single layer of inverting chromic catgut 1/5, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

06.01.86	?leaking?/labium healed	cath removed	bladder drill
07.01.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
01.04.86	idem		
24.06.86	not leaking at all, no incontinence, normal miction		healed, no stress



5x3 cm

	RR
preanesthesia:	160/80 mm Hg
5":	140/70
10":	140/70
postoperation:	80/40 pt ok

hmi (katsina)

female

20 yr

23/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 0.5 cm 0 urethrovesicovaginal fistula R lungu type **IIAb**, leaking urine for 5 yr which started immediately following obstructed first labor for 2 days, SB female, married 7 yr ago, not living with husband; operated 1x
EUO/F 3 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

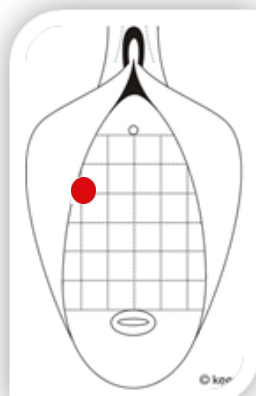
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue +, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

14.01.86 not leaking/labium healed cath removed bladder drill

15.01.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.02 + 17.04.86 idem

15.07.86 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 115/60
10": 110/60
postoperation: 110/60

ahd (katsina) female 18 yr 24/12-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 1 yr which started immediately following obstructed labor for 4 days, SB male, married 4 yr ago, not living with husband; bilateral drop foot recovering, pwv stricture, healed "sphincter ani rupture"
EUO/F 4 cm, F/C 3 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by a single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure with chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

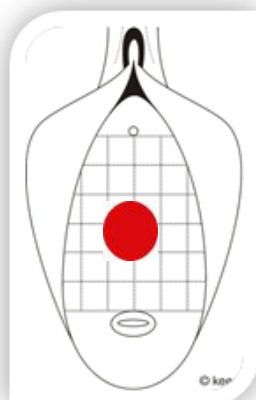
14.01.86 not leaking/labium healed cath removed bladder drill

15.01 + 25.02 + 14.03.86 not leaking, incontinence +, miction healed, stress +

22.04..86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

14.06.86 not leaking at all, no incontinence, normal miction healed, no stress

02/02-88 **amenorrhea for 4 mth** not leaking at all **instructions**

3 cm 0

RR

preanesthesia: 150/85 mm Hg

5": 150/75

10": 125/75

postoperation: 120/70

zmg (jigawa)

female 17 yr

07/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), **multiple two** \pm 0.5 cm 0 urethrovesicovaginal fistulas R/L type **IIAb**, leaking urine for 2 yr which started immediately following CS bco obstructed first labor for 2 days, SB male, married 4 yr ago, not living with husband; operated 2x
EUO/F 3 cm, F/C 4 cm

operation: UVVF-repair and fibrofatty graft R

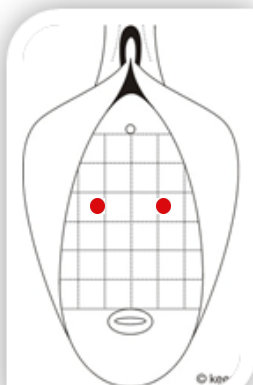
duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse and longitudinal extensions, difficult sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

25.02.86 not leaking/labium healed cath removed bladder drill
26.02.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
11.03 + 19.05.86 idem
05.11.86 not leaking at all, no incontinence, normal miction healed, no stress

second obstetric fistula PIII (1 alive) in hosp vaginally live male **cath 62**
01/11-88 operation: urethralization_suspension VVF 1093
20/04-89 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



multiple fistulas

RR
preanesthesia: 125/80 mm Hg
5": 120/80
10": 120/75
postoperation: 105/60

rgyy (katsina)

female

22 yr

10/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (3 alive), \pm 1 cm 0 CS_ vesicocervicovaginal fistula type I, leaking urine for 1.5 yr which started immediately following CS bco obstructed last labor for 1 day, live male, married 9 yr ago, not living with husband
EUO/F 10 cm, F/C 0 cm

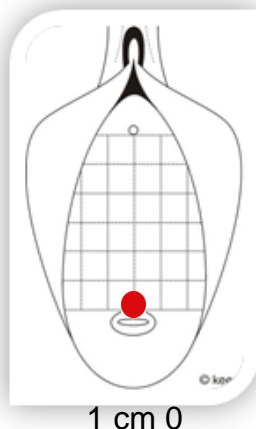
operation: CS_VCVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by double layer of inverting chromic catgut 00, gv check, transverse avw/ cervix closure by chromic catgut 1/5, vagina pack; free urine flow

28.02.86 not leaking at all cath removed bladder drill
01.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
14.03.86 idem
12.06.86 not leaking at all, no incontinence, normal miction healed, no stress



RR
preanesthesia: 130/85 mm Hg
5": 110/70
10": 110/70
postoperation: 90/60

sgm (rép niger)

female

30 yr

10/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (4 alive), \pm 0.5 cm 0 urethrovesicovaginal fistula midline type **IIAa** leaking urine for 2 yr which started immediately following obstructed last triplet labor for 1 day, one SB female and two SB male, married 20 yr ago, not living with husband
EUO/F 4 cm, F/C 7 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.02.86 not leaking/labium healed cath removed bladder drill

01.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

14.03.86 idem

01.07.86 not leaking at all, no incontinence, normal miction healed, no stress

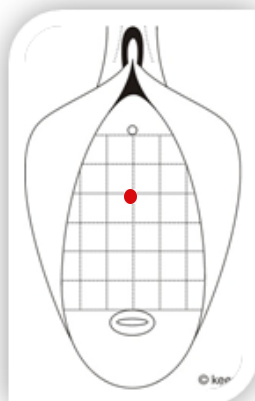
08.01.87 **new fistula for 3 wk** ?following high fever? or ??delivery??

08/06-87 operation: VVF-repair

vvf 623

23/12-87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

06/04-89 aborted at home at 5 mth not leaking at all



0.5 cm 0

RR

preanesthesia: 125/75 mm Hg

5": 120/75

10": 120/70

postoperation: 100/60

Pt 251

KATSINA

VVF 277

hlt (rép niger)

female

17 yr

11/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, ± 1x0.5 cm urethrovesicovaginal fistula type **IIAa**, leaking urine for 11 mth which started 7 days following an obstructed labor for 2 days, SB male, married 2 yr ago, not living with husband, pwv stricture EUO/F 4 cm, F/C 6 cm

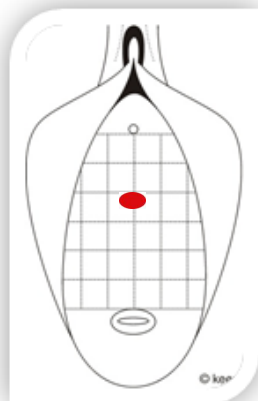
operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

- 28.02.86 not leaking/labium healed cath removed bladder drill
- 01.03.86 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence
- 25.03.86 not leaking at all, no incontinence, normal miction healed, no stress
- 18/05-92 not leaking, no incontinence, normal miction **??pregnancy??** insp/ healed, no stress incontinence



1x0.5 cm

RR
 preanesthesia: 125/75 mm Hg
 5": 125/75
 10": 125/75
 postoperation: 95/60

tab (katsina) female 22 yr 11/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula at L with an impacted stone type **IIAb**, proximal rectovaginal fistula, leaking urine/passing of stools pv for 8 yr which started immediately following obstructed labor of 2 days, SB male, married 11 yr ago, not living with husband; operated 3x, normal menstruation, cervix not identified
EUO/F 3 cm, F/V 5 cm

operation: stone removal, UVVF-repair and fibrofatty graft L

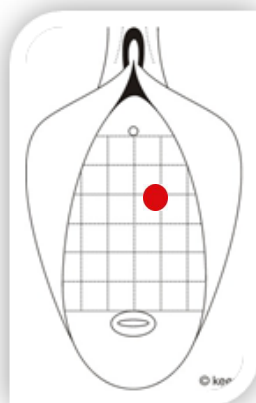
duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, stone removal, sharp dissection of avw, scar tissue +++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.02 + 11.03 not leaking/labium healed cath removed bladder drill
12.03 + 24.04 + 23.05.86 not leaking, incontinence ++ total urine incontinence

06/10-87 operation: elevation VVF 751
05/12-87 not leaking, incontinence +, normal miction healed, stress +



1 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/70
10": 115/65
postoperation: 115/65

bnmm (katsina) female 30 yr 12/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: residual \pm 1 cm 0 vesicovaginal fistula at L cervix following repair 5/3-85
EUO/F 8 cm, F/C 0 cm

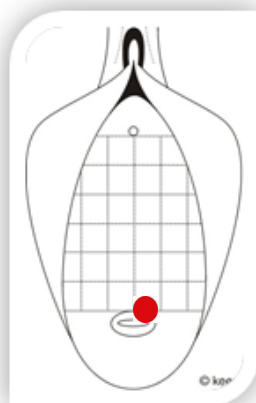
operation: VVF-repair

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw from bladder_graft, a sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check; no leakage but spilling, fixation of f_f graft over repair, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

28.02 leaking 11.03 not leaking at all cath removed bladder drill
 12.03.86 not leaking, incontinence \pm , normal miction
 insp/ healed, stress incontinence \pm
 24.04 + 14.07.86 idem
 19.11.86 fistula

01.04.87 operation: vvf-repair**vvf 596**

1 cm 0

RR
 preanesthesia: 125/85 mm Hg
 5": 110/70
 10": 100/60
 postoperation: 90/60

Pt 253

KATSINA

VVF 280

lik (rép niger)

female

32 yr

13/02-86

surgeon: Kees WAALDIJK

assistant: Abullahi HARUNA

diagnosis: PV (2 alive), ± 6x2 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 7 yr which started immediately following obstructed last labor of 2 days, SB male, married 20 yr ago, not living with husband; 1x operated EUO/F 0 cm, F/C 5 cm

operation: UVVF-repair, urethra reconstruction and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision at fistula edge, sharp dissection of avw, FOLEY Ch 18, tension-free longitudinal closure with urethra reconstruction by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

11.03.86 not leaking/labium healed cath removed bladder drill

12.03.86 not leaking, incontinence ±, normal miction
insp/ healed, stress incontinence +

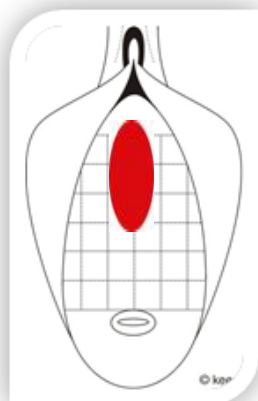
15.04.86 idem

01.07.86 not leaking, incontinence ±, normal miction healed, stress +

second obstetric leakage completely ok until PVI (2 alive) sb male at home

19/02-94 operation: colposuspension vvf 2633

05/12-94 not leaking at all, no incontinence, normal miction
insp/ healed, moderate elevation, no stress incontinence



6 x 2 cm

RR

preanesthesia: 120/80 mm Hg

5": 110/70

10": 110/70

postoperation: 110/70

started with more secure avw closure

hab (katsina) female 20 yr 13/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1.5 cm 0 vesicovaginal fistula midline, leaking urine for 1.5 yr which started immediately following obstructed labor of 3 days, SB female, married 7 yr ago, not living with husband
EUO/F 10 cm, F/C 0 cm

operation: VVF-repair

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check: spilling, transverse avw closure by chromic catgut 1/5, skin closure, vagina pack; free urine flow

28.02.86 not leaking at all cath removed bladder drill

01.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

20.03 + 23.05.86 idem

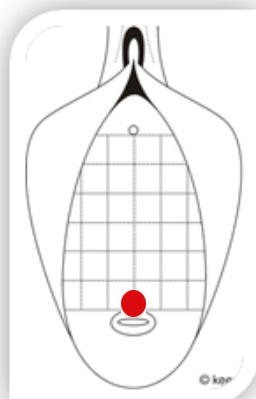
12.08.86 not leaking at all, no incontinence, normal miction healed, no stress

06/07-87 **amenorrhea for 6 mth** not leaking at all **instructions**

second obstetric fistula completely ok until PVIII (2 alive) sb female in hosp

09/09-99 **operation: UVVF-repair** **VVF 4557**

26/02-00 not leaking, incontinence \pm , normal miction **bladder drill**
insp/ healed, moderate elevation, stress incontinence \pm



1.5 cm 0

RR
preanesthesia: 120/75 mm Hg
5": 110/65
10": 105/65
postoperation: 100/60

hsk (katsina)

female

18 yr

14/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), \pm 5x2 cm urethrovesicovaginal fistula type **IIAb**, leaking urine for 3 yr which started immediately following obstructed labor for 2 days, SB female, married 5 yr ago, not living with husband; operated 1x EUO/F 0 cm, F/C 6 cm

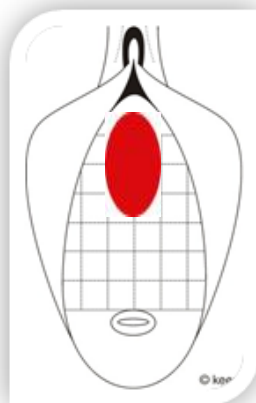
operation: UVVF-repair, urethra reconstruction and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free longitudinal closure with urethra reconstruction by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

11.03.86 not leaking/labium healed cath removed bladder drill

12.03 + 25.03.86 not leaking, incontinence \pm , miction healed, stress \pm 18/11-86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

5x2 cm

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 125/70
postoperation: 120/70

ladm (katsina)

female

20 yr

14/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), \pm 4 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 3 yr which started immediately following obstructed first labor for 1.5 days, SB female, married 5 yr ago, not with husband; 4 cm avw defect with 2 cm bladder defect
EUO/F 5 cm, F/C 1 cm

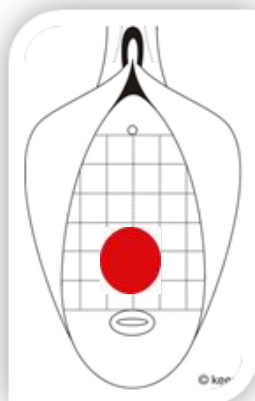
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/ mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

04.03.86 not leaking/labium healed cath removed bladder drill
05.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
20.03 + 26.05.86 idem
06.08.86 not leaking at all, no incontinence, normal miction healed, no stress
28.11.86 **incomplete abortion** digital evacuation performed
05/01-87 not leaking at all, no incontinence, normal miction healed, no stress
06/10-90 **amenorrhea for 6 mth** not leaking at all **instructions**
11.06.94 secondary amenorrhea since she delivered in mh katsina



4 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 120/70
10": 110/65
postoperation: 95/60

yankan gishiri urethra loss/obstetric fistula

rImm (katsina) female 20 yr 17/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, **extensive multiple two** \pm 4x1.5 cm urethrovesicovaginal fistula and \pm 3 cm 0 vesicovaginal fistula type **IIBa**, leaking urine for 5 yr which started immediately following yankan gishiri by wanzami as she did not want to have sex with husband (ba hanya), obstructed labor 3 yr ago for 1 day, live male, married 7 yr ago, not living with hus band; operated 2x; **bladder neck closed**
EUO/F 0 cm, F/F 5 cm, F/C 0 cm

operation: ureters, VVF-repair, urethra and fibrofatty graft R

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse and longitudinal extensions with wide U incision, sharp dissection of avw, sharp dissection of bladder, bilateral ureter catheterization for 25 cm, FOLEY Ch 16, tension-free transverse bladder closure and longitudinal urethra reconstruction by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, inverted Y avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

doubtful as scar tissue +++ blood loss \pm 300 ml

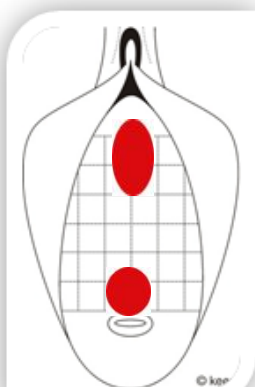
26.03 + 01.04.86 not leaking/labium healed cath removed bladder drill

02.04.86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

17.06.86 idem

14.08.86 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 150/90 mm Hg
5": 150/90
10": 150/90
postoperation: 120/70

hjdk (katsina) female 18 yr 17/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula at L type I, leaking urine for 2 yr which started immediately following obstructed labor for 2 days, SB male, married 5 yr ago, not living with husband; successful proximal RVF-repair 1 yr ago; cervix_uterus not identified
EUO/F 12 cm, F/"C_remnants" menstruated only 1x since

operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

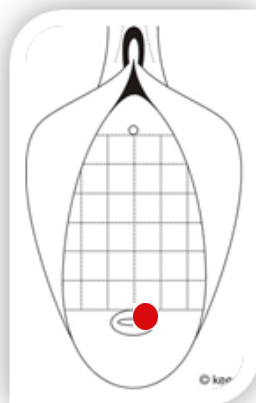
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

11.03.86 not leaking at all cath removed bladder drill

12.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

25.05.86 idem

25.07.86 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 140/85 mm Hg
5": 130/80
10": 125/70
postoperation: 120/70

Pt 259

KATSINA

VVF 286

maf (katsina)

female

20 yr

17/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **multiple two** ± 0.2 cm 0 urethrovesicovaginal fistulas midline/L type **IIAb** with ± 4x2x1.5 cm bladder stone, leaking urine for 6 yr which started immediately following obstructed labor of 3 days, SB male, married 8 yr ago, not living with husband; pvw stricture, operated 1x, vagina stenosis/shortening
EUO/F 1.5 cm, F/C 5 cm

operation: stone removal, UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R with severing of stricture, transverse incision thru fistulas, sharp dissection of avw, making one fistula, removal of stone, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

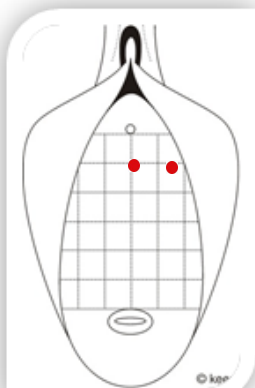
10.03.86 balloon in fistula; pull on cath removed 03.05 fistula

08/07-86 operation: L ureter/urethra/graft/avw VVF 420
extensive fistula

31/08-87 operation: R ureter/urethra/avw VVF 708
nb pat removed and ureter and foley catheter herself

18/04-89 operation: R ureter/urethra/avw VVF 1168

10.05.89 leaking insp/ breakdown ??what is wrong??



multiple fistulas

RR
preanesthesia: 120/70 mm Hg
5": 110/70
10": 110/70
postoperation: 110/70

**elevation by levator ani sling; pubococcygeus muscle
post large IIAb repair
development of incontinence surgery**

har (katsina) female 26 yr 18/02-85

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: total urine stress incontinence grade III, leaking urine whilst lying/sitting/standing/walking after repair 24/06-85

operation: elevation of bladder neck/UV-junction/urethra & vaginoplasty

duration: 80

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R with severing of pwv stricture, longitudinal median incision from EUO to cervix edge with bilateral transverse extensions at cervix, sharp dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 18, preparing 6x4 cm sling from levator ani muscle R, transverse tight fixation of this sling onto L pubic bone/levator ani musculature, no leakage/no spilling on gv check not even on cough, avw closure by chromic catgut 1/5, vaginoplasty by suturing skin rotation flap from R buttock into episiotomy R, direct skin closure, vagina pack; free urine flow

04.03.86 not leaking, wound dehiscent cath removed bladder drill
11.03 + 12.04 + 24.06.86 not leaking, incontinence +, miction healed, stress+
06/08-86 not leaking, incontinence ++, normal miction healed, stress ++
bladder drill

05.11.88 operation: rhaphy + elevation vvf 1100

RR
preanesthesia: 140/80 mm Hg
5": 140/75
10": 140/75
postoperation: 130/70

saf (katsina)

female

21 yr

18/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.2 cm 0 vesicovaginal fistula midline type I, leaking urine for 4 yr which started 2 days following obstructed labor of 3 days, SB male, married 6 yr ago, not living with husband
EUO/F 8 cm, F/C 4 cm

operation: VVF-repair

duration: 25 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistula, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer and purse string suture of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 00, vagina pack; free urine flow

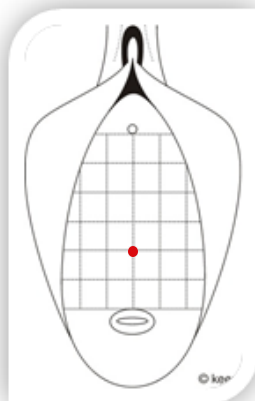
11.03.86 not leaking at all cath removed bladder drill

12.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

26.03.86 idem

02.06.86 not leaking, no incontinence, normal miction healed, no stress

01/09-87 **amenorrhea for 4 mth** not leaking at all **instructions**



0.2 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 125/70

sar (katsina)

female

16 yr

18/02-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula at R type I, leaking urine of 6 mth which started immediately following CS bco obstructe labor of 1 day, SB male, married 2 yr ago, not living with husband
EUO/F 7 cm, F/C 4 cm

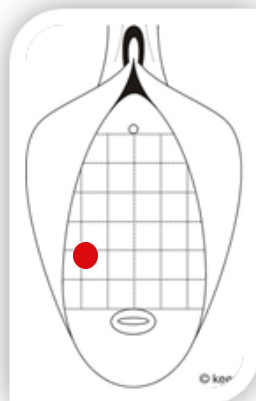
operation: VVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

11.03.86	not leaking/labium healed	cath removed	bladder drill
12.03.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
25.03.86	idem		
26.05.86	not leaking at all, no incontinence, normal miction		healed, no stress
03.12.86	amenorrhea for 3 mth	not leaking at all	instructions



1 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 140/80
postoperation: 120/70

hij (katsina)

female

18 yr

19/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **multiple two** \pm 0.2 cm 0 urethrovesicovaginal fistulas type **IIAa**, leaking urine for 4 yr which started immediately following obstructed labor for 2 days, SB male, married 6 yr ago, not living at husband; operated 1x, no menstruation since delivery
EUO/F 3.5 cm, F/C 6 cm slight-moderate vagina shortening

operation: UVVF-repair 2x and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

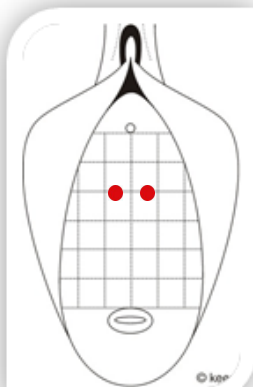
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

11.03.86 not leaking/labium healed cath removed bladder drill

12.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

26.03 + 26.05.86 idem

03.11.86 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR

preanesthesia: 145/80 mm Hg

5": 145/80

10": 140/80

postoperation: 120/80

mkmk (katsina) female 18 yr 19/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect **IIAb**, distal rectovaginal fistula, leaking urine/passing diarrheic stools pv for 4 yr which started immediately following obstructed labor for 3 days, SB male, married 6 yr ago, still living with husband, vagina stenosis/ shortening EUO/F 3 cm, F/"C"V 5 cm

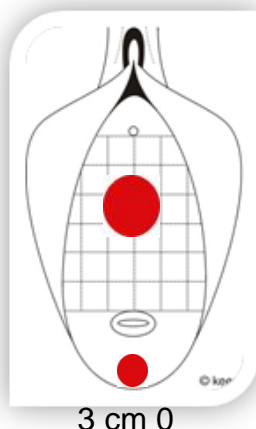
operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow for widening vaginoplasty during RVF-repair

11.03.86	not leaking/labium healed	cath removed	bladder drill
12.03.86	not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence		
25.03.86	idem		
26.05.86	not leaking at all, no incontinnece, normal miction stools ok	rvf	healed, no stress



	RR
preanesthesia:	130/80 mm Hg
5":	125/80
10":	125/80
postoperation:	115/75

zikd (katsina)

female

16 yr

19/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 2x1 cm urethrovesicovaginal fistula type **IIAa**, leaking urine for 4 mth which started immediately following obstructed labor for 3 days, SB male, married 2 yr ago, not living at husband, vagina stenosis
EUO/F 3 cm, F/C 8 cm

operation: UVVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

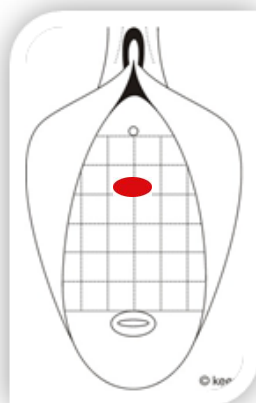
median episiotomy, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of the angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

11.03.86 not leaking/labium healed cath removed bladder drill

12.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

26.03 + 26.05.86 idem

05.11.86 not leaking at all, no incontinence, normal miction healed, no stress

15/09-87 **amenorrhea for 3 mth** not leaking at all **instructions**

2x1 cm

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 95/60

mugmd (katsina)

female

15 yr

20/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect **IIAb**, leaking urine for 6 mth which started immediately following obstructed labor for 2 days, SB male, married 3 yr ago, not living with husband, pvw stricture at R
EUO/F 2 cm, F/C 8 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

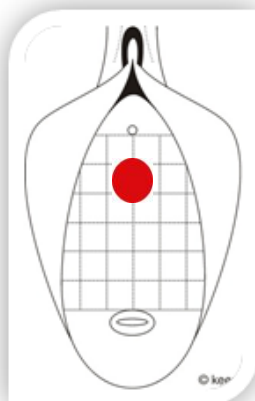
severing of stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 22, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

12.03.86 not leaking/labium healed cath removed bladder drill

13.03 + 26.03 + 03.06.86 not leaking, incontinence $\pm\pm$, normal miction
insp/ healed, stress incontinence \pm

06/01-88 **new leakage** insp/ total urine incontinence**?pat delivered?****09/02-88 operation: rhaphy/elevation****VVF 850**16/03-88 not leaking, incontinence \pm , normal miction

insp/ ?healed?



3 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 110/60
10": 100/55
postoperation: 100/55

blb (katsina)

female

20 yr

21/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (1 alive), \pm 3 cm vesicovaginal fistula at R type **IIAa**, leaking urine for 3 yr which started immediately following obstructed 2nd labor for 3 days, SB male, married 8 yr ago pre(menarche 1 yr later), still at husband EUO/F 5 cm, F/C 1 cm 143.0 cm

operation: VVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

25.02 cath out/reinserted 12.03 not leaking/labiumhealed cath removed
 13.03 + 27.05.86 not leaking, incontinence \pm , normal miction healed, stress \pm
 29/07-86 not leaking, incontinence \pm , normal miction **amenorrhea 4 mth**
 13.11.86 **fundus 32 wk instructions**
 27/03-87 **PIII (2 alive)** delivered 1 mth ago **at home** a live male not leaking at all

second obstetric fistula completely ok until PIV (1 alive) sb female in hospital

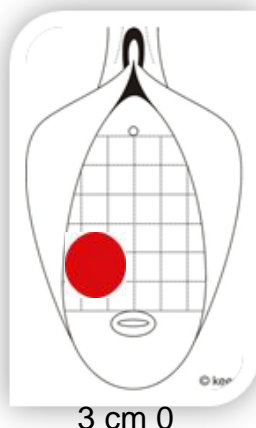
05/05-93 operation: VVF-repair VVF 2285

27/11-93 not leaking at all, no incontinence, normal miction
 insp/ healed, good elevation, no stress incontinence

third obstetric fistula completely ok until PV (1 alive) sb female at home

05/07-97 operation: VVF-repair VVF 3879

30.12.97 not leaking at all, no incontinence, normal miction
 insp/ healed, good elevation, no stress incontinence



RR
 preanesthesia: 130/85 mm Hg
 5": 130/85
 10": 125/85
 postoperation: 110/70

raj (katsina)

female

16 yr

21/02-86

surgeon: Kees WAALDIJK

assistant: Abullahi HARUNA

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, rectovaginal fistula with sphincter ani rupture, leaking urine/passing stool pv for 1 yr which started immediately following obstructe labor for 5 days, SB male, married 3 yr ago, not living with husband
EUO/F 3 cm, F/C 8 cm

operation: UVVF-repair and fibrofatty graft R

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

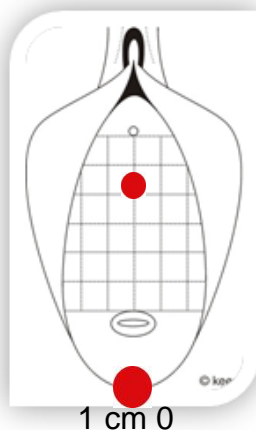
incision at fistula edge with bilateral transverse extensions, sharp dissec tion of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

11.03.86 not leaking/labium healed cath removed bladder drill

12.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

25.03.86 idem

17.06.86 not leaking at all, no incontinence, normal miction healed, no stress

02.12.86 operation: rectum closure/sphincter ani repair rvf 4105/06-89 **amenorrhea for 4 mth** not leaking at all, stools ok **instructions**
nsp/ **both** healed

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/75
postoperation: 100/60

hak (katsina)

female

22 yr

25/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (1 alive), \pm 3x2 cm vesicovaginal fistula midline type I, leaking urine for 10 mth which started immediately following obstructed last labor for 5 days, SB male, married 10 yr ago, not living with husband
EUO/F 7 cm, F/C 2 cm

operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

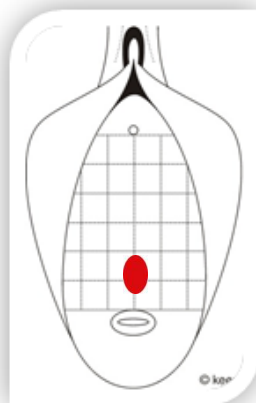
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

13.03.86 not leaking at all cath removed bladder drill

14.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

26.03.86 idem

08.05.86 not leaking at all, no incontinence, normal miction healed, no stress



3x2 cm

RR
preanesthesia: 115/65 mm Hg
5": 110/65
10": 110/65
postoperation: 100/60

hbt (rép niger)

female

20 yr

25/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (1 alive), \pm 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr which started 7 days following obstructed last labor for 4 days, live male, married 7 yr ago, still at husband
EUO/F 10 cm, F/C 0 cm

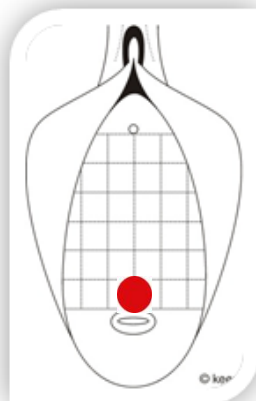
operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

13.03.86 not leaking at all cath removed bladder drill
14.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
26.03 + 15.05.86 idem
05.11.86 not leaking at all, no incontinence, normal miction healed, no stress
15/12-87 **PV (2 alive) at home** 3 mth ago live female not leaking at all



2 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 120/75
postoperation: 95/55

zyk (katsina)

female

22 yr

26/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 0.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 5 yr which started immediately following obstructed labor for 4 days, SB male, marrie 6 yr ago, not living at husband; operated 1x, pvw stricture
EUO/F 5 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

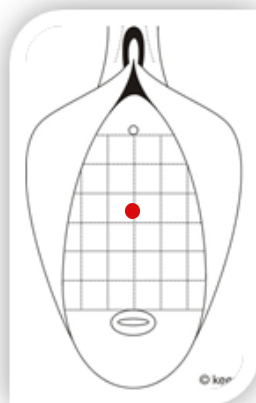
incision at fistula edge with bilateral transverse extensions, a difficult sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

12.03.86 not leaking/labium healed cath removed bladder drill

14.03.86 not leaking at all, no incontinec, normal miction
insp/ healed, no stress incontinence

28.03.86 idem

01.07.86 not leaking, no incontinence, normal miction healed, no stress



0.5 cm 0

RR

preanesthesia: 130/75 mm Hg

5": 130/75

10": 130/75

postoperation: 125/75

Pt 271
Pt 23

KATSINA

VVF 299
RVF 29

hhdg (katsina) female 30 yr 26/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVIII (2 alive), \pm 3 cm 0 urethrovesicovaginal fistula type **IIAb**, \pm 2 cm 0 rectovaginal fistula, leaking urine/passing stools pv for 4 yr which started immediately following obstructed last labor of 2 days, SB male, married 20 yr ago, not living with husband, no menstruation since; severe 1 cm 0 circular vagina stricture
EUO/F 4 cm, I/F 6 cm

operation: RVF-repair and UVVF-repair

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, **dilution of stool pollution**, incision at RVF edge, sharp dissection of pvw whereby peritoneum opened, tension-free transverse rectum closure by single layer of inverting chromic catgut 1/5, uterus/cervix identified, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, no gv check, bilateral fixation of uterus onto pc musculature, closure of peritoneum, transverse avw closure by chromic catgut 1/5, skin closure, pack; free urine flow

09.03 gastroenteritis iv fluids 07.04.86 leaking cath removed

08.04 + 08.05 + 17.06 leaking urine/stools ok insp/ RVF **healed**, 0.5 cm 0 VVF
13.07.87 urine retention dilatation of UV-stricture small fistula

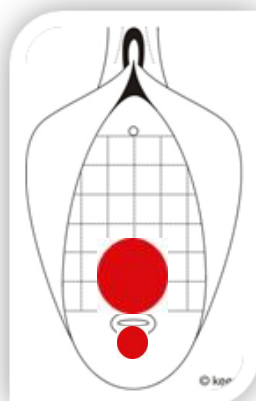
14/07-88 operation: UVVF-"repair" VVF 973

25.08.88 leaking & miction healed, stress +

second obstetric leakage completely ok until PX (2 alive) sb female at home

12/06-94 operation: dilatation_urethrotomy VVF 2769

27/07-94 insp/ still UV-stricture



3 cm 0

RR
preanesthesia: 150/75 mm Hg
5": 150/75
10": 150/75
postoperation: 80/40

dat (rép niger)

female

32 yr

27/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIX (2 alive), \pm 1 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine for 1 yr which started immediately following obstructed last labor for 3 days, in hospital SB female, married 20 yr ago not living with husband, no menstruation since, some vagina surgery done in hospital, cervix not identified
EUO/F 4 cm, F/V 3 cm

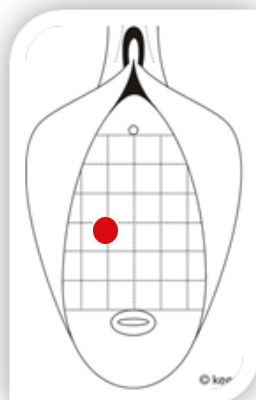
operation: UVVF-repair, fibrofatty graft R and cervix reconstruction

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, RE: uterus, incision at vault, blunt dissection of cervix, opening of cervix, sound into uterus cavity, avw/pvw closure onto anterior/posterior cervix, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

18.03.86	not leaking/labium healed	cath removed	bladder drill
19.03.86	not leaking at all, no incontinence, normal miction insp/	healed, no stress incontinence	
02.04 + 18.06.86	idem		
06.08.86	not leaking at all, no incontinence, normal miction		healed, no stress



1 cm 0

	RR
preanesthesia:	120/70 mm Hg
5":	120/70
10":	120/70
postoperation:	100/60

auk (katsina)

female

23 yr

27/02-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula with circumferential defect **IIAb**, leaking urine for 8 yr that started immediately following obstructed labor for 4 days, SB male, married 10yr ago, not living with husband, no menstruation since; operated 2x, skin graft previous repair as hymen with 1 cm opening
EUO/F 2 cm, F/"C" 2 cm, AB/AU 3 cm

operation: UVVF-repair, fibrofatty graft R and vaginoplasty

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw whereby istal urethra traumatized (?oe was it already so?), only 0.5 cm left, sharp dissection of bladder from cervix (it can be felt), FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles to pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, widening vaginoplasty by suturing skin flap from previous repair into R episiotomy and by suturing skin rotation flap from L buttock into L episiotomy, closure R labium, pressure pad, skin closure, vagina pack; free urine flow vagina broad and 7-8 cm deep

10.03 cath block/changed 01.04 leaking \pm /labium healed cath removed
01.04 + 17.04 + 19.05.86 leaking healed, total urine incontinence vagina ok

22/03-87 operation: lengthening urethroplasty**VVF 585**

24/06-87 not leaking whilst lying, otherwise leaking

insp/ neourethra healed, stress incontinence ++



4 cm

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
postoperation: 85/50

hym (rép niger)

female 26 yr

28/02-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVI (2 alive), \pm 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 4 yr which started immediately following obstructed last labor for 2 days, SB female, married 15 yr ago, not living with husband; operated 1x EUO/F 8 cm, F/C 1 cm

operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

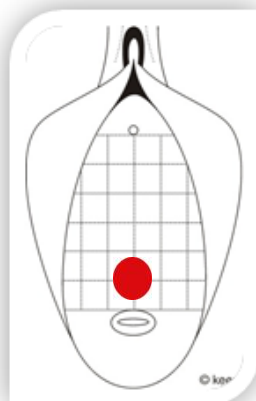
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, difficult sharp dissection of bladder from cervix, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

18.03.86 not leaking at all cath removed bladder drill

19.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

02.04 + 26.05.86 idem

03.11.86 not leaking at all, no incontinence, normal miction healed, no stress

second obstetric fistula completely ok until PVII (3 alive) live female in hospital**10/01-92 operation: VVF-repair****VVF 1827**01/06-92 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence

2 cm 0

RR
 preanesthesia: 140/80 mm Hg
 5": 140/80
 10": 135/75
 postoperation: 130/70

ctgt (katsina) female 16 yr 01/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula at midline/R type **IIAa**, leaking urine for 2 yr which started 10 days following obstructed labor of 2 days, SB female, married 4 yr ago, not living with husband
EUO/F 5 cm, F/C 7 cm **??pregnancy of 1 mth??**

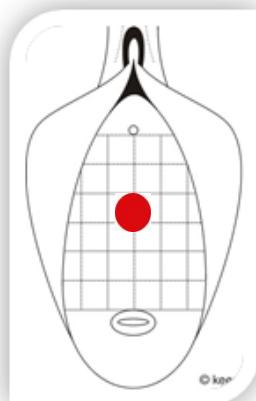
operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

18.03.86 not leaking/labium healed cath removed bladder drill

19.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence07.04.86 not leaking at all healed, no stress **fundus 10 wk instructions**19.02.87 **PII (0 alive)** delivered 4 mth ago **at home** sb female not leaking at all

2 cm 0

RR
preanesthesia: 140/70 mm Hg
5": 130/70
10": 120/65
postoperation: 120/65

rsw (katsina)

female

20 yr

04/03-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIII (0 alive), \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr which started immediately following obstructed labor for 7 days, SB male, married 7 yr ago, still living with husband
EUO/F 10 cm, F/C 1 cm

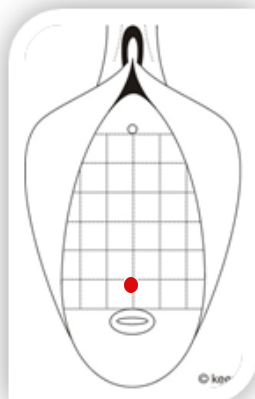
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

18.03.86 not leaking at all cath removed bladder drill
19.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
02.04.86 idem
02.06.86 not leaking, no incontinence, normal miction healed, no stress
05.11.86 **amenorrhea for 6 mth** not leaking at all **instructions**
01/04-92 delivered 2x live male **at home** who died 1 resp 2 yr later
now **amenorrhea for 5 mth** not leaking at all **instructions**



0.5 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 120/70
10": 115/70
postoperation: 110/60

add (katsina) female 35 yr 04/03-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PVII (4 alive), \pm 2 cm 0 urethrovesicovaginal fistula R type **IIAb**, small proximal rectovaginal fistula fixed onto cervix, leaking urine/passing diarrheic stools pv for 1 yr that started immediately following obstructed last labor for 4 days, SB male, married 21 yr ago, not living with husband; bilateral drop foot
EUO/F 3 cm, F/C 8 cm

operation: VVF-repair and fibrofatty graft R

duration: 75 min

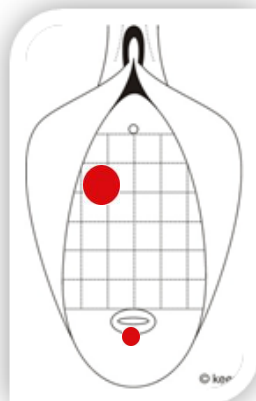
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, **scar tissue ++**, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

26.03 86 not leaking/labium healed cath removed bladder drill

27.03,86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.04.86 idem

01.07.86 not leaking at all, no incontinence, normal miction healed, no stress
stools ok drop foot recovered

2 cm 0

RR
preanesthesia: 140/90 mm Hg
5": 140/80
10": 140/80
postoperation: 130/80

Pt 278

KATSINA

VVF 306

Imk (katsina)

female

22 yr

rvf
05/03-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PII (0 alive), a ± 6x5 cm vesicovaginal fistula type **IIAb**, sphincter ani rupture with rectovaginal fistula, leaking urine/stool/flatus incontinence for 7 yr which started immediately following obstructed last labor for 5 days, SB male, married 9 yr ago, with husband still
EUO/F 4 cm, F/C 0 cm

operation: L ureter, VVF-repair and fibrofatty graft R

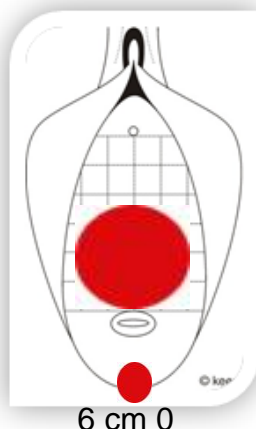
duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

only L ureter identified/catheterized for 25 cm, incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair to pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

18.03 ureter cath out 26.03.86 leaking/labium healed cath removed
10/04-86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

17.09.87 **amenorrhea for 6 mth** not leaking at all **?fundus?**



RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 115/70
postoperation: 115/70

Pt 279

KATSINA

VVF 307

rhg (katsina)

female

25 yr

05/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), **very extensive** ± 8 cm urethrovesicovaginal fistula type **IIBb**, leaking urine for 7 yr which started immediately following CS bco obstructed last labor for 4 days, SB male, married 11 yr ago, not living with husband; operated 1x, menstruation ±
EUO/F 0 cm, F/"C" 0 cm, AB/AU 2 cm circumferential defect

operation: L ureter, UVVF-repair, urethra, fibrofatty graft R and avw

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

only L ureter identified/catheterized for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, **scar tissue ++** (difficult to identify what is wahat), FOLEY Ch 16, tension-free longitudinal/transverse urethra/bladder closure by single layer of inverting chromic catgut 00 with fixation of angles onto pubic bones, no gv check (small bladder capacity), incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

21.03 cath out/reinserted 01.04 leaking/labium healed cath removed
01.04 + 17.04 + 08.05 + 02.06.86 leaking insp/ healed, total urine incontinence
31.01,87 leaking insp_gv/ healed, total incontinence

02/04-87 operation: elevation VVF 598
17/06-87 leaking insp/ leaking deep R corner

25/04-89 operation: urethroplasty_suprapubic suspension VVF 1184
19/06-89 leaking insp/ small stone removed from urethra

19/04-90 operation: elevation by colposuspension VVF 1499
09/05-90 not leaking, incontinence **++**



8 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 100/65
10": 90/50
postoperation: 120/70

Pt 280

KATSINA

VVF 308

sig (katsina)

female

20 yr

06/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), ± 4x3 cm urethrovesicovaginal fistula fixed onto L pubic bone type **IIAb**, leaking urine for 1 yr which started immediately following obstructed last labor for 2 days, SB male, married 7 yr ago, not living with husband, pvw stricture
EUO/F 5 cm, F/C 1 cm 166.5 cm

operation: UVVF-repair, reimplantation L ureter and fibrofatty graft R

duration: 180 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

longitudinal severing of stricture at L, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix whereby bladder torn out and L ureter cat, catheterization and reimplantation of L ureter into bladder, FOLEY Ch 16, tension-free T closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20.03 cath out x 4 days/reinseerted/labium healed 07.04 cath removed

12.04 + 30.04 + 08.05 + 16.05 + 02.06 + 01.07 healed stress ++

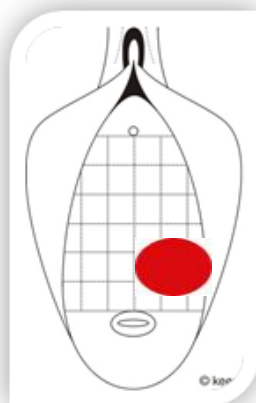
16/12-86 operation: rhaphy/elevation by f_f graft VVF 496

17/08-87 operation: rhaphy/elevation VVF 691

28/02-04 leaking insp/ incontinence ++

18/03-04 operation: "urethralization" _static suspension final VVF 6089

08/09-04 not leaking, incontinence +, normal miction
insp/ healed, good elevation, stress incontinence +



4x3 cm

RR
preanesthesia: 125/75 mm Hg
5": 120/70
10": 120/70
postoperation: 110/79

hhg (katsina)

female

15 yr

07/03-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr which started immediately following obstructed labor for 3 days, SB female, married 3 yr ago, not living with husband, pvw stricture EUO/F 6 cm, F/C 2 cm

operation: VVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

longitudinal severing of stricture at L, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

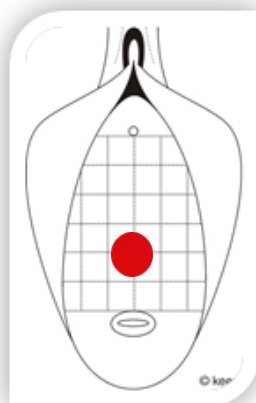
26.03.86 not leaking/labium healed cath removed bladder drill

27.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.04 + 02.06.86 idem

20.11.86 not leaking at all, no incontinence, normal miction healed, no stress

03.08.87 **amenorrhea for 4 mth** not leaking at all **instructions**



2 cm 0

RR
preanesthesia: 150/85 mm Hg
5": 150/85
10": 130/80
postoperation: 135/80

alj (katsina) female 21 yr 07/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PIV (0 alive), \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, **leaking urine for 2 mth = 60 days** which started immediately following an obstructed labor for 1 day, SB male, married 9 yr ago, not with husband; narrow pubic angle
EUO/F 3 cm, F/C 10 cm

operation: UVVF-repair and fibrofatty graft R

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

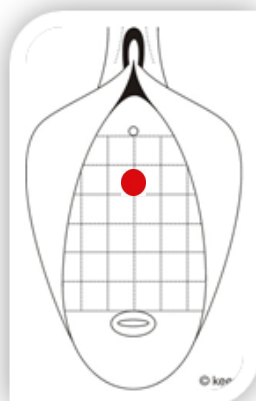
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

26.03.86 not leaking/labium healed cath removed bladder drill

27.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

07.04 + 05.06.86 idem

03.11.86 not leaking at all, no incontinence, normal miction healed, no stress

28.04.88 **amenorrhea for 7 mth** not leaking at all **instructions**

1 cm 0

RR
preanesthesia: 115/70 mm Hg
5": 115/70
10": 105/70
postoperation: 100/65

hab (rép niger)

female

17 yr

10/03-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect **IIAb**,
leaking urine for 2.5 yr which started immediately following obstructed
labor for 6 days, SB male, married 4 yr ago, not living with husband,
vagina stenosis **total continence with sphincter ani rupture**
EUO/F 5 cm, F/C 2 cm, AB/AU 2 cm

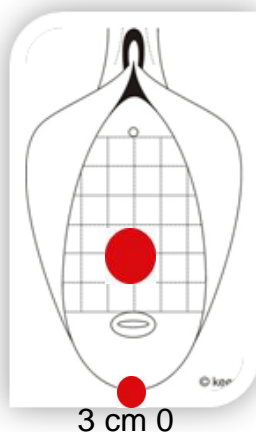
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions,
sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16,
tension-free transverse closure by single layer of inverting chromic catgut 00 starting
with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp
dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall,
transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature,
transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin
closure, vagina pack; free urine flow

01.04.86 not leaking/labium healed cath removed bladder drill
02.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence,
17.04 + 17.06.86 idem
06.01.87 not leaking at all, no incontinence, normal miction healed, no stress
vagina ok sphincter ani rupture pat: **no** stool_flatus incontinence



RR
preanesthesia: 135/80 mm Hg
5": 135/80
10": 135/80
postoperation: 125/80

Imc (katsina) female 25 yr 10/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 0.5 cm 0 urethrovaginal fistula R type **IIAa**, leaking urine for 8 yr which started immediately following obstructed labor for 2 days, SB male, married 10 yr ago, not living at husband; operated 2x
EUO/F 1 cm, F/C 7 cm stress incontinence +

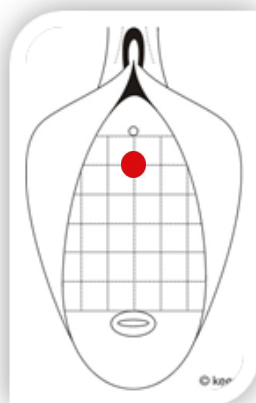
operation: UVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

26.03.86 not leaking/labium healed cath removed bladder drill
27.03.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
10/04-86 not leaking at all, no incontinence, normal miction, after-dribbling \pm
Healed, no stress



0.5 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 120/70
10": 120/70
postoperation: 120/70

alm (katsina)

female

30 yr

11/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PVI (3 alive), \pm 3 cm 0 urethrovesicovaginal fistula L type **IIAb**, leaking urine for 1 yr which started immediately following obstructed last labor for 3 days, SB male, married 15 yr ago, still living with husband
EUO/F 4 cm, F/C 5 cm

operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

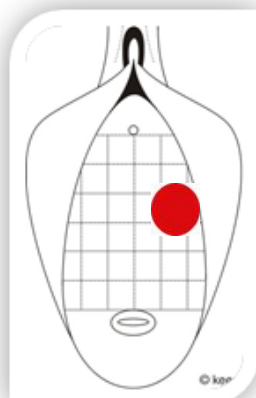
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

01.04.86 not leaking/labium healed cath removed bladder drill

02.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

17.04 + 12.06.86 idem

18.11.86 not leaking at all, no incontinence, normal miction healed, no stress



3 cm 0

RR
preanesthesia: 150/85 mm Hg
5": 140/85
10": 130/70
postoperation: 130/70

hasm (katsina)

female

35 yr

11/03-86

surgeon: Kees WAALDIJK

assistant: Dr RAO

diagnosis: PIV (3 alive), \pm 2 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine for 3 yr which started immediately following CS bco last obstructed labor for 2 days, SB female, married 20 yr ago, not living with husband, pvw stricture
EUO/F 4 cm, F/C 2 cm

operation: UVVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

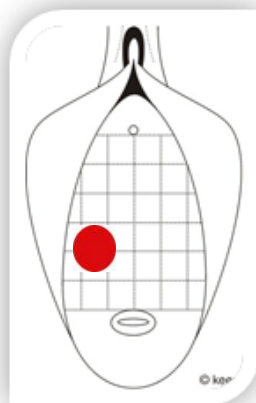
episiotomy R, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from cervix, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, skin closure, vagina pack; free urine flow

01.04.86 not leaking at all cath removed bladder drill

02.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

17.04 + 01.07.86 idem

24.11.86 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 130/75
postoperation: 100/60

hag (rép niger)

female 20 yr

11/03-86

surgeon: Kees WAALDIJK
 assistant: Abullahi HARUNA

diagnosis: PIII (0 alive), \pm 4 cm 0 urethrovesicovaginal fistula with circumferential defect/urethra block type **IIAb**, leaking urine for 1 yr which started immediately following obstructed last labor for 3 days, SB male, married 7 yr ago, not living with husband
 EUO/F 2 cm, F/C 5 cm, AB/AU 2 cm

operation: UVVF-repair and fibrofatty graft R
 duration: 75 min
 anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, urethra only 1.5 cm, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

01.04.86 not leaking/labium healed cath removed bladder drill

02.04 + 17.04 + 10.06.86 not leaking, no incontinence, miction healed, stress +
 28/10-86 incontinence insp/ healed, stress incontinence +

28/08-87 operation: rhaphy_elevation VVF 704

28/09-88 amenorrhea for 7 mth not leaking at all instructions

second obstetric leakage completely ok until PIV (1 alive)

21/09-89 operation: elevation VVF 1290

09/10-89 not leaking at all insp/ healed, no stress incontinence

third obstetric leakage completely ok until PVI (0 alive)

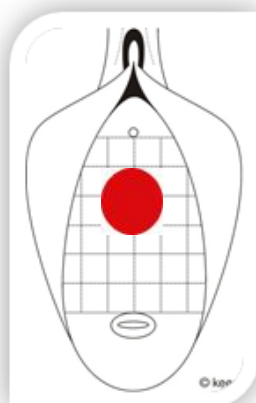
10/06-01 operation: urethralization/static suspension VVF 5133

08/04-02 not leaking, incontinence + insp/ healed, stress incontinence +

fourth obstetric leakage PVIII (1 alive) more or less ok until sb male at home

16.07.10 operation: cervix fixation etc last resort VVF 7896

27.09.10 not leaking, incontinence + insp/ healed, stress \pm



4 cm 0

RR
 preanesthesia: 120/70 mm Hg
 5": 110/70
 10": 105/60
 postoperation: 115/70

aa KANO city female 18 yr 12/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula L type I, a rectovaginal fistula fixed to cervix, leaking urine/passing of stools pv for 1.5 yr which started immediately following CS bco obstructed labor for 2 days, SB male, married 5 yr ago, not living with husband; 1x operated, cervix displaced at L, pvw stricture
EUO/F 6 cm, F/C 4 cm

operation: VVF-repair

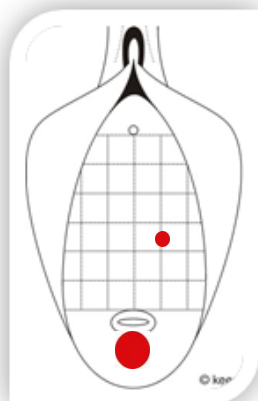
duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge and bilateral oblique extensions, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free longitudinal closure by a single layer of inverting chromic catgut 00, gv check: spilling, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

01.04.86 not leaking at all cath removed bladder drill
02.04.86 not leaking, incontinence \pm , normal miction
insp/ healed, no incontinence
17.04.86 idem
28.07.86 not leaking, incontinence \pm , normal miction healed, no stress

new fistula following fever **?what happened really?**
22/08-90 operation: UVF/VVF-repair VVF 1591
12/11-90 not leaking, incontinence \pm , normal miction
insp/ healed, incontinence \pm
21/04-92 leaking & miction insp/ ??bladder stone??



0.5 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 120/70
10": 115/70
postoperation: 90/60

rsb (katsina)

female

20 yr

12/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect/ urethra block type **IIAb**, leaking urine for 3 yr which started immediately following obstructed labor for 7 days, SB male, married 5 yr ago, not living with husband, no menstruation since; some kin of operation 1 week after delivery, pvw stricture, no identification of cervix/uterus, vagina shortening EUO/F 3 cm, F/V 4 cm, AB/AU 3 cm

operation: UVVF-repair and fibrofatty graft R

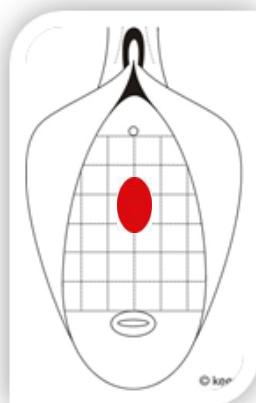
duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

severing of stricture at midline, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

01.04.96 not leaking/labium healed cath removed bladder drill
 02.04.86 not leaking, incontinence $\pm\pm$, normal miction
 insp/ healed, stress incontinence \pm
 17.04.86 not leaking, incontinence $\pm\pm$, normal miction healed, stress \pm

25.07.92 lower abdominal pain x 2 wk, occasionally leaking
 insp/ large abdominal mass, ?bladder stone?



3x2 cm

RR
 preanesthesia: 125/80 mm Hg
 5": 125/70
 10": 125/70
 postoperation: 125/70

rsw (katsina) female 18 yr 12/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula with circumferential defec type **IIBb**, \pm 2x1 cm transverse proximal rectovaginal fistula at vault, leaking urine/passing of stools pv for 4 yr which started 2 days following an obstructed labor for 3 days, SB female, married 5 yr ago, not living with husband, no menstruation, vagina stenosis, pvw stricture EUO/F 1 cm, F/V 4 cm, AB/AU 4 cm

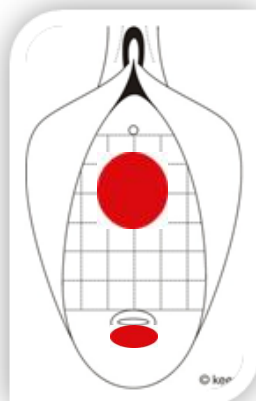
operation: UVVF-repair and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

01.04.86 not leaking/labium healed cath removed bladder drill

02.04 + 17.04 + 22.07.86 not leaking, incontinence \pm , normal miction stools cok insp/ **both** healed, stress \pm 08.01.87 leaking \pm % dysuria dilatation of uv-stricture23/01-87 leaking \pm & miction insp_gv/ no leakage, incontinence \pm **12/10-87 operation: elevation VVF 756**15/11-87 not leaking, incontinence \pm , normal miction

4 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 125/70
postoperation: 125/70

Pt 291

KATSINA

VVF 319

rld (katsina)

female

37 yr

13/03-86

surgeon: Kees WAALDIJK

assistant: Abullahi HARUNA

diagnosis: PV (0 alive), ± 4x2 cm vesicovaginal fistula midline/R type **IIAa**, leaking urine for 15 yr which started immediately following obstructed last labor of 1 day, SB male, married 25 yr ago, not living with husband
EUO/F 5 cm, F/C 2 cm

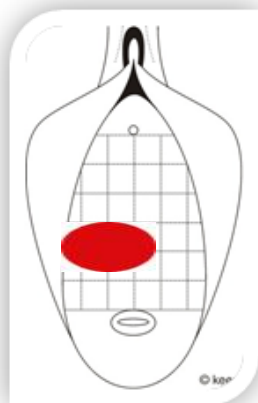
operation: VVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, shar mobilization of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of R angle onto R pubic bone, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

01.04.86 not leaking/labium healed cath removed bladder drill
02.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
17.04 + 19.06.86 idem vagina ok
05.11.86 not leaking at all, no incontinence, normal miction healed, no stress



4x2 cm

RR
preanesthesia: 160/80 mm Hg
5": 160/80
10": 160/80
postoperation: 155/80

dak (katsina)

female

17 yr

13/03-86

surgeon: Kees WAALDIJK

assistant: Abullahi HARUNA

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 1 yr which started immediately follow ing obstructed labor for 4 days, SB male, married 4 yr ago, SB male, married 4 yr ago, not living with husband, circular vagina stricture/contracture ring
EUO/F 2.5 cm, F/C 5 cm, AB/AU 2 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

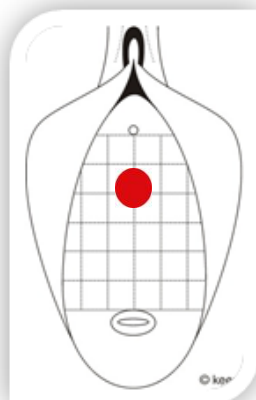
01.04.86 not leaking/labium healed cath removed bladder drill

02.04.86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence circular stricture

17.04 + 18.06.86 idem

19.11.86 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR

preanesthesia: 125/70 mm Hg

5": 125/70

10": 125/70

postoperation: 105/60

dhl (katsina) female 17 yr 14/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect **IIAb**, leaking urine for 6 mth which started immediately following obstructed labor for 2 days, SB male, married 4 yr ago, not living with husband, pvw stricture
EUO/F 3 cm, F/C 5 cm, AB/AU 2 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse and longitudinal extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

01.04.86 not leaking/labium healed cath removed bladder drill
02.04 + 15.04 + 17.06.86 not leaking at all, no incontinence healed, no stress
04.02.87 not leaking at all, no incontinence, normal miction healed, no stress

29/02-88 **amenorrhea for 3 mth** not leaking at all **instructions**

new second obstetric fistula PV (0 alive) at home live female who died same day **nb** delivered 4x vaginally, 3x in hospital, last time nurses on strike leaking 20/7

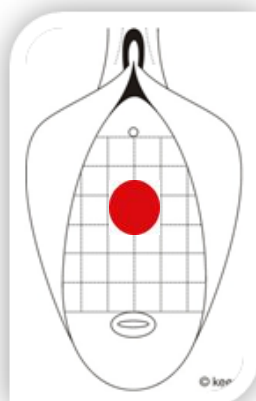
19/06-93 operation: UVVF-repair VVF 2338

29/08-93 not leaking, incontinence +, normal miction severe uv-stricture

02/09-93 operation: anterior urethrotomy VVF 2420

06/04-94 not leaking, no incontinence insp/ healed, no stress incontinence

19/07-95 **PVI (1 alive) live** female by CS 5 mth ago **not leaking at all**



3 cm 0

RR
preanesthesia: 120/80 mm Hg
5": 120/75
10": 120/75
postoperation: 120/75

zsb (katsina)

female

20 yr

18/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **multiple two** \pm 1 cm 0 urethrovesicovaginal fistula at L and \pm 2 cm 0 vesicovaginal fistula midline type **IIAa**, leaking urine for 2 yr which started immediately following obstructed labor for 1 day, SB male, married 6 yr ago, still living with husband
EUO/F 3 cm, F/F 2 cm, F/C 2 cm

operation: UVVF/VVF-repair and fibrofatty graft R

duration: 75 min

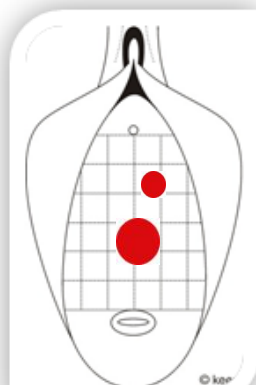
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistulas edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, 2x tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow 04.04.86 chickenpox

07.04.86 cath block/not leaking/labium healed cath out bladder drill
08.04 + 22.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

new leakage total urine stress incontinence **?delivered again?** **yes** PII
03/05-89 operation: lengthening urethroplasty VVF 1199

19/09-89 operation: colposuspension VVF 1285
28/10-89 not leaking, incontinence +, normal miction
insp/ good elevation, intrinsic_stress incontinence +



multiple fistulas

RR
preanesthesia: 130/85 mm Hg
5": 130/85
10": 130/85
postoperation: 115/70

hadc (katsina) female 14 yr 18/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 4 cm 0 vesicovaginal fistula midline type I, minute proximal RVF fixed at cervix, leaking urine/passing diarrheic stools pv for 4 mth which started immediately following an obstructed labor for 3 days, SB male, married 2 yr ago, still living with husband
EUO/F 7 cm, F/C 1 cm bilateral drop foot

operation: VVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow RVF will heal spontaneously

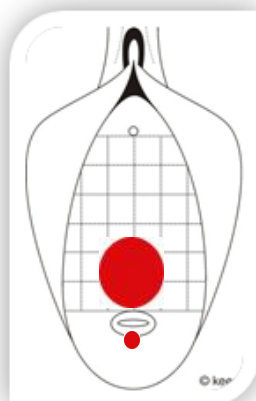
01.04 +07.04.86 not leaking/labium healed cath removed bladder drill

08.04.86 not leaking at all, no incontinence, normal miction stools ok
insp/ **both** healed, no stress incontinence

09.04.86 repeat retention

01.07 + 18.11.86 not leaking at all, no incontinence, normal miction healed, no stress

09.03.88 not leaking at all, no incontinence, normal miction healed, no stress

15/05-89 only leaking during sex for 40 days
dilatation of slight stricture Ch 16 for 1 wk30/08-90 **amenorrhea for 3 mth** not leaking at all, stools ok **instructions**

4 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 125/70

abk (katsina)

female

25 yr

19/03-86

surgeon: Kees WAALDIJK

assistant: Abullahi HARUNA

diagnosis: PIX (2x twins, 3 alive), **multiple three** \pm 1 cm 0 urethrovesicovaginal fistulas R/midline/L type **IIAb**, leaking urine for 3 yr which started immediately following obstructed last twin labor for 4 days, SB male/female, married 11 yr ago, not living with husband; 1x operated EUO/F 3 cm, F/C 5 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

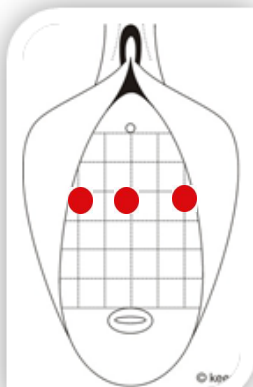
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistulas, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

01.04 leaking/labium healed 22.04 not leaking cath removed bladder drill
23.04 + 08.05 not leaking, incontinence \pm , normal miction healed, stress \pm
06/08-86 not leaking, incontinence +, normal miction healed, stress +

13/10-87 operation: "rhaphy" _elevation**VVF 757**

25/03-90 insp_gv/ total urine incontinence nothing can be done



multiple fistulas

RR
preanesthesia: 155/90 mm Hg
5": 130/80
10": 130/80
postoperation: 125/75

Pt 297
pt 28

KATSINA

VVF 325
RVF 34

rs KANO city

female

15 yr

19/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 1.5 cm 0 urethrovesicovaginal fistula fixed to symphysis type **IIAb**, \pm 1 cm 0 distal rectovaginal fistula midline **Ila**, leaking urine/passing of stools pv for 1 yr which started immediately after obstructed labor for 1 day, SB male, married 3 yr ago, not with husband, severe 0.5 cm 0 vagina contracture ring at 2 cm from introitus
EUO/F 5 cm, F/C 4 cm, I/F 3 cm

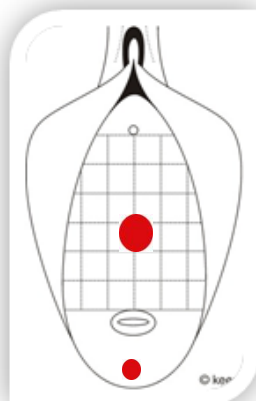
operation: UVVF-repair, fibrofatty graft R, RVF-repair and vaginoplasty

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angle onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, incision RVF edge, sharp dissection of pvw, scar tissue ++, tension-free transverse closure by single layer of inverting chromic catgut 1/5, widening vaginoplasty by skin rotation flap from R buttock whereby original pvw is sutured into L episiotomy, closure R labium pressure pad, skin closure, vagina pack; free urine flow

07.04.86 not leaking/wounds healed/stools ok cath removed bladder drill
08.04.86 not leaking at all, no incontinence, normal miction stools ok
insp/ **both** healed, no stress incontinence
22.04.88 idem
01.07.86 not leaking at all, no incontinence, stools ok **both** healed, no stress
11/10-88 **PII (1 alive) live** male by cs 31/3-88 not leaking at al_stools ok



1.5 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 110/65
postoperation: 110/65

rhdb (rép niger)

female

20 yr

20/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 2x1 cm urethrovaginal fistula type **IIAa**, leaking of urine for 3 yr which started immediately following obstructed labor for 2 days SB male, married 5 yr ago, not living with husband; operated 1x EUO/F 1 cm, F/C 8 cm

operation: UVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free longitudinal closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

07.04 + 15.04.86 not leaking at all cath removed bladder drill

16.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

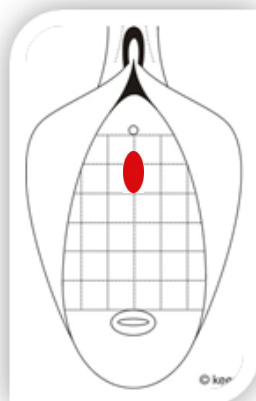
29.04.86 idem

03.07.86 not leaking at all, no incontinence, normal miction healed, no stress

second bstetric leakage_incontinence ok till PIII (2 alive) live male at home**02/02-92 operation: colposuspension****VVF 1875**

14/03-92 not leaking at all, no incontinence, normal miction

insp/ healed, excellent elevation, no stress incontinence



2x1 cm

RR

preanesthesia: 125/80 mm Hg

5": 125/80

10": 125/80

postoperation: 125/80

Pt 299
Pt 30

KATSINA

VVF 327
RVF 36

sgr (katsina) female 19 yr 21/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, **extensive** ± 5 cm 0 urethrovesicovaginal fistula and circumferential defect type **IIAb** and wart-like protrusions bladder base, ± 2 cm 0 proximal rectovaginal fistula, leaking urine/passing stools pv for 4 yr that started immediately following obstructed labor for 2 days, SB female, married 5 yr ago, not living at husband, vagina stenosis with pvw stricture EUO/F 2 cm, F/C 0 cm, AB/AU 2 cm, I/F 6 cm, F/C 3 cm

operation: UVVF-repair, fibrofatty graft R, avw and RVF-repair

duration: 185 min

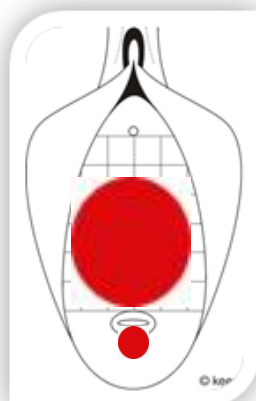
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, **enemas bco stool pollution**, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check: leakage ±, incision at RVF edge, dissection of pvw whereby rectum is further traumatized, tension-free transverse/oblique closure by single layer of inverting chromic catgut, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by skin flap from R labia, chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow ureters **not** identified

15.04.86 ?leaking?, ?stools?/labium healed cath removed bladder drill

23/05-86 leaking, stools ok insp/ **both** healed, stress ++

26.05.86 death from high fever/malaria more than 2 mth post operation



5 cm 0

RR
preanesthesia: 150/90 mm Hg
5": 150/90
10": 150/90
postoperation: 85/50

shb (katsina)

female

28 yr

24/03-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 5 yr which started immediately following obstructed labor for 3 days, SB female, married 15 yr ago, not living with husband, no menstruation since, vagina stenosis
EUO/F 4 cm, F/"C"V 0 cm

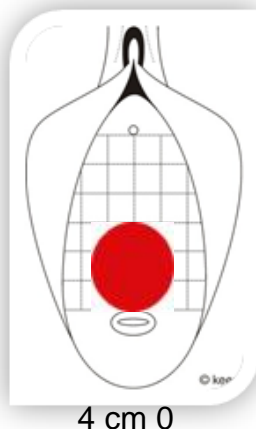
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge, sharp dissection of avw, sharp dissection of bladder from "cervix", FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

15.04.86	not leaking/labium healed	cath removed	bladder drill
16.04.86	not leaking, no incontinence, normal miction		
	insp/ healed, no stress	vagina 6-7 cm deep	
30.04.86	idem		
17.07.86	not leaking at all, no incontinence, normal miction	healed, no stress	
24/06-87	not leaking at all	coitus not possible	vagina 6-7 cm
	use vaseline and practice		
12/01-88	not leaking at all	coitus possible	vagina 7-8 cm deep



RR
preanesthesia: 140/80 mm Hg
5": 125/80
10": 125/80
postoperation: 125/80

zimk (rép niger)

female

25 yr

24/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PV (2 alive), \pm 4 cm 0 vesicovaginal fistula midline/L type **IIAb**, leaking urine for 4 yr which started 2 days following obstructed last labor for 1 day, SB female, married 12 yr ago, not at husband
EUO/F 5 cm, F/C 1 cm

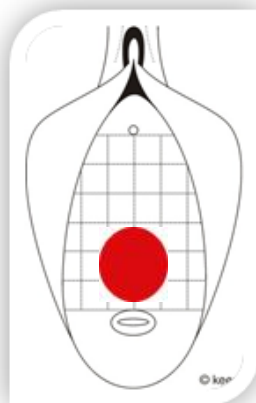
operation: VVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

01.04 cath block/flushed 15.04 not leaking/labium healed cath removed
16.04.86 not leaking, incontinnece \pm , normal miction healed, stress \pm
29.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
22.07.86 not leaking at all, no incontinence, normal miction healed, no stress



4 cm 0

RR
preanesthesia: 130/70 mm Hg
5": 130/70
10": 130/70
postoperation: 130/70

ils (kano)

female

16 yr

25/03-86

surgeon: Kees WAALDIJK

assistant: Abullahi HARUNA

diagnosis: PII (1 alive), \pm 1 cm 0 urethrovesicovaginal fistula midline **IIAa**, leaking urine for 3 mth which started immediately following CS bco obstructed last labor of 1 day, SB female, married 4 yr ago not living with husband EUO/F 3 cm, F/C 6 cm

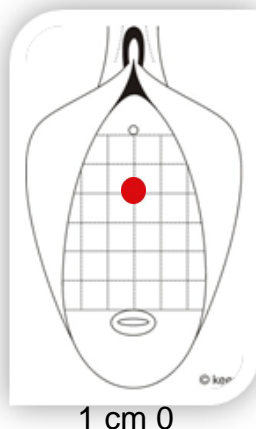
operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

10.04.86	not leaking/labium healed	cath removed	bladder drill
11.04.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
28.04 + 02.07.86	idem		
03.12.86	not leaking at all, no incontinence, normal miction		healed, no stress



RR
 preanesthesia: 130/70 mm Hg
 5": 130/70
 10": 125/70
 postoperation: 115/70

ssm (rép niger) female 27 yr 25/03-86

surgeon: Kees WAALDIJK

assistant: Abullahi HARUNA

diagnosis: PI, **very extensive** ± 8 cm 0 urethrovesicovaginal fistula, leaking urine for 4 yr which started immediately following obstructed labor for 1.5 days, SB male, married 10 yr ago, not living with husband, major_subtotal bladder loss
EUO/F 0 cm, F/C 0 cm

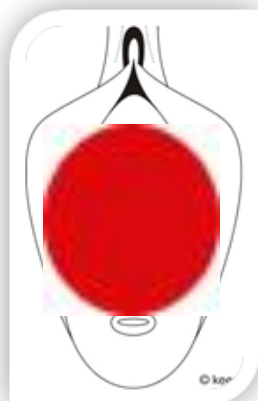
operation: UVVF-repair, urethra and fibrofatty graft R

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

ureters are **not** identified, wide incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 18, tension-free longitudinal/transverse urethra/bladder closure by single layer of inverting chromic catgut 00, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.05.86 not leaking/labium healed cath removed bladder drill
06/05-86 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence
29.02.87 leaking insp/ urethra block due to severe UV-stricture



8 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 130/70
10": 130/70
postoperation: 105/60

rgi SOKOTO city

female

30 yr

26/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIX (2 alive), \pm 4 cm 0 urethrovesicovaginal fistula midline/L type **IIAb**,
leaking urine for 1 yr which started 20 days following obstructed labor for
4 days, SB male, married 20 yr ago, still living with husband
EUO/F 2.5 cm, F/C 3 cm

operation: UVVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

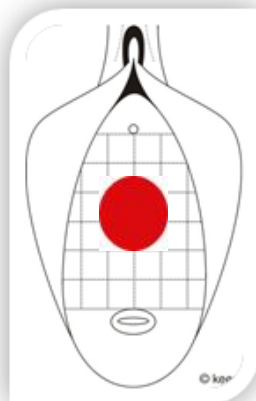
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of
avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse
closure by single layer of inverting chromic catgut 00, gv check, incision R labium
majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina
wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc
musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure
pad, skin closure, vagina pack; free urine flow

12.04.86 not leaking/labium healed cath removed bladder drill

14.04 + 28.04 + 19.12.86 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +

26/03-87 operation: rhapsy/elevation**VVF 589**

29/04-87 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +



4 cm 0

RR
preanesthesia: 180/100 mm Hg
5": 180/100
10": 180/100
postoperation: 170/100

bydg (katsina) female 20 yr 27/03-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula midline type **IIAb**, leaking urine for 4 yr that started immediately following obstructed labor for 7 days, SB female, married 7 yr ago, not living with husband; operated 1x, vagina shortening
EUO/F 3 cm, F/C 3 cm

operation: UVVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

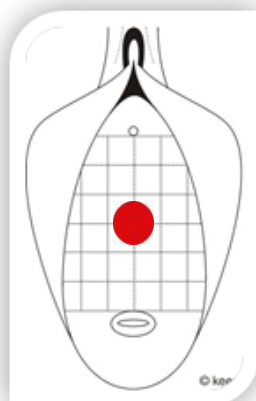
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

wide open urethra ??continence??

15.04.86 not leaking/labium healed cath removed bladder drill
16.04 + 05.05 + 23.05 + 17.07.86 leaking insp/ total urine stress incontinence

14/10-87 operation: colposuspension**VVF 759****01/03-90 operation: colposuspension****VVF 1437**

03/10-90 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +



2 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/80
postoperation: 110/70

hsy (katsina)

female

15 yr

01/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **extensive** \pm 5 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking of urine for 4 mth which started immediately following obstructed labor for 3 days, SB female, married 3 yr ago, still at husband vagina stenosis/short ening with pvw stricture
EUO/F 3 cm, F/C 0.5 cm

operation: UVVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervvix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

22.04.86 not leaking/labium healed cath removed bladder drill
23.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
08.05 + 15.07.86 idem
11.11.86 not leaking at all, no incontinence, normal miction healed, no stress
10/03-87 **amenorrhea for 3 mth** not leaking at all **instructions**
06/10-87 **P11 (1 alive)** delivered live female 2 mth ago by CS not leaking at all



5 cm 0

RR
preanesthesia: 130/85 mm Hg
5": 125/70
10": 120/70
postoperation: 110/60

Pt 307

KATSINA

VVF 335

hmr (katsina)

female

22 yr

01/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PVII (0 alive), \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 7 yr which started immediately following first obstructed labor for 4 days, SB male, married 9 yr ago, not living with husband; operated 1x
EUO/F 2.5 cm, F/C 6 cm, AB/AU 2 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

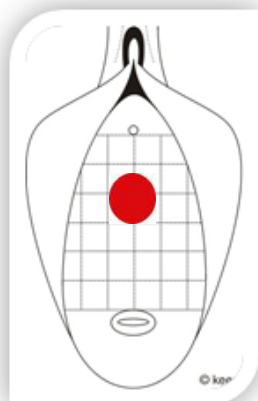
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of aww, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse aww closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

22.04.86 not leaking/labium healed cath removed bladder drill
23.04 + 24.06.866 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

05/12-86 not leaking, incontinence +, normal miction following high fever
insp/ healed, stress incontinence +

19/06-87 insp_gv/ **new fistula** ??sex??
20/10-87 operation: UVVF-repair VVF 766

09/12-87 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence \pm



3 cm 0

RR
preanesthesia: 160/100 mm Hg
5": 150/90
10": 140/90
postoperation: 120/80

Pt 308

KATSINA

VVF 336

ymi (katsina)

female

19 yr

02/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), ± 1 cm 0 vesicovaginal fistula L, leaking urine for 4 yr which started immediately following obstructed first labor for 2 days, SB male, married 8 yr ago, not at husband
EUO/F 6 cm, F/C 1 cm

operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

22.04.86 not leaking at all cath removed bladder drill
23.04 + 10.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

25/02-87 pat started to leak again 3 mth ago ??following sex_misconriage??
insp/ healed, no stress incontinence for gv

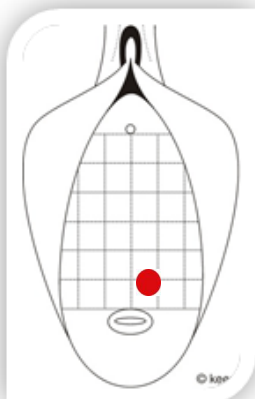
03/09-87 insp_gv/ **new second obstetric fistula**

27/09-87 operation: VVF-repair

Pt 665 VVF 736

10/12-87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

03/05-89 **third obstetric fistula** miscarriage at 4 mth Ch 16



RR
preanesthesia: 120/70 mm Hg
5": 100/60
10": 100/60
postoperation: 100/60

Pt 309

KATSINA

VVF 337

bmt (jigawa)

female

30 yr

03/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **multiple two** \pm 0.1 cm 0 urethrovaginal fistula L and \pm 1 cm 0 urethrovesicovaginal fistula R lungu type **IIAb**, leaking urine for 12 yr which started immediately following obstructed labor for 1 day, SB male, married 17 yr ago, not with husband; operated 1x with neourethra, vagina stenosis with pvw stricture
EUO/F 3 cm, F/F 1 cm, F/C 3 cm circumferential defect

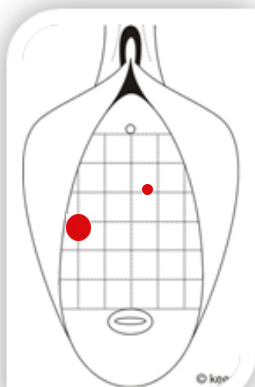
operation: UVF/UVVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse extension, sharp dissection of avw from bladder/neourethra, FOLEY Ch 14, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check spilling, transverse avw closure by chromic catgut 1/5, still leakage from UVF, longitudinal incision, sharp dissection, tension-free longitudinal closure, avw closure, skin closure, vagina pack; free urine flow

- 05.05.86 incontinence cath removed bladder drill
- 06.05.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 19/05-86 not leaking, incontinence ++, normal miction healed, stress ±



multiple fistulas

RR
 preanesthesia: 150/95 mm Hg
 5": 150/90
 10": 90/50 ivf
 postoperation: 125/80

hm BAUCHI city

female

22 yr

03/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **multiple two** \pm 0.5 cm urethrovesicovaginal fistulas R/L type **IIAa** and leaking urine for 2 yr which started immediately following obstructed labor of 2 days, SB male, married 6 yr ago, not living with husband; operated 1x, vagina shortening
EUO/F 4 cm, F/F 1 cm, F/V 2 cm

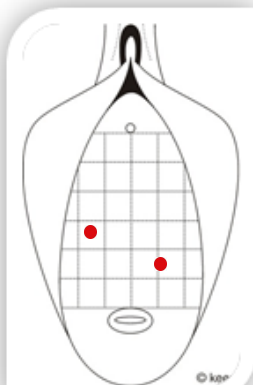
operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistulas, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.05.86	not leaking/labium healed	cath removed	bladder drill
06.05 + 08.07.86	not leaking at all, no incontinence, normal miction		
	insp/	healed, no stress incontinence, vagina 6-7 cm deep	
08.11.86	not leaking at all, no incontinence, normal miction	healed, no stress	
24.10.89	no menstruation and ba hanya	not leaking at all	
17.04.93	no menstruation and ba hanya no candidate for vaginoplasty	not leaking at all	



multiple fistulas

	RR
preanesthesia:	145/80 mm Hg
5":	145/80
10":	145/80
postoperation:	130/65

Pt 311

KATSINA

VVF 339

hmg (zamfara)

female

25 yr

03/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), **multiple two** ± 2 cm and 3x2 cm urethrovesicavaginal fistulas R/L type **IIAb**, leaking urine for 8 yr which started immediately following CS bco obstructed first labor for 2 days, SB male, married 10 yr ago, not with husband; operated 1x, vagina stenosis with pwv stricture EUO/F 4 cm, F/C 2 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

severing pwv stricture, transverse incision thru fistulas, sharp dissection of avw, scar tissue ++, a sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

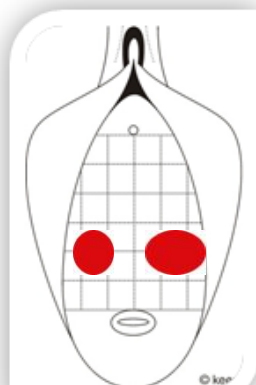
12.04 cath out/reinserted 05.05.86 leaking/labium healed cath out drill
06.05 + 19.05 + 18.07.86 leaking insp/ healed, total urine stress incontinence

21/10-87 operation: rhaphy_elevation VVF 768

26/04-89 operation: urethroplasty VVF 1186

24/03-90 operation: colposuspension VVF 1463

15/04-90 leaking insp/ good elevation, stress incontinence ++



multiple fistulas

RR
preanesthesia: 150/90 mm Hg
5": 150/80
10": 150/80
postoperation: 135/80

Pt 312

KATSINA

VVF 340

nhkb (katsina)

female

20 yr

04/04-86

surgeon: Kees WAALDIJK
assistant: Mammani ADAMU

diagnosis: PI, + 4x3 cm CS_vesicovaginal fistula midline/R type I, leaking urine for 2 yr that started immediately following CS bco obstructed labor for 3 days, SB female, married 4 yr ago, not at husband
EUO/F 6 cm, F/C 0 cm 156.0 cm

operation: VVF-repair
duration: 80 min
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from cervix, scar tissue ++, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

24.04 leaking 05.05.86 not leaking at all cath removed bladder drill
06.05 + 19.05 + 22.07.86 not leaking at all, no incontinence, miction healed, no stress

second obstetric fistula completelyok until PIII (1 alive) live male by CS

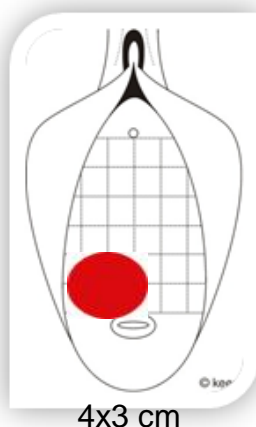
10/02-96 operation: stones removal pv Pt 2533 VVF 3378
27/03-96 operation: ureters + UVVF-“repair” VVF 3470
14/07-96 operation: urethra/avw VVF 3570

new third ?yankan gishiri_manipulated? fistula

07/11-96 operation: urethra/avw VVF 3703
05/12-96 not leaking, incontinence ++, insp/ healed, no stress incontinence

new third ?obstetric? fistula ?yankan gishiri? or ?delivery?

18.06.98 operation: urethra/avw/suspension vvf 4178
03.10.98 operation: vcvf-“repair” vvf 4264
17/11-99 operation: VCVF-“repair” + avw VVF 4634
26/02-00 not leaking, incontinence + insp/ healed, good elevation, stress +



RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 125/75
postoperation: 125/75

sit (rép niger)

female

15 yr

04/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 0.5 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 1 yr which started immediately following obstructed labor for 2 days, SB male, married 4 yr ago, not living with husband; **retention cyst R paraurethral skene gland**
EUO/F 4 cm, F/C 6 cm

operation: UVVF-repair, fibrofatty graft R and marsupialization

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

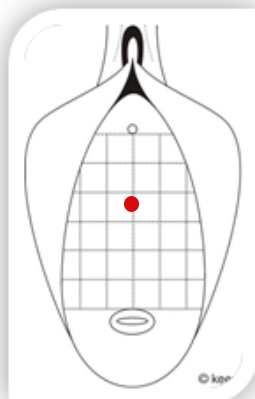
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, deroofting/marsupialization of R SKENE gland, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

22.04.86 not leaking/labium healed cath removed bladder drill

23.04.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.05 + 08.07.86 idem

05.11.86 not leaking at all, no incontinence, normal miction healed, no stress

14/04-87 **amenorrhea for 4 mth** not leaking at all **instructions**

0.5 cm 0

RR

preanesthesia: 130/80 mm Hg

5": 120/70

10": 110/65

postoperation: 110/65

Pt 314

KATSINA

VVF 342

mrg (katsina)

female

23 yr

07/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PV (1 alive), ± 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 9 yr which started immediately following obstructed first labor for 2 days, SB male, married 11 yr ago, not living with husband
EUO/F 6 cm, F/C 2 cm

operation: VVF-repair

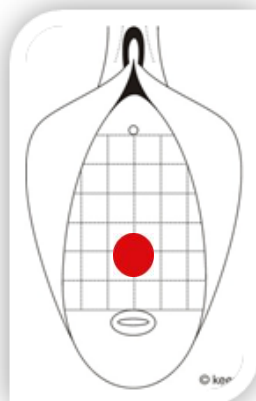
duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

- 05.05.86 not leaking at all cath removed bladder drill
- 06.05.86 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence
- 23.05.86 idem
- 22.07.86 not leaking at all, no incontinence, normal miction healed, no stress
- 03/12-86 **new fistula** pat started to leak 2 mth ago **??early sex??**
insp/ 0.5 cm 0 fistula at R Ch 16
- 19/01-87 operation: VVF-repair VVF 529**
- 14/07-87 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence

- second obstetric fistula** PVI (1 alive) sb male at home keloid + R labium
- 10/10-89 operation: ureters and VVF-repair VVF 1315**
- 02/01-90 not leaking, no incontinence, normal miction insp/ healed, no stress incontinence



2 cm 0

RR
 preanesthesia: 140/90 mm Hg
 5": 140/85
 10": 130/80
 postoperation: 125/75

Pt 315

KATSINA

VVF 343

jakd (katsina)

female

30 yr

08/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (1 alive), a **very extensive** ± 6 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 6 yr which started immediately following obstructed last labor for 3 days, SB male, married 17 yr ago, not living with husband, normal little menstruation, moderate vagina stenosis
EUO/F 2 cm F/V 0 cm

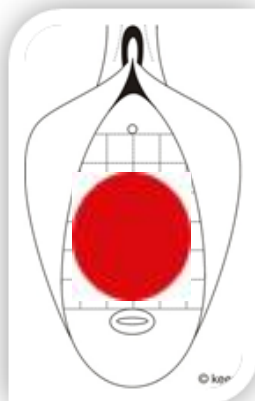
operation: bilateral ureters, UVVF-repair and avw

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, bilateral ureter catheterization for 20 cm, incision at fistula edge, sharp dissection of avw, sharp dissection of bladder from cervix_uterus whereby peritoneum opened, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, no gv check, avw closure by chromic catgut 1/5, vagina pack; free urine flow

05.05 + 16.05.86 leaking cath removed bladder drill
17.05 + 02.06 + 18.07.86 leaking healed, total urine stress incontinence



RR
preanesthesia: 150/90 mm Hg
5": 140/80
10": 125/75
postoperation: 110/60

am SOKOTO city female 19 yr 08/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: \pm 2.5x1 cm urethra loss following repair 29/5-85
EUO/F 0 cm, F/C 6 cm

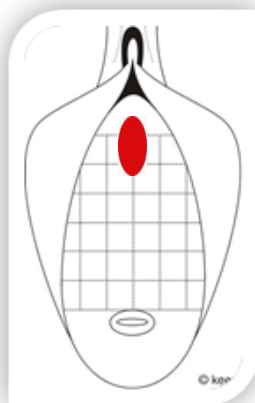
operation: urethra reconstruction

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision, sharp dissection of avw from bladder/graft, sharp mobilization of U tissue, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over 4 cm by single layer of inverting chromic catgut 00, gv check, avw closure by chromic catgut 1/5, vagina pack; free urine flow

05.05.86	not leaking at all	cath removed	bladder drill
06.05.86	not leaking, incontinence +, normal miction insp/	healed, stress incontinence +	
26.05.86	not leaking, incontinence +, normal miction	healed, stress +	



2x1 cm

RR
preanesthesia: 120/70 mm Hg
5": 120/70
10": 110/60
postoperation: 110/60

Pt 316

KATSINA

VVF 345

nam (rép niger)

female

21 yr

09/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 2 cm vesicovaginal fistula midline type **IIAa**, leaking urine of 7 yr which started immediately following CS bco obstructed labor for 4 days, SB female, married 9 yr ago, not living with husband
EUO/F 5 cm, F/C 4 cm

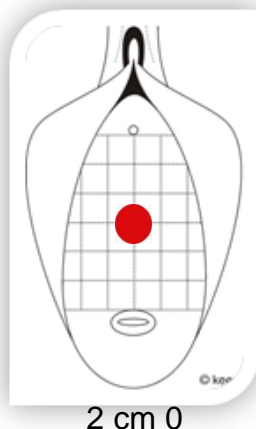
operation: VVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.05.86	not leaking/labium healed	cath removed	bladder drill
06.05.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
19.05 + 06.08.86	idem		
10.11.86	not leaking at all, no incontinence, normal miction		healed, no stress



	RR
preanesthesia:	125/80 mm Hg
5":	125/80
10":	125/80
postoperation:	100/60

ahk (katsina)

female

25 yr

10/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PV (4 alive), **multiple two** \pm 1 cm 0 vesicovaginal fistula L and \pm 3x2 cm CS_vesicovaginal fistula midline type I, leaking urine for 4 mth which started immediately following CS bco ruptured uterus due to obstructed labor for 4 days, SB male, married 10 yr ago, still living with husband EUO/F 8 cm, F/F 1 cm, F/C 0 cm lpl stricture

operation: VVF-repair

duration: 90 min

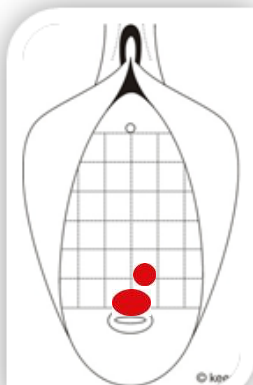
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

making one fistula out of the two, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue +++, FOLEY Ch 16, tension-free longitudinal closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

05.05.86 **cath removed by pat herself 2 days ago** not leaking at all

17.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence lpl stric: vagina sufficient

12.11.86 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 130/80 mm Hg
5": 125/80
10": 125/80
postoperation: 110/70

aar (katsina)

female

27 yr

10/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (0 alive), \pm 0.3 cm 0 vesicovaginal fistula L type I, leaking of urine for 6 yr which started immediately following CS bco obstructed last labor for 2 days, SB male, married 15 yr ago, not with husband; operated 1x EUO/F 8 cm, F/C 2 cm

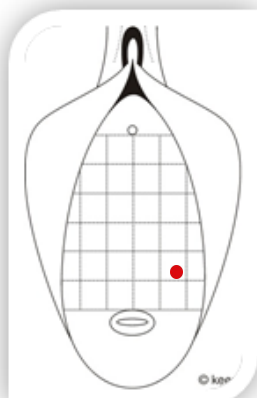
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of thin avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

05.05.86	not leaking at all	cath removed	bladder drill
06.05.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
28.05.86	idem		
06.08.86	not leaking at all, no incontinence, normal miction	healed, no stress	



0.3 cm 0

RR
 preanesthesia: 120/70 mm Hg
 5": 110/70
 10": 110/70
 postoperation: 100/60

saw (katsina)

female

20 yr

11/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **very extensive** \pm 6 cm 0 vesicovaginal fistula type **IIAb**, leaking urine for 4 yr that started immediately following obstructed labor for 1 day, SB male, married 5 yr ago, not living with husband; operated 1x EUO/F 5 cm, F/V 0 cm

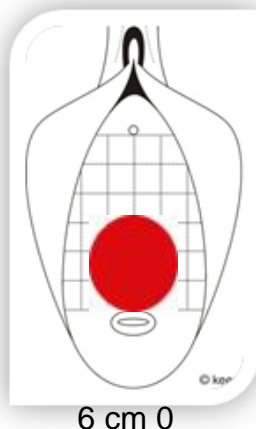
operation: bilateral ureters, UVVF-repair and fibrofatty graft R

duration: 125 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral ureter catheterization for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles to pubic bones gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.05 + 16.05.86 incontinence cath removed bladder drill
02.06 + 10.07.86 leaking insp/ healed, total urine stress incontinence



RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 130/75
postoperation: 100/60

fab (katsina)

female

32 yr

14/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIX (4 alive), \pm 2 cm 0 vesicovaginal fistula midline type **IIAa**, leaking urine for 4 mth that started 2 days following CS bco obstructed labor for 5 days, live male, married 18 yr ago, not at husband
EUO/F 5 cm, F/C 5 cm

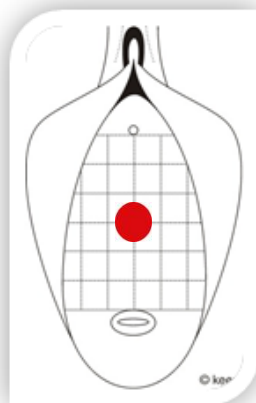
operation: VVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.05.86 not leaking/labium healed cath removed bladder drill
06.05.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
02.06.86 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
preanesthesia: 130/70 mm Hg
5": 130/70
10": 125/65
postoperation: 120/65

ysr (jigawa) female 25 yr 14/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), **very extensive** ± 6 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 3.5 yr which started immediately after obstructed first labor for 3 days, SB female, married 9 yr ago, not living with husband; **RVF healed** after repair 21/11-85
EUO/F 2 cm, F/C 0 cm

operation: bilateral ureters, UVVF-repair and fibrofatty graft L

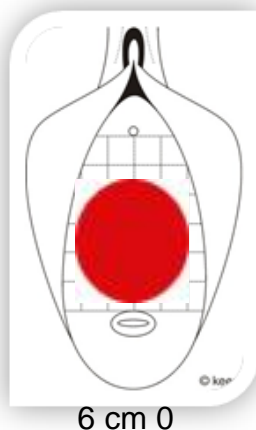
duration: 135 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, bilateral ureter catheterization for 15 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder cervix whereby peritoneum opened, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

02.05.86 leaking breakdown cath removed
06/08-86 leaking insp/ breakdown

04/08-88 operation: UVVF_urethra_ff graft-avw VVF 1002
02/09-88 leaking insp/ healed, total urine incontinence



RR
preanesthesia: 130/80 mm Hg
5": 125/80
10": 125/80
postoperation: 80/40 ivf

hys (katsina)

female

21 yr

15/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 5 cm 0 vesicovaginal fistula type I, leaking urine for 2 yr that started immediately following obstructed labor for 2 days, male SB, married 9 yr ago, not living with husband
EUO/F 6 cm, F/C 1 cm

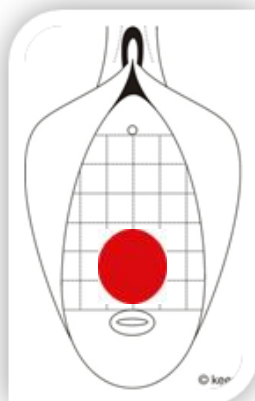
operation: VVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

ureters **not** identified, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.05.86	leaking/labium healed	cath removed	bladder drill
06.05.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
23.05 + 25.07.86	idem		
19.11.86	not leaking at all, no incontinence, normal miction		healed, no stress
10/06-87	amenorrhea for 5 mth	not leaking at all	instructions



5 cm 0

	RR
preanesthesia:	160/80 mm Hg
5":	160/80
10":	150/80
postoperation:	120/70

sma (kebbi)

female

24 yr

15/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 4x2 cm urethrovesicovaginal fistula midline/L type **IIAb**, leaking of urine for 17 mth which started 1 day following obstructed labor for 2 days, SB male, married 13 yr ago, not living with husband vagina stenosis with pvw stricture; ??operated??
EUO/F 4 cm, F/C 1 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

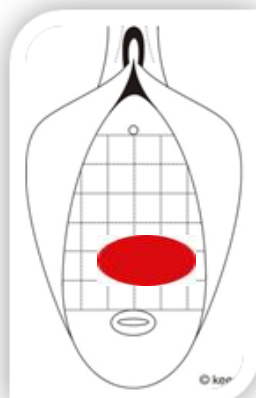
midline severing of stricture, episiotomy L, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.05.86 not leaking/labium healed cath removed bladder drill

06.05.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

19.05.86 idem

03.11.86 not leaking at all, no incontinence, normal miction healed, no stress



4x2 cm

RR

preanesthesia: 150/95 mm Hg

5": 150/95

10": 150/95

postoperation: 150/80

**elevation by pubococcygeus plasty
post large IIAa repair
development of incontinence surgery**

zabk (katsina) female 41 yr 16/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: stress incontinence grade II, leaking urine whilst standing/walking following repair 14/3-85; cystocele ++

operation: elevation of bladder neck

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision avw at cervix, midline longitudinal incision from 1 cm from EUO up to cervix, sharp dissection of avw from f_f graft, FOLEY Ch 16, elevation of bladder neck by uniting pubococcygeus muscles under bladder neck by chromic catgut 1/5, gv check by 100 ml: no spilling, avw closure by chromic catgut 1/5, vagina pack; free urine flow

02.05.86 not leaking at all cath removed bladder drill

03.05.86 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence

26.04.86 idem

18.11.86 not leaking at all, no incontinence, normal miction healed, no stress

RR

preanesthesia: 140/90 mm Hg

5": 130/85

10": 130/80

postoperation: 115/75

rjt (katsina) female 25 yr 16/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (1 alive), \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 4 yr which started immediately following an obstructed last labor for 5 days, SB male, married 10 yr ago, not living at husband; successful VVF-repair 7 yr ago after CS for delivery I, narrow pubic angle
EUO/F 2.5 cm, F/C 2 cm, AB/AU 2 cm

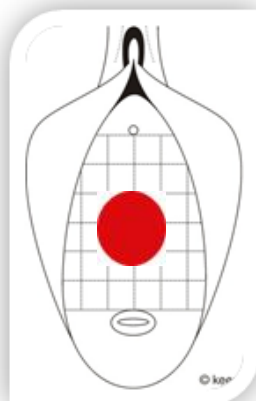
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

24.04 cath block/flushed 12.05 incontinence/labium healed cath out
13.05+ 28.05 + 25.07.86 not leaking, incontinence \pm , normal miction
insp/ healed, stress incontinence \pm

13/12-87 operation: rhaphy_elevation**VVF 781**05/01-88 not leaking, incontinence \pm , normal miction

3 cm 0

RR
preanesthesia: 125/80 mm Hg
5": 125/75
10": 115/75
postoperation: 115/75

Pt 325

KATSINA

VVF 355

ham (katsina)

female

15 yr

17/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr which started immediately following obstructed labor for 4 days, SB male, married 4 yr ago, not living with husband
EUO/F 6 cm, F/C 3 cm

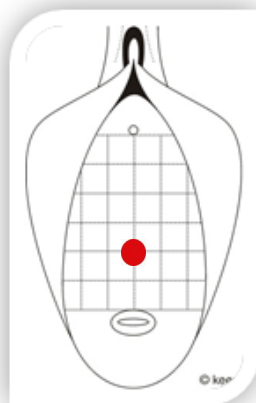
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

12.05.86	not leaking at all	cath removed	bladder drill
13.05.86	not leaking at all, no incontinence, normal miction		
	insp/	healed, no stress incontinence	
28.05.86	idem		
28.07.86	not leaking at all, no incontinence, normal miction		healed, no stress



1 cm 0

	RR
preanesthesia:	130/75 mm Hg
5":	130/75
10":	130/70
postoperation:	105/60

rbm (katsina)

female

22 yr

17/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: P0, ± 6x1.5 cm urethrovesicovaginal fistula type **IIa**, leaking urine for 6 mth which started immediately following yankan gishiri by wanzami bco infertility, married 12 yr ago, not living with husband; **NB vagina malformation**, normal menstruation thru EUO
EUO/F 0 cm, F/"C"V 0 cm

operation: UVVF-repair, urethra, fibrofatty graft R and vaginoplasty

duration: 160 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

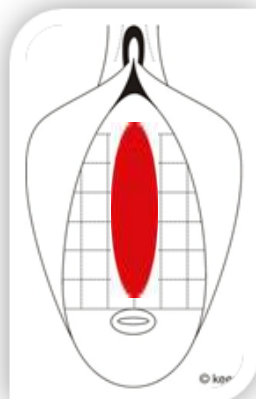
episiotomy L, tiny vagina proximally from proximal opening, wide U incision at fistula edge, sharp dissection of avw, fibrosis +++, sharp dissection of bladder from cervix whereby peritoneum opened, mobilization of uterus, making opening into cervix, FOLEY Ch 16, a tension-free transverse closure of iatrogenic fistula and longitudinal urethra reconstruction by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue (almost none), tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by skin_mucosa flap from R labia by chromic catgut 1/5, vaginoplasty by suturing skin rotation flap from L buttock into L episiotomy, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

16.05.86 leakinmg/labium healed cath removed bladder drill

17.05 + 02.06 + 20.07.86 leaking partly taken, stress incontinence ++

22/12-86 operation: urethra**VVF 501**

13/06-87 not leaking at all, no incontinence, normal miction
insp/ completely healed, no stress incontinence



6x1.5 cm

RR
preanesthesia: 125/75 mm Hg
5": 125/75
10": 125/75
postoperation: 100/60

ihb (katsina)

female

23 yr

18/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PVII (0 alive, last 6 deliveries at around 7 mth), \pm 0.3 cm 0 vesicovaginal fistula R type I, leaking urine for 8 yr which started immediately following obstructed first labor for 4 days, male SB, married 12 yr ago, still with husband; operated 1x
EUO/F 8 cm, F/C 2 cm

operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

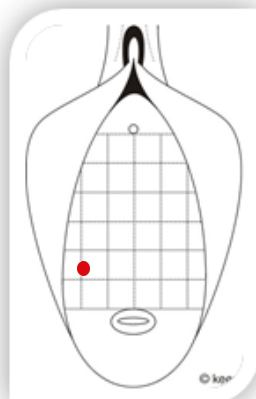
transverse incision through fistula, sharp dissection of avw, FOLEY Ch 20, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

12.05.86 not leaking at all cath removed bladder drill

13.05.96 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

28.05.86 idem

28.07.86 not leaking at all, no incontinence, normal miction healed, no stress

17/06-87 **amenorrhea for 4 mth** not leaking at all **instructions**24/06-92 live female **at home** who died 9 mth later not leaking at all
now **amenorrhea for 3 mth** not leaking at all

0.3 cm 0

RR
preanesthesia: 135/80 mm Hg
5": 125/70
10": 120/70
postoperation: 95/55

rsk (katsina)

female

35 yr

22/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PVII (5 alive), \pm 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 20 yr which started immediately following obstructed first labor for 4 days, SB female, married 22 yr ago, still at husband, yankan gishiri by ungozoma during labor (not the cause of fistula); no operation
EUO/F 8 cm, F/C 4 cm

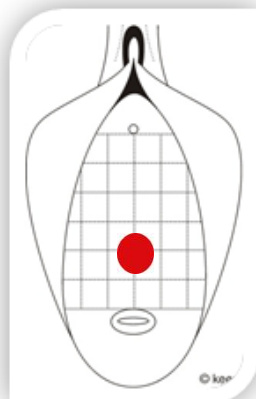
operation: VVF-repair

duration: 40 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

12.05.86	not leaking at all	cath removed	bladder drill
13.05.86	not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence		
28.05.86	not leaking at all, no incontinence, normal miction healed, no stress		
26.11.86	started to leak 1 wk ago following diarrhea fistula ch 16 ?sex?		
06/01-87	new fistula leaking ?what happened fever/diarrhea/"miscarriage"?		
9/04-88	operation: VVF-repair		VVF 914
29/08-88	not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence		



2 cm 0

	RR
preanesthesia:	150/85 mm Hg
5":	140/80
10":	135/80
postoperation:	130/80

imj (katsina) female 14 yr 22/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: P0, \pm 2.5x1 cm urethrovaginal fistula midline type **IIa**, leaking urine of 3 mth which started immediately following yankan gishiri by wanzami as she refused sex with husband, married 1 yr ago, not at husband
EUO/F 1 cm, F/C 6 cm

operation: UVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 18, tension-free longitudinal closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

23.05.86 not leaking/labium healed cath removed bladder drill

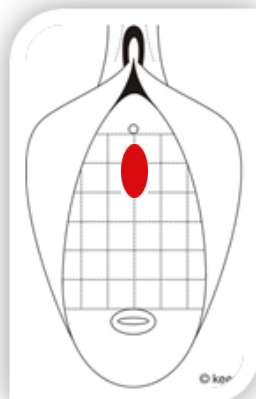
24.05.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

12.06 + 05.07 + 06.08.86 idem

10.12.86 not leaking at all, no incontinence, normal miction healed, no stress

21/12-87 **amenorrhea for 4 mth** not leaking at all **instructions**

14/07-888 **PI (alive) live female at home** 50 days ago not leaking at all



2.5x1 cm

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 130/80
postoperation: 120/70

ryg (jigawa)

female

18 yr

23/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 3 yr which started immediately after obstructed labor for 3 days, SB male, married 5 yr ago, not at husband, no menstruation since operation 1x (?vaginal hysterectomy?); vagina pocket at deep L, cervix not identified
EUO/F 3 cm, F/V 6 cm, AB/AU 2 cm

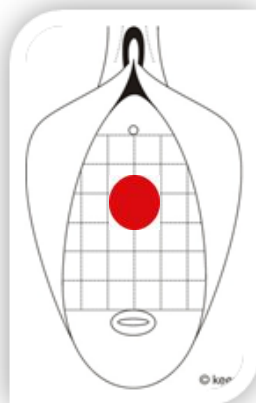
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

lateral incision at opening deep L, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue, non-smelling sterile pus from deep R, methylated spirit, FOLEY Ch 20, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

12.05.86	not leaking/labium healed	cath removed	bladder drill
13.05.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, stress incontinence \pm		
28.05 + 12.08.86	idem		
28.11.86	not leaking at all, no incontinnece, normal miction		healed, no stress



3 cm 0

	RR
preanesthesia:	140/80 mm Hg
5":	140/80
10":	120/70
postoperation:	105/60

Pt 331

KATSINA

VVF 362

zjb (kano)

female

22 yr

24/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, ± 1 cm 0 vesicovaginal fistula R type I, leaking of urine for 1 yr which started immediately following obstructed labor for 2 days SB male, married 7 yr ago, not living with husband
EUO/F 10 cm, F/C 3 cm

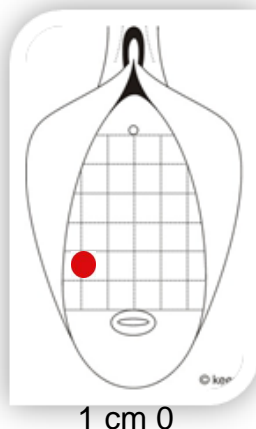
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 20, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

12.05.86	not leaking at all	cath removed	bladder drill
13.05.86	not leaking at all, no incontinence, normal miction	insp/	healed, no stress incontinence
27.05.86	idem		
14.07.86	not leaking at all, no incontinence, normal miction		healed, no stress



RR
preanesthesia: 140/85 mm Hg
5": 140/85
10": 140/80
postoperation: 140/80

dbd (katsina) female 17 yr 24/04-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PI, **extensive** ± 5x1 cm urethrovesicovaginal fistula and circumferential defect type **IIBb**, lekaing urine for 3 yr which started immediately following obstructed labor for 2 days, SB male, married 4 yr ago, not living with husband; **RVF healed** repair 21/5-84 cervix opening displaced at L EUO/F 1 cm, F/C 4 cm, AB/AU 4 cm

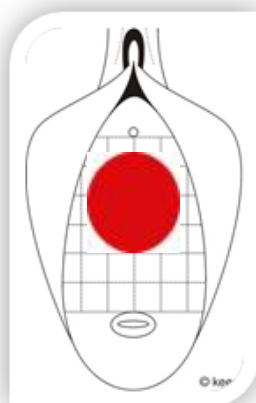
operation: UVVF-repair, urethra and fibrofatty graft R

duration: 140 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, incision at fistula edge, sharp dissection of avw, FOLEY Ch 16, tension-free partial urethra reconstruction over 2 cm by a single layer of inverting chromic catgut 00, mobilization of bladder from symphysic/pubic bones, transverse bladder/neourethra closure by a single layer of inverting chromic catgut 00 starting with fixation of angles to pubic bones, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.05.86 not leaking/labium healed cath removed bladder drill
 29.05.86 not leaking, incontinence +, normal miction
 insp/ healed, stress incontinence +
 01.07.86 idem
 29.07.86 not leaking, incontinence ±, normal miction healed, stress ±



5 cm 0

RR
 preanesthesia: 130/80 mm Hg
 5": 130/70
 10": 115/60
 postoperation: 130/80

Pt 333
Pt 31

KATSINA

VVF 364
RVF 37

him (Katsina) female 20 yr 28/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, \pm 2x1 cm distal rectovaginal fistula, leaking of urine/ passing stools pv for 4 yr which started immediately following obstructed last labor for 3 days, SB male, married 7 yr ago, not living at husband, severe vagina stenosis/shortening, cervix not identified
EUO/F 3 cm, F/"C/V" 0 cm, I/F 2 cm, F/"V" 2 cm

operation: RVF-repair, UVVF-repair and vaginoplasty

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, incision at RVF edge, sharp dissection of pwv whereby peritoneum opened, tension-free longitudinal rectum closure by single layer of inverting chromic catgut 1/5

UVVF cannot be properly evaluated, no dissection as tissue friable, urethra reconstruction and covering defect by tissue from R lateral vagina wall and uterus peritoneum, FOLEY Ch 16, gv check: leakage but nothing cn be done about it, fixation of bulbocavernosus muscles over urethra, mobilization of both labia minora, preparing skin flap from R buttock, avw reconstruction by mobilized labia minora and pwv reconstruction by skin rotation flap from R buttock after peritoneum closure, skin closure, vagina pack; free urine flow

RVF will heal, but VVF-repair doubtful

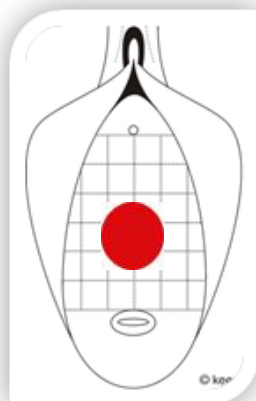
28.05.86 leaking, stools ok cath removed

06.06 + 24.06 + 08.07 + 28.01 + 10.09.87 leaking, stools ok

fistula, **rvf healed**
VVF 908

06/04-88 UVVF-"repair"

28/10-89 leaking fistula at vault



RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 120/70
postoperation: 100/60

Pt 334

KATSINA

VVF 365

ims (katsina)

female

21 yr

29/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (0 alive), ± 2x1 cm vesicovaginal fistula midline type I, leaking urine for 1 yr which started immediately following obstructed last labor of 2 days, SB male, married 9 yr ago, not at husband
EUO/F 8 cm, F/C 3 cm

operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

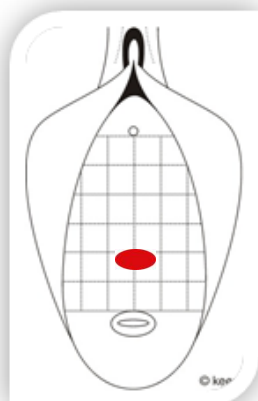
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

14.05.86 not leaking at all cath removed bladder drill
25.05 + 13.06 + 05.11.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

06/01-88 **amenorrhea for 3 mth** not leaking at all **instructions**

second obstetric fistula completely ok until PV (2 alive) delivered 2x at home
26/02-92 operation: VVF-repair VVF 1912
25/04-92 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence

third obstetric fistula ok until PIX (4 alive) sb male/female twins by cs
28/02-04 operation: VVF-repair VVF 6044
26/07-04 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



2x1 cm

RR
preanesthesia: 135/80 mm Hg
5": 135/80
10": 135/80
postoperation: 135/80

mmj (katsina)

female

22 yr

29/04-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 3 yr which started immediately after obstructed labor for 7 days, SB female, married 10 yr ago, not living with husband
EUO/F 3 cm, F/C 8 cm, AB/AU 2 cm

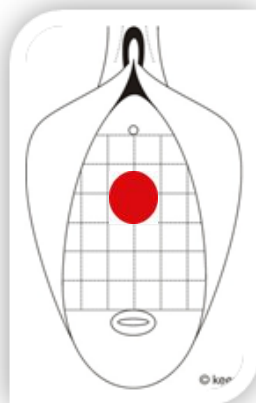
operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20.05.86	not leaking/labium healed	cath removed	bladder drill
21.05.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
12.06.86	idem		
12.08.86	not leaking at all, no incontinence, normal miction		healed, no stress



3 cm 0

RR
preanesthesia: 135/75 mm Hg
5": 130/75
10": 130/75
postoperation: 130/75

Pt 336

KATSINA

VVF 367

aag (katsina)

female

16 yr

02/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 1 yr which started immediately following obstructed labor for 4 days, SB female, married 4 yr ago, not at husband; moderate vagina stenosis with pvw stricture
EUO/F 4 cm, F/C 1 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

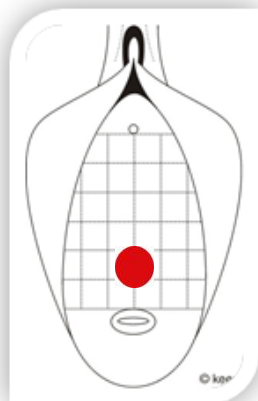
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.05 not leaking/labium healed cath out 29.05 leaking ch 16
04/06-86 pat removed catheter herself and left

03/04-89 not leaking, incontinence **++**, normal miction
insp/ healed, stress incontinence **++**
pat comes for hanya

23/05-89 operation: vaginoplasty VVF 1220
17.01.90 urine loss during coitus completely healed properly **instructed**
25/06-92 **very nice result** vagina \pm 12 cm deep not leaking at all



1.5 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 115/65
10": 115/65
postoperation: 110/65

Pt 337

KATSINA

VVF 368

aak (katsina)

female

25 yr

06/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIV (0 alive), \pm 3.5 cm 0 urethrovesicovaginal fistula and circumferential defect type **IIAb**, leaking urine for 10 yr which started immediatly following obstructed first labor for 4 days, SB male, married 12 yr ago, still living with husband; operated 1x, moderate vagina stenosis
EUO/F 1.5 cm, F/C 3 cm, AB/AU 2.5 cm

operation: UVVF-repair and fibrofatty graft R

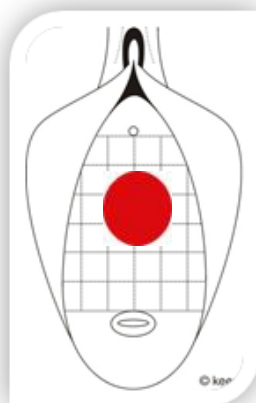
duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

doubtful repair but especially ??continence??

27.05 + 03.06 incontinnece/labium healed cath removed bladder drill
04.06 + 18.06 + 25.07.86 leaking healed, total urine stress incontinence



3.5 cm 0

RR
preanesthesia: 115/70 mm Hg
5": 110/65
10": 110/65
postoperation: 105/60

rikl (katsina)

female

20 yr

07/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PV (1 alive), **very extensive** \pm 6 cm 0 urethrovesicovaginal fistula with almost complete loss of bladder mucosa type **IIAa**, leaking urine for 8 mth that started immediately following TAH bco obstructed last labor for 2 days, SB female, married 8 yr ago, not living with husband
EUO/F 4 cm, F/V 0 cm

operation: ureter L, bladder reconstruction and UVVF-repair

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

catheterization L ureter for 25 cm in a small piece of 2x2 cm bladder mucosa, R ureter not identified, incision at fistula edge, sharp dissection of avw, sharp dissection of bladder whereby peritoneum is opened, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, no gv check (small bladder capacity), avw closure by bilateral mobilized labia minora by chromic catgut 1/5, vagina pack; free urine flow

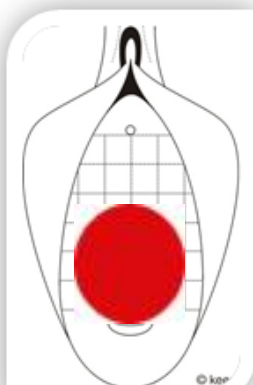
28.05 ureter cath out 04.06 leaking cath removed bladder drill
28.07 + 12.08.86 not leaking, incontinence \pm , normal miction healed, stress \pm
06/11-86 not leaking, only at night \pm , no incontinence, normal miction
insp/ healed, small bladder capacity

04/02-88 **new leakage** insp_gv/ minute fistula deep L **?what happened?**
28/03-88 operation: VVF-repair_ff graft R VVF 900

29/03-89 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence normal fluor

13.06.09 **impacted large bladder stone first drinking!!** R=3 L=5
28.06.09 operation: cystostomy + stone removal VVF 7658

27.06.10 **PV (1 alive)** leaking & no miction insp/ ?fistula?, euo drawn inside
everything fixed, severe stenosis tca 6 mth



strange 6 cm 0

RR
preanesthesia: 130/85 mm Hg
5": 130/80
10": 110/70
postoperation: 100/50

Pt 339

KATSINA

VVF 370

flk (rép niger)

female

20 yr

08/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 2 yr which started 6 days following obstructed labor for 6 days SB female, married 6 yr ago, not living with husband
EUO/F 6 cm, F/C 5 cm

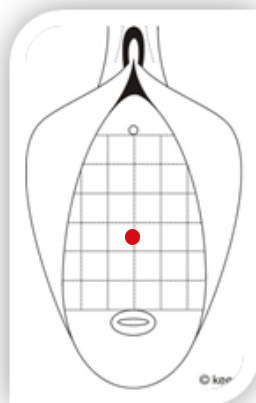
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

28.05.86	not leaking at all	cath removed	bladder drill
29.05.86	not leaking at all, no incontinence, normal miction		
	insp/	healed, no stress incontinence	
12.06.86	idem		
19.11.86	not leaking at all, no incontinence, normal miction		healed, no stress



0.5 cm 0

	RR
preanesthesia:	170/100 mm Hg
5":	150/90
10":	140/90
postoperation:	130/80

hmt (katsina)

female

17 yr

08/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 5 mth which started immediately following obstructed labor for 2 days, SB male, married 3 yr ago, not at husband, narrow pubic angle
EUO/F 4 cm, F/C 8 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

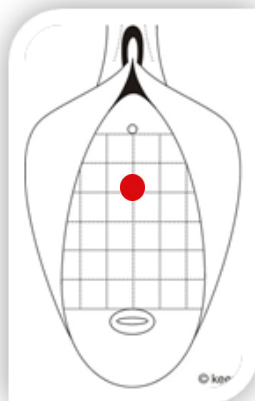
28.05.86 not leaking/labiumhealed cath removed bladder drill

29.05.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

06.08.86 idem

05.11.86 not leaking at all, no incontinence, normal miction healed, no stress

01/04-87 **amenorrhoea for 4 mth** not leaking at all **instructions**



1 cm 0

RR
preanesthesia: 150/80 mm Hg
5": 145/70
10": 135/60
postoperation: 120/60

Pt 341

KATSINA

VVF 372

smm (katsina)

female

28 yr

08/05-86

surgeon: Kees WAALDIJK

assistant: Brigitte GEISLER

diagnosis: PII (1 alive), ± 5 cm 0 vesicovaginal fistula type I, leaking urine of 4 yr which started immediately following obstructed labor for 1.5 days, SB female, not living with husband
EUO/F 7 cm, F/C 0 cm

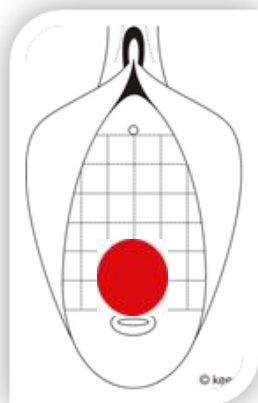
operation: bilateral ureters and VVF-repair

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral ureter catheterization for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by a single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

23.05 ureter cath out 19.06 not leaking at all cath out bladder drill
20.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
04.07 + 29.07.86 idem
26.11.86 not leaking at all, no incontinnece, normal miction healed, no stress



5 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 140/80
postoperation: 115/60

Pt 342

KATSINA

VVF 373

fsm (katsina)

female

23 yr

09/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), \pm 0.5 cm 0 urethrovesicovagina fistula R type **IIAa**, leaking urine for 3 mth that started immediately following obstructed last labor for 1 day, SB female, married 12 yr ago, still living with husband
EUO/F 4 cm, F/C 8 cm

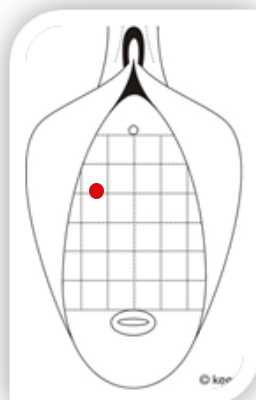
operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.05.86 not leaking/labium healed cath removed bladder drill
29.05.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
17.06.86 not leaking, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 160/90 mm Hg
5": 160/90
10": 145/80
postoperation: 130/75

aasb (rép niger)

female 20 yr

12/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PV (0 alive), \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 1 yr which started immediately following obstructed last labor for 1 day, SB male, married 6 yr ago, not with husband; ??operated??
EUO/F 4 cm, F/C 7 cm

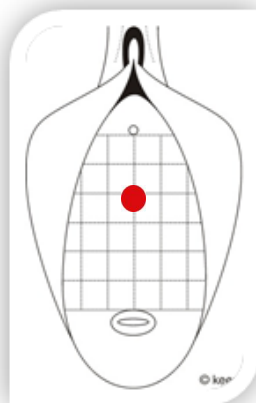
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw whereby bladder further traumatized, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.05.86	not leaking/labium healed	cath removed	bladder drill
29.05.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
12.06.86	idem		
26.11.86	not leaking at all, no incontinence, normal miction		healed, no stress



1 cm 0

	RR
preanesthesia:	125/70 mm Hg
5":	125/70
10":	125/70
postoperation:	110/70

rib (rép niger) female 18 yr 12/05-86

surgeon: Kees WAALDIJK

assistant: trainee

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, proximal rectovaginal fistula, leaking urine/passing stools pv for 3 yr which started immediately following obstructed labor for 2 days, SB male, married 6 yr ago, not with husband
EUO/F 2 cm, F/C 1 cm, AB/AU

operation: UVVF-repair and fibrofatty graft R

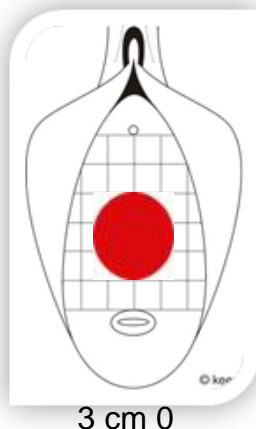
duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

21.05.86 gastroenteritis ort

23/05-86 severe gastroenteritis with severe dehydration



RR
preanesthesia: 135/80 mm Hg
5": 135/70
10": 120/70
postoperation: 120/70

hik (katsina)

female

35 yr

15/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PXI (5 alive), \pm 3 cm 0 urethrovesicovaginal fistula R type **IIAa**, leaking urine for 3 yr which started immediately following obstructed last labor for 6 days. SB male/female twins, married 20 yr ago, still living with husband EUO/F 4 cm, F/C 6 cm

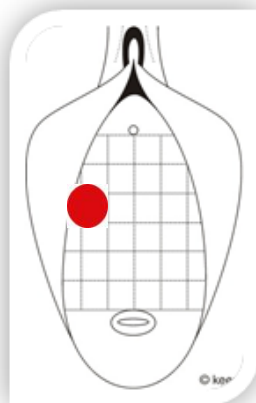
operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

	03.06.86	not leaking/labium healed	cath removed	bladder drill
04.06.86		not leaking at all, no incontinence, normal miction		
		insp/ healed, no stress incontinence		
18.06.86		not leaking at all, no incontinence, normal miction		healed, no stress



3 cm 0

	RR
preanesthesia:	130/85 mm Hg
5":	120/70
10":	120/70
postoperation:	120/70

blm (katsina)

female

20 yr

15/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **multiple two** \pm 1 cm and \pm 0.2 cm 0 urethrovesicovaginal fistula R/midline type **IIAb**, leaking urine for 4 yr that started immediately following obstructed last labor for 4 days, SB male, married 7 yr ago, not with husband; operated 1x; urethra block
EUO/F 3 cm, F/C 5 cm

operation: UVVF-repair

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

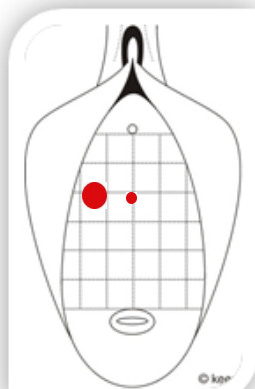
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue +++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

03.06.86 not leaking at all cath removed bladder drill

04.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

18.06.86 idem

12.11.86 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR

preanesthesia: 145/95 mm Hg

5": 145/80

10": 130/80

postoperation: 120/75

Pt 347

KATSINA

VVF 378

msf (katsina)

female

21 yr

26/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), **multiple three** ± 0.2 cm 0 urethrovesicovaginal fistula R/ midline/L type **IIAa**, leaking urine for 6 yr which started immediately following obstructed last labor for 3 days, married 8 yr ago, SB male, husband died; operated 2x
EUO/F 4 cm, F/C 4 cm

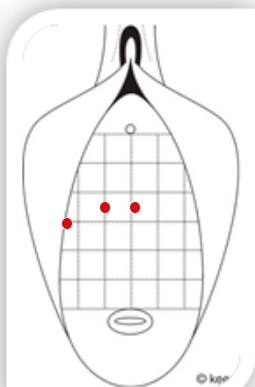
operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistulas, sharp dissection of avw, scar tissue ++, FOLEY Ch 18, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

19.06.86	not leaking/labium healed	cath removed	bladder drill
20.06.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
03.07 + 29.07.86			
11.11.86	not leaking at all, no incontinence, normal miction		healed, no stress



multiple fistulas

RR
preanesthesia: 120/75 mm Hg
5": 120/75
10": 110/70
postoperation: 100/65

Pt 348

KATSINA

VVF 379

hhmg (katsina)

female

28 yr

26/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIV (2 alive), ± 3x2 cm urethrovesicovaginal fistula midline type **IIAb**, leaking urine **a) for 7 mth** which started immediately following obstructed last labor for 4 days, live female, **b) for 32 days** following introduction of piece of wood into vagina, married 17 yr ago pre(menarche 2 yr later), still living with husband; **probably obstetric**
EUO/F 4 cm, F/C 5 cm

operation: UVVF-repair

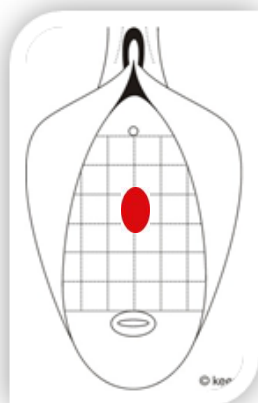
duration: 35 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, longitudinal avw closure by chromic catgut 1/5, vagina pack; free urine flow

19.06.86 not leaking at all cath removed bladder drill
20.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
04.07 + 06.08,86 idem
23.04.87 not leaking at all, no inbcontinence, normal miction healed, no stress

second obstetric fistula completely ok until PVII (4 alive) live male at home
23/09-94 operation: UVF/UVVF-repair VVF 2878
06/04-95 not leaking at all, no incontinence, normal miction
insp/ healed, moderate elevation, no stress incontinence



3x2 cm

RR
preanesthesia: 125/70 mm Hg
5": 115/65
10": 110/65
postoperation: 105/65

nsm (rép niger)

female

30 yr

26/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (1 alive), \pm 4 cm 0 urethovesicovaginal fistula type **IIAb**, **multiple two** \pm 1 cm 0 proximal rectovaginal fistula and distal rectovaginal fistula with sphincter ani rupture, leaking urine/passing stools pv for 3 yr that started immediately following obstructed 2nd labor for 1 day, SB female, married 15 yr ago, not with husband, vagina stenosis, cervix retracted/ fixed EUO/F 3 cm, F/C 0 cm

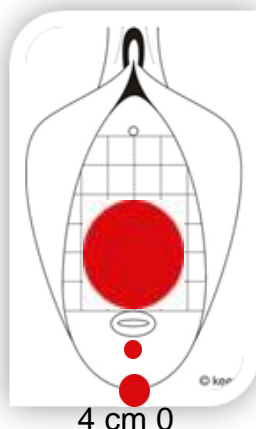
operation: UVVF-repair and fibrofatty graft R

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles to pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

19.06 + 02.07.86 not leaking/labium healed cath removed bladder drill
 02.07.86 not leaking at all, no incontinence, normal miction stools ok
 insp/ healed, no stress
 28.07 + 13.08.86 idem
 29.11.96 not leaking at all, no incontinence, stools ok healed, no stress
 sphincter rupture with large rvf pat **not** concerned about repair



RR
 preanesthesia: 150/90 mm Hg
 5": 150/90
 10": 150/90
 postoperation: 100/60

hgr (rép niger)

female

18 yr

27/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 2 yr which started immediately follow ing obstructed labor for 3 days, SB female, married 5 yr ago, not living with husband, vagina stenosis
EUO/F 2 cm, F/C 3 cm

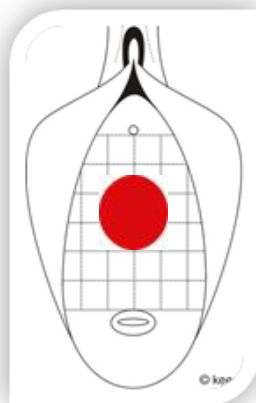
operation: UVVF-repair, fibrofatty graft R, avw and vaginoplasty

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by mobilized labium minus L by chromic catgut 1/5, widening vaginoplasty by skin rotation flap from L buttock, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

19.06.86	not leaking/wounds healed	cath removed	bladder drill
20.06.86	not leaking at all, no incontinence, normal miction insp/	healed, no stress incontinence	
03.02.87	not leaking at all, no incontinence, normal miction		healed, no stress



3 cm 0

RR
preanesthesia: 145/85 mm Hg
5": 135/85
10": 115/70
postoperation: 110/70

Pt 351

KATSINA

VVF 382

azff (katsina)

female

25 yr

27/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), \pm 1 cm 0 urethrovesicovaginal fistula slightly at R type **IIAa**, leaking urine for 8 yr which started 10 days following first obstructed labor for 2 days, SB male, married 10 yr ago, not at husband; operated 2x EUO/F 4 cm, F/C 4 cm

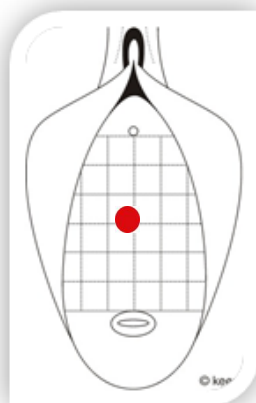
operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of atrophic avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

- 19.06.86 not leaking/labium healed cath removed bladder drill
- 20.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 08.07 + 12.08.86 idem
- 03.02.87 not leaking at all, no incontinence, normal miction healed, no stress
- 23/08-89 **amenorrhoea for 4 mth** not leaking at all **instructions**



1 cm 0

RR
 preanesthesia: 130/85 mm Hg
 5": 130/85
 10": 130/85
 postoperation: 130/85

Pt 82

KATSINA
post medium I repair

VVF 383/90
RVF 1

ask (rép niger)

female

26 yr

28/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, residual \pm 1 cm 0 vesicovaginal fistula R following repair 18/2-85; **RVF healed** repair 30/4-84; 2x2x1 cm bladder stone

operation: stone removal and VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

fistula retracted/fixated to R pubic bone, removal of 2x2x1 cm stone, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw from f_f graft/bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

19.06 + 26.06.86 leaking cathz removed bladder drill
25.07.86 leaking not possible to locate exactly

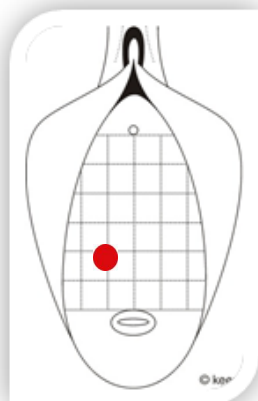
12/01-88 leaking insp_gv/ fistula

16/01-88 operation: VVF-repair

VVF 921

12/04-89 operation: VVF-repair

VVF 1159



1 cm 0

RR
preanesthesia: 135/80 mm Hg
5": 115/75
10": 115/75
postoperation: 115/70

bsdms (katsina)

female

20 yr

28/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

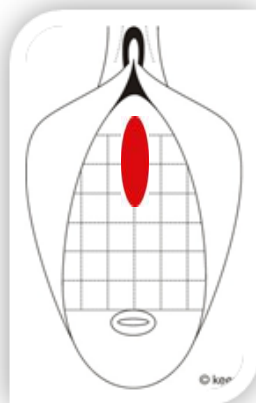
diagnosis: PI, \pm 4x1 cm urethrovesicovaginal fistula type **IIa**, leaking urine for 2 yr which started immediately following obstructed labor for 7 days, SB male, married 6 yr ago, not with husband
EUO/F 0 cm, F/C 0 cm

operation: UVVF-repair, urethra and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision at fistula edge, sharp dissection of avw, FOLEY Ch 16, tension-free longitudinal urethra reconstruction and bladder closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow
19.06 + 26.06.86 incontinence cath removed bladder drill

27.06.86 not leaking, incontinence \pm , normal mictioninsp/ healed, stress incontinence \pm 22.07.86 not leaking, incontinence \pm , normal miction healed, stress \pm 

4x1 cm

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 115/60
postoperation: 125/70

Pt 353

KATSINA

VVF 385

hm SOKOTO city

female

20 yr

29/05-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (0 alive), \pm 4 cm 0 urethrovesicovaginal fistula fixed onto symphysis type **IIAb**, leaking urine for 2 yr which started immediately fol lowing obstructed last labor for 1 day, SB female, married 7 yr ago, not living with husband; operated 1x, drop foot R
EUO/F 3 cm, F/C 4 cm

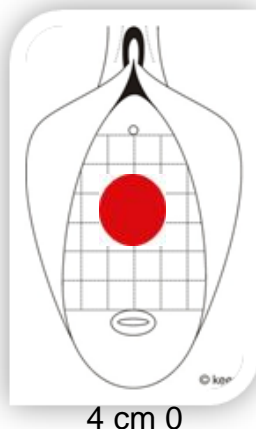
operation: UVVF-repair

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of aww, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting at angles, gv check, transverse aww closure by chromic catgut 1/5, vagina pack; free urine flow

19.06 + 30.06.86 not leaking at all cath removed bladder drill
01/07-86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence



RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 125/75
postoperation: 125/75

lij (katsina)

female

18 yr

29/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 4 mth which started immediately following obstructed labor for 7 days, SB female, married 3 yr ago, not living with husband, moderate vagina stenosis
EUO/F 2.5 cm, F/C 5 cm

operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

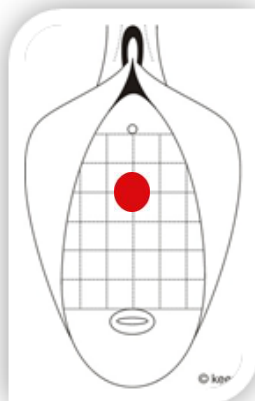
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

19.06.86 not leaking/labium healed cath removed bladder drill

20.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

04.07 + 12.08.86 idem

05.11.86 not leaking at all, no incontinence, normal miction healed, no stress

24/06-87 **amenorrhea for 6 mth** not leaking at all **instructions**

1.5 cm 0

RR

preanesthesia: 140/80 mm Hg

5": 125/70

10": 125/70

postoperation: 125/70

bam (katsina)

female

22 yr

30/05-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIV (3 alive), \pm 2 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 1 yr which started immediately following an obstructed last labor for 2 days, SB male, married 10 yr ago, not living with husband; bilateral drop foot
EUO/F 4 cm, F/C 5 cm, AB/AU 1 cm

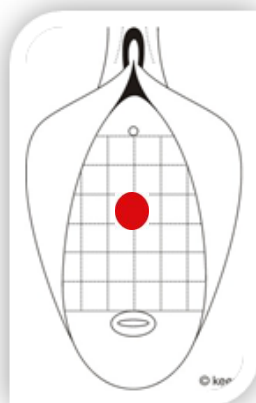
operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

19.06.86 not leaking/labium healed cath removed bladder drill
20.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
08.07 + 12.08.86 idem
05.11.86 not leaking at all, no incontinence, normal miction healed, no stress
R ok L almost

22/07-87 **amenorrhea for 5 mth** not leaking at all **instructions**

2 cm 0

RR
preanesthesia: 135/80 mm Hg
5": 120/70
10": 120/70
postoperation: 100/60

rybm (katsina)

female

17 yr

02/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula midline type **IIAa**, leaking urine for 3 yr which started immediately following obstructed labor for 3 days, SB female, married 4 yr ago, not at husband; operated 1x
EUO/F 5 cm, F/C 5 cm

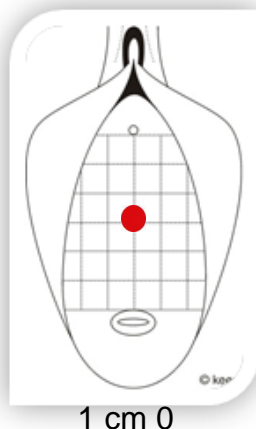
operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

24.06.86	not leaking/labium healed	cath removed	bladder drill
25.06.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no incontinence		
10.07.86	idem		
11.11.86	not leaking at all, no incontinence, normal miction		healed, no stress



	RR
preanesthesia:	140/90 mm Hg
5":	130/90
10":	130/90
postoperation:	120/80

fitw (kano) female 18 yr 02/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 3 yr which started immediately following obstructed labor for 3 days, SB female, married 8 yr ago, not living with husband; vagina stenosis, "successful" RVF-repair 15/8-85 with residual 1 cm 0 fistula but according to patient everything totally ok
EUO/F 3 cm, F/V 0 cm

operation: UVVF-repair and fibrofatty graft R

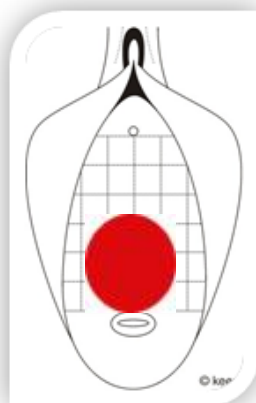
duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, ureters **not** identified, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by a single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.06.86 gastroenteritis

06.06.86 sudden unexpected eclampsia or severe toxemia/dehydration



4 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 125/70
10": 115/70
postoperation: 110/70

Pt 358

KATSINA

VVF 390

iub (katsina)

female

20 yr

03/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), ± 3 cm 0 vesicovaginal fistula type I, leaking of urine for 2 yr which started immediately following an obstructed last labor for 1 day, SB male, married 7 yr ago, not living with hus band; operated 2x EUO/F 6 cm, F/C 2 cm

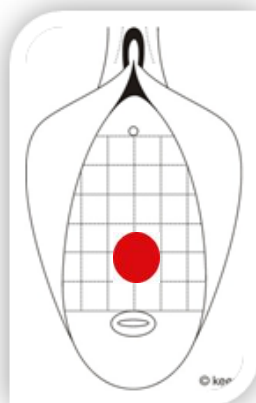
operation: VVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, scar tissue ++, sharp dissection of bladder from cervix FOLEY Ch 20, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

- 24.06.86 not leaking/labium healed cath removed bladder drill
- 25.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence vagina ok
- 10.07.86 idem
- 13.11.86 not leaking at all, no incontinnece, normal miction healed, no stress
- 02/09-87 **amenorrhea for 5 mth** not leaking at all **instructions**



RR
 preanesthesia: 140/90 mm Hg
 5": 140/85
 10": 125/75
 postoperation: 125/75

hym (katsina)

female

17 yr

03/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 2 yr which started 7 days following CS bco obstructed labor for 3 days, SB male, married 5 yr ago, not living with husband; moderate vagina stenosis EUO/F 6 cm, F/C 0 cm

operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, skin closure, pack; free urine flow

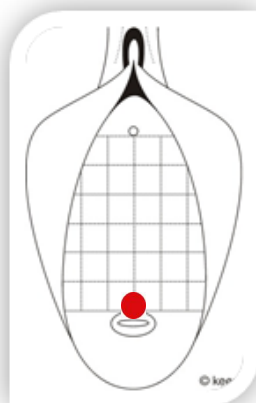
24.06.86 not leaking at all cath removed bladder drill

25.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

10.07.86 idem

05.11.86 not leaking at all, no incontinence, normal miction healed, no stress

19/03-87 **amenorrhea for 4 mth** not leaking at all **instructions**



0.5 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 140/80
10": 140/80
postoperation: 120/70

Pt 360

KATSINA

VVF 392

rsdd (kano)

female

33 yr

05/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PXI (7 alive), \pm 2 cm 0 vesicovaginal fistula R type I, leaking urine for 2 yr which started immediately following obstructed last labor for 6 days, SB male, married 20 yr ago, not at husband
EUO/F 7 cm, F/C 2 cm

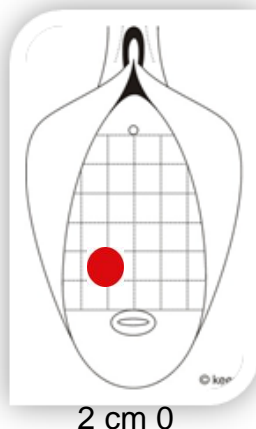
operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

24.06.86 not leaking at al cath removed bladder drill
25.06.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
08.07.86 idem
05.11.86 not leaking at all., no incontinence, normal miction healed, no stress



RR
preanesthesia: 160/95 mm Hg
5": 150/85
10": 150/85
postoperation: 130/80

Pt 361

KATSINA

VVF 393

sat (rép niger)

female

30 yr

05/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PV (2 alive), \pm 0.5 cm 0 vesicovaginal fistula slightly at L type I, leaking urine for 12 yr which started immediately following obstructed first labor for 3 days, SB male, married 17 yr ago, at husband still, vagina shortening EUO/F 6 cm, F/C 1 cm

operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

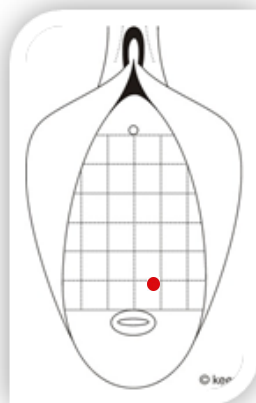
24.06.86 not leaking at all cath removed bladder drill

25.06.86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence vagina 8 cm deep

10.07.86 idem

18.11.86 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR

preanesthesia: 125/80 mm Hg

5": 110/70

10": 110/65

postoperation: 100/60

KATSINA
post large IIBa repair
development of incontinence surgery

nmbm (katsina) female 31 yr 06/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: total urine stress incontinence grade III, leaking urine whilst lying/sitting/standing/walking after repair 19/3-85

operation: elevation of bladder neck by pubococcygeus plasty

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at avw, sharp dissection of avw from f_f graft, mobilization of pc musculature, FOLEY Ch 16, elevation of bladder neck by uniting pc muscle underneath by chromic catgut 1/5, gv check: slight continuous spilling (small bladder capacity), avw closure by chromic catgut 1/5, vagina pack; free urine flow

24.06.86	not leaking at all	cath removed	bladder drill
25.06.86	not leaking at all, no incontinence, normal miction		
	Inspe/ healed, no stress		
10/07-86	not leaking, incontinence \pm , normal miction	healed, stress \pm	
11/11-86	started to leak 2 wk ago before that everything ok		?how?
	sex or abortion		

RR
preanesthesia: 165/95 mm Hg
5": 165/95
10": 165/90
postoperation: 130/75

msb (katsina)

female

20 yr

12/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 5 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 5 yr which started immediately following obstructed labor for 4 days, SB male, married 7 yr ago, not living with husband; operated 1x; **N.B.** sphincter ani rupture with rectovaginal fistula (pt says: **no** problem at all, **not even** stool /flatus incontinence)
EUO/F 4 cm, F/C 0 cm

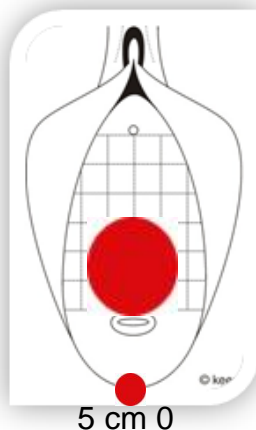
operation: ureter R, UVVF-repair and fibrofatty graft R

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

both ureters identified but only R catheterized for 25 cm, L blocked at 3 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow very difficult stool pollution

01/07-86 pat removed catheter herself by force since she wanted to go home
insp/ repair torn out as well as urethra left home



RR
preanesthesia: 135/85 mm Hg
5": 130/75
10": 130/70
postoperation: 115/70

mudd (katsina)

female

25 yr

16/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (1 alive), **multiple two** \pm 2 cm 0 urethrovaginal fistula and \pm 1 cm 0 urethrovesicovaginal fistula L type **IIBa**, leaking urine for 7 yr which started immediately following obstructed last labor for 2 wk, SB male, married 14 yr ago, not living with husband; operated 3x
EUO/F 1 cm, F/C 7 cm

operation: UVVF-repair, urethra and fibrofatty graft R

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

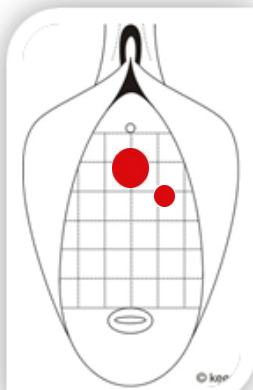
longitudinal severing of distal urethra, transverse incision at the bladder neck thru fistulas, sharp dissection of avw, scar tissue ++, tissue friable FOLEY Ch 16, tension-free longitudinal urethra reconstruction and transverse closure by single layer of inverting chromic catgut 00, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

14.07.86 not leaking/labium healed cath removed bladder drill
15.07 + 06.08.86 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +

14/07-87
30/10-87

operation: rhapsy_elevation

not leaking, minimal incontinence, normal miction
insp/ healed, stress incontinence \pm

VVF 665

multiple fistulas

RR
preanesthesia: 135/85 mm Hg
5": 125/75
10": 125/75
postoperation: 105/60

ais (katsina) female 20 yr 17/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula type **IIAb** and \pm 1 cm 0 proximal rectovaginal fistula, leaking urine/passing flatus pv for 6 yr which started immediately following obstructed labor for 2 days SB male, married 7 yr ago, not at husband, operated 1x, severe vagina stenosis with contracture ring, normal menstruation
EUO/F 4 cm, F/"C" 0 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

14.07.86 not leaking/labium healed cath removed bladder drill

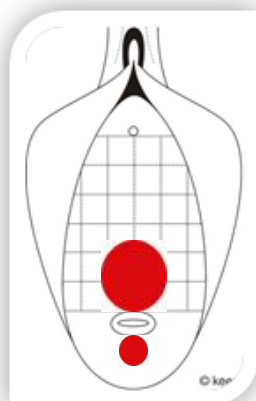
15.07 + 29.07.86 leaking & miction insp/ healed, stress +

22/10-86 operation: elevation VVF 769**29/04-89 operation: urethroplasty final VVF 1189**

06/04-90 leaking insp/ healed, total urine incontinence

19/02-92 operation: rectum repair 2x + vaginoplasty VVF 1896

04.07.92 total urine incontinence ??rvf??



3 cm 0

RR
preanesthesia: 120/80 mm Hg
5": 120/70
10": 110/65
postoperation: 105/60

aad (katsina)

female

20 yr

17/06-86

surgeon: Kees WAALDIJK

assistant: Abdullahi HARUNA

diagnosis: PII (0 alive), \pm 3 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking of urine for 5 yr which started immediately following obstructed first labor for 5 days, SB male, married 8 yr ago, not living with husband, pwv stricture EUO/F 2.5 cm, F/C 5 cm

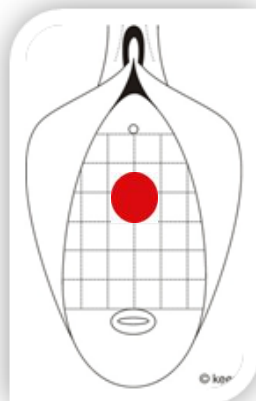
operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

midline severing of pwv stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

08.07.86	not leaking/labium healed	cath removed	bladder drill
09.07.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence	vagina ok	
23.07 + 12.11.86	idem		
08.01.87	not leaking at all, no incontinence, normal miction		healed, no stress
29.06.87	amenorrhea for 3 mth	not leaking at all	instructions



3 cm 0

	RR
preanesthesia:	125/75 mm Hg
5":	125/75
10":	125/70
postoperation:	115/65

Pt 367

KATSINA

VVF 400

sic (katsina)

female

15 yr

18/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3 cm 0 vesicovaginal fistula midline type I, leaking urine for 1 yr which started immediately following CS bco obstructed labor for 3 days, SB female, married 3 yr ago, not with husband
EUO/F 8 cm, F/C 0.5 cm

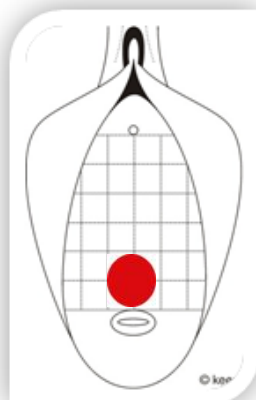
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

08.07.86 not leaking at all cath removed bladder drill
09.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
22.07.86 not leaking at all, no incontinence, normal miction healed, no stress



3 cm 0

RR
preanesthesia: 120/70 mm Hg
5": 110/70
10": 100/60
postoperation: 110/70

sgk (katsina)

female

17 yr

18/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (0 alive), \pm 0.5 cm 0 vesicovaginal fistula midline type **IIAa**, leaking urine for 5 mth which started immediately following obstructed last labor for 4 days, SB male, married 3 yr ago, not with husband
EUO/F 5 cm, F/C 6 cm

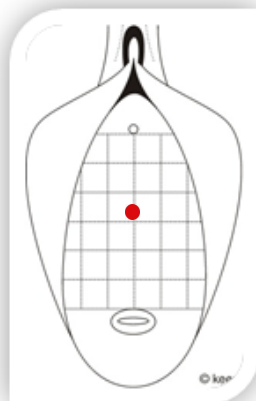
operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

08.07.86 not leaking at all cath removed bladder drill
09.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
23.07.86 idem
11.11.86 not leaking at all, no incontinence, normal miction healed, no stress
14/04-87 **amenorrhea for 3 mth** not leaking at all **instructions**



0.5 cm 0

RR
preanesthesia: 135/90 mm Hg
5": 130/80
10": 125/75
postoperation: 95/60

hidg (katsina)

female

19 yr

18/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 1.5 cm 0 vesicovaginal fistula R type I, leaking of urine for 10 mth which started immediately following obstructed labor for 2 days, SB male, married 5 yr ago, not living with husband
EUO/F 6 cm, F/C 4 cm

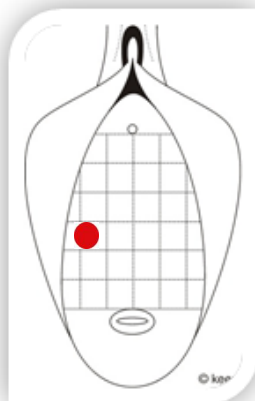
operation: VVF-repair

duration: 40 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

08.07 + 28.07 leaking 07.08.86 not leaking at all cath removed drill
08.08.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
20.08.86 idem
11.11.86 not leaking at all, no incontinence, normal miction healed, no stress
12/06-89 **amenorrhea for 6 mth** not leaking at all **instructions**



1.5 cm 0

RR
preanesthesia: 135/80 mm Hg
5": 130/70
10": 110/60
postoperation: 110/60

**nb total urine stress incontinence + ureter fistula
post large I repair**

ahn (katsina) female 16 yr 19/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: cystocele with total urine stress incontinence grade III, leaking urine whilst lying/sitting/standing/walking after repair 23/5-85

operation: elevation of bladder neck by pubococcygeus plasty

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

FOLEY Ch 16, avw incision, sharp dissection of avw from f_f graft, elevation of bladder neck by uniting pubococcygeus muscles underneath, 100 ml gv check: no spilling, avw closure by chromic catgut 1/5, vagina pack; free urine flow

08.07 leaking 14.07.86 not leaking at all cath removed bladder drill
15.07 + 06.96.86 leaking ± & miction healed, no stress
19.11.86 + 03.04.87 leaking & miction insp_gv/ no leakage_no stress
but clear urine in vaginae R ureter fistula confirmed by sound

nb total incontinence + ureter fistula PV (0 alive)
25.01.03 operation: vaginal implantation R ureter

vvf 5548

RR
preanesthesia: 125/85 mm Hg
5": 125/75
10": 115/70
postoperation: 120/80

**post large yankan gishiri IIBa repair
development of incontinence surgery**

fig (jigawa) female 20 yr 19/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: P0, total urine stress incontinence grade III with a too short urethra, leaking urine for 4 yr which started immediately after native surgery yankan gishir by wanzami because she refused sex with husband, married 7 yr ago, not living with husband, operated 1x with this outcome, introitus stricture wide open 1.5 cm neourethra_EUO

operation: lengthening urethroplasty, elevation and introitus plasty

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

median episiotomy as urethra pulled away from symphysis, Y avw incision and sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free longitudinal lengthening urethroplasty by by single layer of inverting chromic cat gut 00, urethra now 3.5-4 cm long, elevation by uniting pubococcygeus muscles underneath, gv check by 150 ml: no spilling on cough, avw closure by chromic catgut 1/5, transverse closure of episiotomy, vagina pack; free urine flow

08.07.86 not leaking at all cath removed bladder drill

09.07.86 not leaking, no incontinence, normal miction
insp/ healed, no stress incontinence

22.07 + 28.10.86 idem

28.01.87 not leaking at all, no incontinence, normal miction healed, no stress

24/02-88 now leaking insp/ healed, total stress incontinence **?how?**

22/03-89 **amenorrhoea for 5 mth** not leaking, only incontinence ±± walking
instructions

RR

preanesthesia: 125/80 mm Hg

5": 125/80

10": 115/70

postoperation: 115/70

mak (rép niger)

female

20 yr

24/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: P1, \pm 6x2 cm urethrovesicovaginal fistula type **IIa**, small proximal rectovaginal fistula, leaking urine and passing diarrheic stools pv for 6 yr which started immediately following obstructed labor for 2 days SB male, married 8 yr ago, not living with husband; operated 1x severe vagina stenosis with contraction ring
EUO/F 0 cm, F/C 1 cm

operation: urethra and UVVF-repair

duration: 90 min

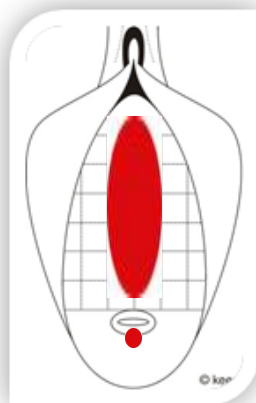
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, wide U incision, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free longituinal bladder closure/urethra by single layer of inverting chromic catgut 00, gv check, avw avw closure by bilateral mobilized flaps from both labia by chromic catgut 1/5, vagina pack; free urine flow

flatus but not stools pv during operation though RVF not identified

14.07 + 28.07 + 07.08.86 leaking cath removed bladder drill

08.08 + 20.08.86 not leaking, incontinence \pm , normal miction healed, stress \pm
18.10.88 leaking & miction partial urethra loss, severe vagina stenosis



6x2 cm

RR
preanesthesia: 125/80 mm Hg
5": 125/80
10": 115/70
postoperation: 115/70

ddk KANO city female 18 yr 24/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 2 cm 0 vesicovaginal fistula type **IIAb**, small proximal rectovaginal fistula R, leaking urine/passing diarrheic stools pv for 3 yr which started immediately following obstructed labor for 2 days SB male, married 6 yr ago, not with husband, pvw stricture and cervix displaced at R EUO/F 5 cm, F/C 1 cm

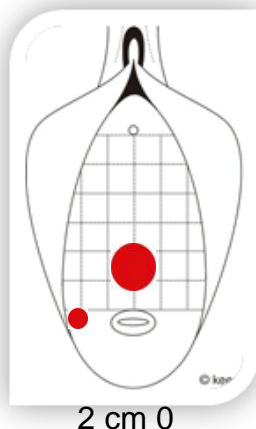
operation: VVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

longitudinal severing of stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow passing flatus but no stools pv during operation though RVF not identified

14.07.86	not leaking/labium healed	cath removed	bladder drill
15.07.86	not leaking at all, no incontinence, normal miction insp/	healed, no stress incontinence	vagina ok
16.01.87	not leaking at all, no incontinence, normal miction		healed, no stress



RR
 preanesthesia: 130/75 mm Hg
 5": 110/60
 10": 110/60
 postoperation: 110/60

Pt 373

KATSINA

VVF 407

hmk (rép niger)

female

30 yr

25/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PIII (0 alive), ± 1 cm 0 urethrovesicovaginal fistula R with a circumferential defect type **IIAb**, leaking urine for 7 mth which started immediately following obstructed labor for 2 days, SB male, married 15 yr ago, not living with husband
EUO/F 4 cm, F/C 7 cm, AB/AU 1 cm

operation: UVVF-repair

duration: 40 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, a difficult sharp dissection of avw since avw fixed to R pubic bone, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 with fixation of angle onto pubic bone, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow
14.07.86 not leaking at all cath removed bladder drill
total incontinence

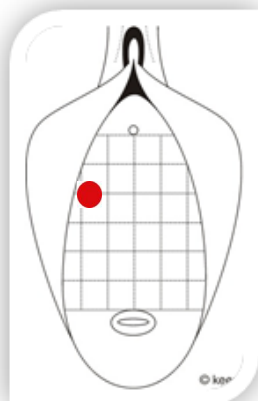
26/10-86 operation: rhapsy_elevation VVF 773
total urine incontinence

02/05-89 operation: lengthening urethroplasty VVF 1194
total urine incontinence

25/03-90 operation: colposuspension VVF 1467

20/08-90 not leaking, incontinence ++, normal miction
insp/ healed, good elevation, no stress incontinence

30/01-92 **amenorrhea for 6 mth** only incontinence ++ **instructions**



1 cm 0

RR
preanesthesia: 150/95 mm Hg
5": 130/80
10": 130/80
postoperation: 110/70

see development postrepair incontinence surgery: vvf 612

cagl (rép niger) female 19 yr 26/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, \pm 3x2 cm vesicovaginal fistula midline type I, leaking urine for 3 yr which started immediately following obstructed labor for 1 day, SB male, married 5 yr ag, not with husband; operated 1x
EUO/F 6 cm, F/C 0 cm

operation: VVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

14.07 leaking/labium healed 28.07.86 leaking cath removed drill
29.07 + 12.08 + 28.10.86 not leaking, incontinence \pm , normal miction

insp/ healed, stress incontinence \pm

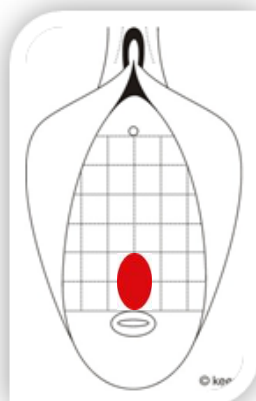
05.01.87 leaking 09.01.87 insp_gv/ healed, stress incontinence +

12/04-87 operation: rhapsy_elevation_bladder_graft_fixation VVF 612

09/09-87 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

08/08-89 **amenorrhoe for 3 mth** not leaking at all **instructions**



3x2 cm

RR
preanesthesia: 140/85 mm Hg
5": 120/70
10": 110/60
postoperation: 110/60

ydy (katsina)

female 25 yr

27/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PI, **multiple two** \pm 4 cm 0 urethrovesicovaginal fistula and minute vesicovaginal fistula midline type **IIAb**, leaking urine for 7 yr which started immediately following obstructed labor for 2 days, female SB, married 10 yr ago, not living with husband; probably 1x operated
EUO/F 4 cm, F/F 1 cm, F/C 0 cm

operation: UVVF/VVF-repair and fibrofatty graft R

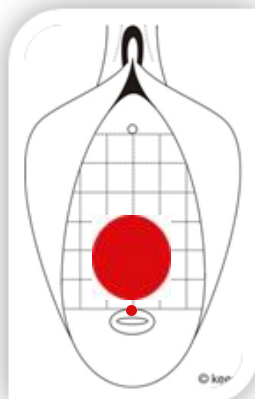
duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistulas' edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

14.07.86 not leaking/labiumhealed cath removed bladder drill
15.07 + 29.07.86 not leaking, incontinence +, normal miction
insp/ healed, stress incontinence +

second obstetric fistula + sphincter ani rupture PII (1 alive) live male in hospital
29/06-95 operation: UVVF-repair VVF 3194
20/07-95 leaking & normal miction insp/ ?healed?, no stress



4 cm 0

RR
preanesthesia: 135/85 mm Hg
5": 135/85
10": 135/85
postoperation: 125/75

sak (katsina)

female

30 yr

30/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PVII (2 alive), \pm 0.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**,
leaking urine for 4 mth which started immediately following obstructed last
labr for 1 day, SB male, married 15 yr ago, not living with husband, cysto-
cele ++
EUO/F 4 cm, F/C 7 cm

operation: UVVF-repair and elevation by pubococcygeus plasty

duration: 40 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

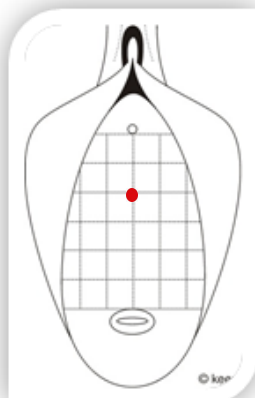
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of
avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic
catgut 00, gv check, no ff graft but since cystocele ++ elevation by uniting pubo-
coccygeus muscles underneath by chromic catgut 1/5, transverse avw closure by
chromic catgut 1/5, vagina pack; free urine flow

14.07.86 not leaking at all cath removed bladder drill

15.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

28.07 + 11.11.86 idem

14.01.87 not leaking, no incontinence, normal miction insp/ healed

01/08-88 **PVIII (3 alive)** delivered live female **at home** not leaking at all

0.5 cm 0

RR
preanesthesia: 140/90 mm Hg
5": 130/80
10": 130/80
postoperation: 120/70

ahy (katsina) female 16 yr 30/06-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: UV-stricture of neourethra with overflow and/or stress incontinence following a urethra reconstruction; **vagina malformation**, menarche 3 mth ago

operation: dilatation, elevation of bladder neck and vaginoplasty

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy in such a way that all vagina mucosa forms avw, wide blunt dissection of tissue between uterus/rectum without opening peritoneum cervix:uterus 5-6 cm longmidline avw incision, sharp dissection of avw from f_f graft, dilatation, elevation of bladder neck by uniting pubococcygeus muscles underneath and tightening f_f graft by chromic catgut 1/5, FOLEY Ch 18, gv check by 100 ml: minimal spilling on cough, avw closure by chromic catgut 1/5, reconstruction of lateral_posterior vagina walls by bilateral skin rotation flaps from R/L buttocks, direct skin closure, vagina pack; free urine flow vagina 12 cm deep and broad for 2 fingers
 21.07 + 28.07 + 07.08 not leaking at all cath removed bladder drill
 08.08 + 14.08 + 20.08.86 leaking, incontinence \pm , normal miction
 insp/ healed dilatation of stricture

25.08.87 operation: dilatation + elevation + avw

vvf 701

RR
 preanesthesia: 125/70 mm Hg
 5": 125/70
 10": 120/70
 postoperation: 125/70

Pt 377

KATSINA

VVF 413

ua KADUNA city

female

18 yr

01/07-86

surgeon: Kees WAALDIJK

assistant: Mammani ADAMU

diagnosis: PII (1 alive), ± 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 4 yr which started immediately following CS bco obstructed first labor for 2 days, SB male, married 5 yr ago, not living with husband, pvw stricture, narrow pubic arch
EUO/F 2.5 cm, F/C 6 cm, AB/AU 2 cm

operation: UVVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

median severing of stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

14/07-86 leaking insp/ breakdown

22/12-86 operation: UVVF-repair VVF 502

12/03-88 operation: rhapsy_elevation of bladder neck VVF 882

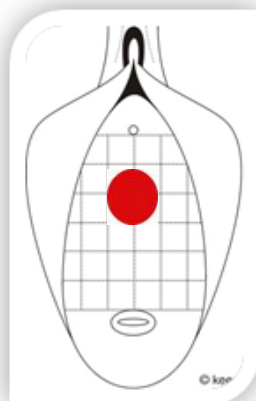
01/08-88 not leaking, incontinence ± at walking, normal miction
insp/ healed, stress incontinence ±

29/05-89 operation: urethroplasty VVF 1228

12/06-89 not leaking, incontinence ±, normal miction
insp/ healed, stress incontinence ±

05/10-89 operation: elevation by colposuspension VVF 1307

22/08-90 not leaking, incontinence ±, normal miction pat says ok
insp/ healed, stress incontinence ±



3 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 100/60

hrd (katsina) female 15 yr 02/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 3 mth which started immediately following obstructed labor for 2 days, SB female, married 2 yr ago, not with husband, not healed by catheter FOLEY Ch 18 for 6 wk
EUO/F 2.5 cm, F/C 8 cm

operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

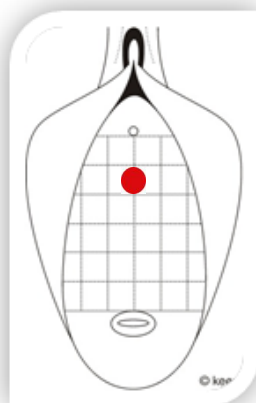
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

21.07.86 not leaking/labium healed cath removed bladder drill

22.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

06.08.86 idem

12.11.86 not leaking at all, no incontinence, normal miction healed, no stress

10/08-90 **amenorrhea for 7 mth** not leaking at all **instructions**

1 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 125/75
10": 125/75
postoperation: 125/75

dhr (katsina) female 42 yr 02/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: residual \pm 0.1 cm 0 vesicovaginal fistula midline after 3x VVF-repair 24/7-84, 1/3-85 and 4y ago; pemphigus
EUO/F 8 cm, F/V cm

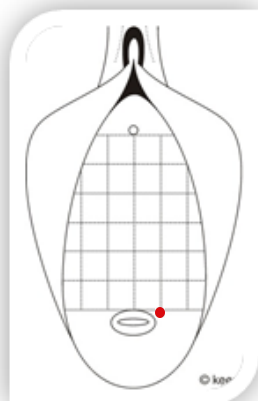
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

fistula demonstrated by gv, episiotomy L, transverse incision thru fistula, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check by 100 ml, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

21.07 + 28.07 + 07.08	not leaking at all	cath removed	bladder drill
08.08.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
20.08 + 05.11.86	idem		
23.11.86	not leaking at all, no incontinence, normal miction		healed, no sgtress
10/03-90	nb pat started to leak 11 mth ago after fever		
	6x4x4 cm vagina stone removed		



0.1 cm 0

	RR
preanesthesia:	150/80 mm Hg
5":	130/70
10":	130/70
postoperation:	150/80

hba (sokoto)

female

21 yr

03/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **very extensive** \pm 8 cm 0 urethrovesicovaginal fistula with large circumferential defect type **IIBb**, leaking urine for 7 yr which started 40?? days following obstructed labor for 2 days, SB female, married 10 yr ago, still with husband; operated 1x, pvw stricture
EUO/F 1 cm, F/C 1 cm, AB/AU 4 cm

operation: urethra, UVVF-repair, fibrofatty graft L, avw and vaginoplasty

duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L with severing of stricture, severing of distal urethra, wide incision at fistula edge, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, fixation of angles onto pubic bones, tension-free longitudinal urethra reconstruction and transverse closure by single layer of inverting chromic catgut 00, no gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by mobilized skin_mucosa L labia by chromic catgut 1/5, widening vaginoplasty by skin rotation flap from L buttock closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.07.86 cath blocked, wounds healed removed bladder drill
29.07 to 03.12.86 not leaking, no incontinence, normal miction
however 4x urine retention before menstruation 2x catheterized
14/01-87 dilatation of UV-stricture
18/02-87 not leaking, no incontinence, no retention, normal miction

10/09-87 **new** leaking there seems to be bladder stone
20/09-87 operation: cystostomy and stone removal VVF 728
20/10-87 abdominal wound healed pat refuses further dilatation
not leaking at all, no incontinence, normal miction



8 cm 0

RR
preanesthesia: 145/80 mm Hg
5": 145/80
10": 145/80
postoperation: 90/45 ivf

Pt 380

KATSINA

VVF 417

hdr (katsina)

female

25 yr

04/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PV (2 alive), \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 4 mth that started 7 days following CS bco obstructed last labor for 2 days, SB male, married 10 yr ago, not living with husband
EUO/F 6 cm, F/C 5 cm

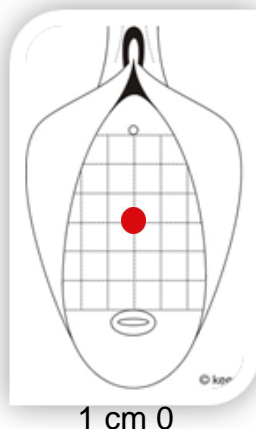
operation: VVF-repair

duration: 35 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

21.07.86 not leaking at all cath removed bladder drill
22.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
06.08.86 idem
10.11.86 not leaking at all, no incontinence, normal miction healed, no stress



RR
preanesthesia: 130/70 mm Hg
5": 130/70
10": 125/70
postoperation: 125/70

Pt 381

KATSINA

VVF 418

fhy (katsina)

female

25 yr

07/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 3 cm 0 vesicovaginal fistula midline type **IIAa**, leaking urine for 8 yr which started immediately following obstructed labor for 4 days, SB male, married 11 yr ago, not living with husband
EUO/F 5 cm, F/C 3 cm

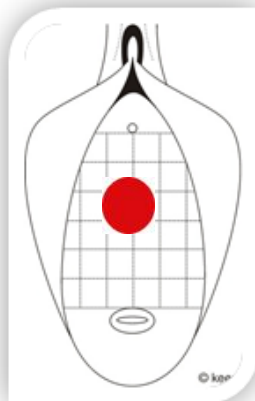
operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

28.07.86 not leaking at all cath removed bladder drill
29.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
12.08.86 idem
19.11.86 not leaking at all, no incontinnece, normal miction healed, no stress



3 cm

RR
preanesthesia: 140/85 mm Hg
5": 140/85
10": 130/80
postoperation: 125/75

bsb (katsina) female 30 yr 08/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PIII (2 alive), **traumatic** ± 6x4 cm urethrovesicovaginal fistula type **IIAa**, **leaking urine for 45 days (6 wk)** which started she herself started and her elder brother continued to cut something away (yankan gishiri) that came out of vagina (cystocele)
EUO/F 2 cm, F/C 5 cm

operation: UVVF-repair and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge, sharp dissection of avw, sharp dissection of blad der, FOLEY Ch 16, tension-free longitudinal closure by double layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.07.86 not leaking/labium healed cath removed bladder drill

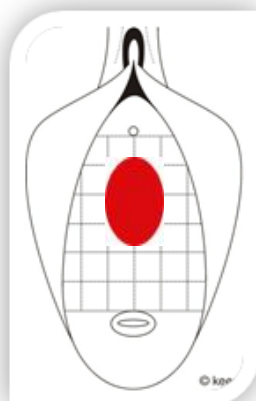
19.07.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

12.08.86 idem

05.11.86 not leaking at all, no incontinence, normal miction healed, no stress

14.01.87 not leaking at all **nb amenorrhea for 6 mth** instructions
fundus 24 wk

19.02.87 fundus 28-30 wk



6x4 cm

RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 130/75
postoperation: 130/75

maf (katsina) female 20 yr 08/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: residual **extensive** \pm 6 cm 0 urethrovesicovaginal fistula with a circumferential defect after repair 17/2-86
EUO/F 1 cm, F/C 3 cm, AB/AU 3 cm

operation: L ureter, UVVF-repair, urethra, fibrofatty graft L, avw and vaginoplasty

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of avw from bladder/f_f graft, sharp dissection of bladder only L ureter identified/catheterized for 25 cm, FOLEY Ch 18, tension-free longitudinal urethra and transverse bladder closure by single layer of inverting chromic catgut 00 starting with fixation to pubic bones, no gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by skin_mucosa advancement flap from L labia, vaginoplasty by skin rotation flap from L buttock, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20/07-86 **pat removed ureter catheter herself**28/07-86 **pat pulled FOLEY catheter out herself** bleeding
insp/ torn out including urethra**18.04.89 operation: R ureter + urethra/avw vvf 1168**

6 cm 0

RR
preanesthesia: 140/85 mm Hg
5": 125/75
10": 125/75
postoperation: 110/70

Pt 383

KATSINA

VVF 421

Pt 40

second ?obstetric? fistula

VVF 40

nyy (katsina)

female

42 yr

09/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PVIII (1 alive), **new leaking** for 1 yr , small \pm 0.1 cm 0 **?CS?**_vesicocer
vicovaginal fistula **??overlooked??** at repair 20/6-84; pat completely ok for
11 mth after this repair, not leaking whilst menstruating, cystocele
new obstetric fistula "miscarriage" SB male at home
EUO/F 8 cm, F/C 0 cm **previous repair healed**

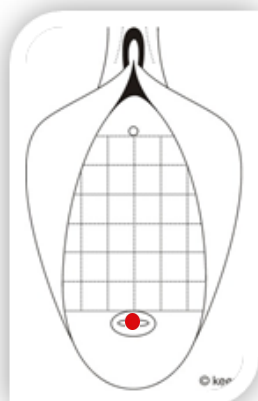
operation: CS_VCVF-repair and elevation of bladder neck

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

FOLEY Ch 16, fistula demonstrated by gv, incision at cervix, sharp dissec tion of aww
from bladder/f_f graft, difficult tension-free transverse closure by single layer of inverting
chromic catgut 00, suturing bladder transversely onto cervix, covering by graft, elevation
of bladder neck by uniting pubococcygeus muscles underneath, aww closure by
chromic catgut 1/5, vagina pack; free urine flow

28.07 + 07.08.86 not leaking at all cath removed bladder drill
08.08.86 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation (no cystocele), no stress
12.11.86 not leaking at all, no incontinnece, normal miction healed, no stress



0.2 cm 0

RR
preanesthesia: 160/90 mm Hg
5": 155/85
10": 150/85
postoperation: 125/70

Pt 384

KATSINA

VVF 422

rak (katsina)

female

20 yr

rvf
09/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **multiple two** ± 0.5 cm residual urethrovesicovaginal fistulas R/L lungu type **IIAb**, 1 cm 0 proximal rectovaginal fistula, leaking urine/passing of stools pv for 3 yr which started immediately following obstructed labor for 7 days, SB male, married 7 yr ago, not living at husband; operated 1x VVF/RVF, **NB** ± 4x2x2 cm bladder stone

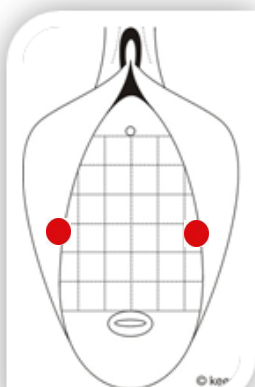
operation: stone removal, UVVF-"repair" and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistulas, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 20, tension-free transverse closure by suturing lateral bladder sides onto pubic bones, stone detected, transverse opening bladder neck, stone removal, flushing, transverse bladder adaptation, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

	28.07 incontinence	13.08.86 incontinence	cath removed	bladder drill
	14/08-86 not leaking, incontinence +, normal miction	insp/	healed, stress +	
09/12-86	operation: rhaphy_elevation by pc sling L			VVF 484
27/04-87	not leaking, incontinence +, normal miction	insp/	healed, stress incontinence +++	
31/10-87	operation: rhaphy_elevation			VVF 780
06/01-88	not leaking, incontinence +, normal miction	insp/	healed, stress incontinence ++	
29/01-89	not leaking at all, no incontinence, normal miction	after-dribbling		
	insp/	healed, no stress incontinence	2° cervix prolapse	



multiple fistulas

RR
preanesthesia: 125/85 mm Hg
5": 125/85
10": 115/80
postoperation: 115/80

AMINA LAWAL KAITA (katsina)

female

17 yr

10/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **very extensive** \pm 8 cm 0 urethrovesicovaginal fistula with a circumferential defect type **IIb**, proximal rectovaginal fistula, leaking urine/passing stools pv for 2 yr which started immediately following obstructed labor of 3 days, SB male, married 4 yr ago, not living with husband, vagina stenosis, pvw stricture, loss of pubic bone periost EUO/F 1 cm, F/"C" 0 cm, AB/AU 2 cm

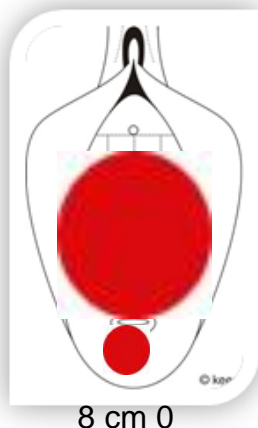
operation: bilateral ureters and fixation of bladder as **first stage**

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, bilateral ureter catheterization for 20 cm, incision at fistula edge, sharp dissection of "avw", sharp dissection of bladder whereby peritoneum opened, stool pollution, FOLEY Ch 16, bilateral fixation of bladder onto pubic bones by advancement of bladder floor, fixation of bladder onto avw, peritoneum closure, due to stool pollution **no** urethra reconstruction, skin adaptation, vagina pack; free urine flow for urethra reconstruction as **second stage**

20/07-86 pat removed all catheters herself and left



RR
preanesthesia: 145/75 mm Hg
5": 145/70
10": 140/70
postoperation: 115/65

msd (katsina)

female

35 yr

14/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PVI (2 alive), \pm 2 cm 0 vesicovaginal fistula R type I, leaking urine for 3 yr which started immediately following obstructed last labor for 5 days, SB male, married 20 yr ago, husband died
EUO/F 7 cm, F/C 4 cm

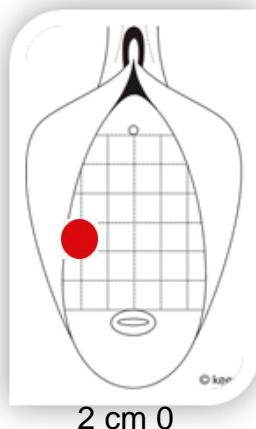
operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw which is difficult as fistula completely retracted/fixed R corner, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

07.08.86 not leaking at all cath removed bladder drill
08.08.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
12.11.86 not leaking at all, no incontinence, normal miction healed, no stress



RR
preanesthesia: 160/90 mm Hg
5": 160/90
10": 160/90
postoperation: 140/80

ssdm (katsina) female 25 yr 15/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 0.2 cm 0 vesicovaginal fistula midline type I, ureter fistula L within 2x1 cm avw defect type III, leaking urine for 7 yr which started 2 wk following CS bco obstructe labor for 1 day, SB female, married 11 yr ago, not with husband; operated 2x, no menstruation since first operation EUO/F 6 cm, F/V 0.5 cm

operation: inversion L ureter into bladder and VVF-repair

duration: 120 min

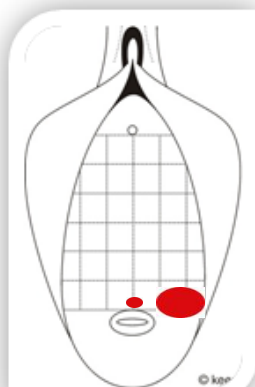
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

FOLEY Ch 16, fistula is demonstrated by gv, catheterization L ureter within 2x1 cm avw defect, transverse incision thru fistulas, sharp dissection of avw, sharp dissection of pwv, scar tissue, opening bladder up to L ureter, routing ureter catheter thru EUO, transverse bladder closure by single layer of inverting chromic catgut 00, no gv check, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow thru both catheters

22.07.86 urine ++ thru both catheters

23.07.86 ureter catheter seems to be blocked/flushed removed

28.07.86 eclampsia or native medicine



multiple fistulas

RR
 preanesthesia: 125/75 mm Hg
 5": 125/75
 10": 120/70
 postoperation: 110/65

hyma (katsina) female 21 yr 15/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: residual **extensive** \pm 6 cm 0 urethrovesicovaginal fistula with a circumferential defect following repair 8/8-85; **RVF healed**
EUO/F 3 cm, F/V 0.5 cm

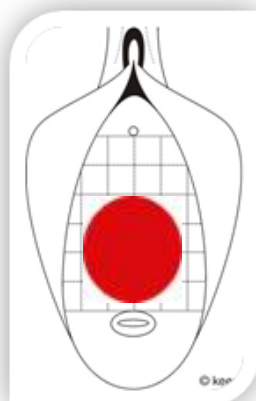
operation: UVVF-repair and avw

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, incision at fistula edge, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, no gv check, avw reconstruction by skin_mucosa flap from L labia by chromic catgut 1/5, skin closure, vagina pack; free urine flow doubtful repair

07.08.86	leaking	cath removed	bladder drill
08.08 + 20.08.86	leaking/incontinence	& normal miction	healed, ?stress?
19/11-86	leaking	insp/ seems healed but	no cooperation
02.04.07	leaking	insp/ fistula	



6 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 130/75
postoperation: 125/75

aag (katsina) female 19 yr 17/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **extensive** \pm 6 cm 0 urethrovesicovaginal fistula with circumferential defect fixed to symphysis type **IIAb**, \pm 2 cm 0 rectovaginal fistula proximal fixed to cervix, leaking urine/passing stools pv for 4 yr that started immediately following obstructed labor for 2 days, SB female, married 6 yr ago, not living with husband; operted 1x_2x for RVF_VVF EUO/F 3 cm, F/C 4 cm, AB/AU 3 cm

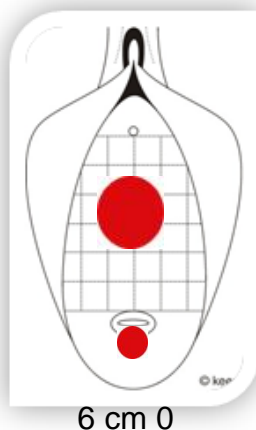
operation: UVVF-repair and fibrofatty graft R

duration: 120 min difficult repair with doubtful outcome

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of the bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow rvf does **not** disturb patient

13.08.86 not leaking/labium healed cath removed bladder drill
 14.08.86 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence
 07.11.86 idem
 20.01.87 not leaking at all, no incontinence, normal miction healed, no stress
 30/06-88 **amenorrhea for 5 mth** not leaking at all **instructions**



RR
 preanesthesia: 135/80 mm Hg
 5": 135/80
 10": 115/70
 postoperation: 115/70

smm (katsina)

female

21 yr

18/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PIII (1 alive), \pm 4x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 7 yr which started immediately following native surgery=yankan gishiri by wanzami as she refused sex with husband, married 9 yr ago, still living with **second** husband
EUO/F 0 cm, F/C 8 cm

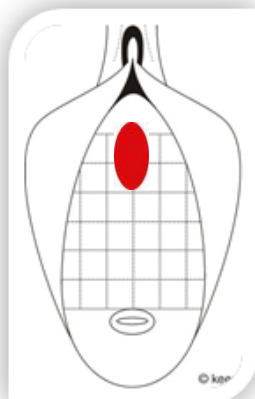
operation: urethra reconstruction and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision at fistula edge, sharp dissection of avw, FOLEY Ch 16, tension-free longitudinal urethra reconstruction by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

07.08.86 not leaking/labium healed cath removed bladder drill
08.08.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
06.11.86 not leaking at all, no incontinence, normal miction healed, no stress
22/06-87 **amenorrhea for 5 mth** not leaking at all **instructions**
30/03-88 **PIV (2 alive)** delivered live female **at home** 7 mth ago not leaking at all



4x1 cm

RR
preanesthesia: 135/80 mm Hg
5": 125/80
10": 125/80
postoperation: 125/80

Pt 390

KATSINA

VVF 429

mat (Katsina)

female

17 yr

21/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PII (1 alive), ± 3x1 cm urethrovesicovaginal fistula type **IIBa**, leaking of urine for 4/2 yr which started immediately following yankan gishiri by wanzami because she refused sex with husband, native medicine (see Pt 3021_VVF 4161), following obstructed first labor of 1 day, live male, married 4 yr ago, not living with husband; operated 1x, neourethra 1 cm long **lying/four persons/aska/tissue removed (-ectomy)**
EUO/F 0 cm, F/C 5 cm

operation: urethra lengthening and elevation of bladder neck

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision at fistula edge with midline longitudinal extension, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over 3 cm by oublele layer of inverting chromic catgut 00, elevation of bladder neck by uniting pubococcygeus muscles under neath, gv check by 100 ml: no spilling, avw T closure by chromic catgut 1/5 vagina pack; free urine flow

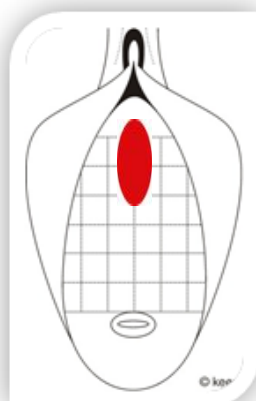
13.08.86 not leaking cath removed bladder drill

14/08-86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

now obstetric leakage completely ok until PIII (2 alive) live male at home

05/06-98 operation: colposuspension VVF 4161

21/02-99 not leaking at all, only at night ±, normal miction 2° cx prolapse
insp/ healed, good elevation of UV-junction, stress ± **instructed**



3x1 cm

RR
preanesthesia: 130/70 mm Hg
5": 130/70
10": 110/60
postoperation: 100/55

rag (katsina) female 25 yr 22/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

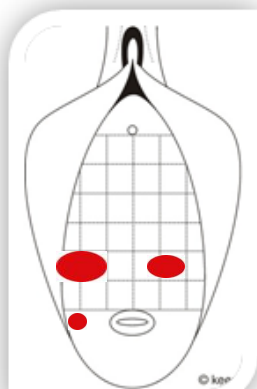
diagnosis: PII (0 alive), **multiple two** ± 3x1 and 2x1 cm vesicovaginal fistulas R/L type **IIAb**, proximal rectovaginal fistula, leaking urine/passing diarrheic stools pv for 7 yr that started immediatly following obstruc ted last labor for 2 days, SB male, married 10 yr ago, not with husband; operated 1x_3x for RVF_VVF, vagina stenosis
EUO/F 5 cm, F/V 2 cm

operation: VVF-repair, fibrofatty graft L, avw and vaginoplasty

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, incision at fistulas edge with bilateral transverse extensions, sharp dissection of avw, making one fistula out of the two, scar tissue ++, sharp dissection of bladder, FOLEY Ch 16, stool pollution, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, no gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by skin_mucosa advancement flap from L labia, filling up R episiotomy by skin_mucosa advancement flap from R labia, pressure pad, skin closure, vagina pack; free urine flow

270/7-86 hepatorenal failure due to **native medicine**

multiple fistulas

RR
preanesthesia: 145/100 mm Hg
5": 145/90
10": 120/85
postoperation: 90/60 ivf

iad (katsina) female 15 yr 22/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 4 mth which started 7 days=1 wk following obstructed labor for 5 days, SB female, married 3 yr ago, not with husband
EUO/F 5 cm, F/C 6 cm

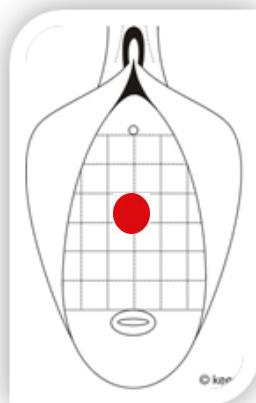
operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

13.08.86	not leaking/labium healed	cath removed	bladder drill
14.08.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
02.02.87	not leaking at all, no incontinnece, normal miction		healed, no stress



2 cm 0

RR
preanesthesia: 140/85 mm Hg
5": 140/85
10": 130/70
postoperation: 130/70

him (katsina)

female

25 yr

23/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PVI (1 alive), **extensive** ± 7 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 7 yr which started immediately following obstructed 2nd labor for 3 days, child rotten no sex given, married 10 yr ago, still living with husband; CS for delivery I
EUO/F 1.5 cm, F/C 3 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge, sharp dissection of avw, FOLEY Ch 16, tension-free longitudinal bladder_urethra closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

13.08.86 not leaking/labium healed cath removed bladder drill
14.08.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
05.11.86 idem
06.01.87 not leaking at all, no incontinence, normal miction healed, no stress
16/07-87 **amenorrhea for 4 mth** not leaking at all **instructions**
16/12-87 live male (with impression L skull) **at home** 45 days ago **PVII (2 alive)**
not leaking at all



7 cm 0

RR
preanesthesia: 140/90 mm Hg
5": 130/85
10": 130/85
postoperation: 90/55 ivf

iimg (katsina) female 32 yr 24/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: small residual \pm 0.5 cm 0 urethrovaginal fistula R lungu following multiple repairs 17/8 .. 14/6-86

operation: UVVF-repair, elevation of bladder neck and fibrofatty graft R

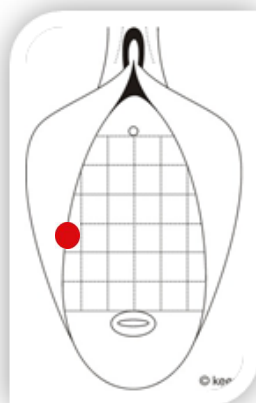
duration: 140 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

FOLEY Ch 16, fistula demonstrated by gv, episiotomy R, incision thru fistula sharp dissection of avw, sharp dissection of bladder from R pubic bone, tension-free oblique closure by a single layer of inverting chromic catgut 00, elevation of bladder neck by suturing L pc muscle over it, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

20.08 leaking, mucosa defect 30.09.86 not leaking at all cath out

19.11.86 leaking insp/ fistula

27.11.86 operation: vvf-repair**vvf 472**

0.5 cm 0

RR
 preanesthesia: 170/100 mm Hg
 5": 145/90
 10": 140/90
 postoperation: 130/80

htd (katsina) female 14 yr 25/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 1.5 cm 0 urethrovesicovaginal fistula fixed onto R pubic bone type **IIAb**, proximal \pm 0.5 cm rectovaginal fistula deep R, leaking of urine/ passing diarrheic stools pv for 3 mth which started immediately following obstructed labor for 3 days, SB female, married 2 yr ago, not living with husband
EUO/F 3 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min RVF may heal spontaneously

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

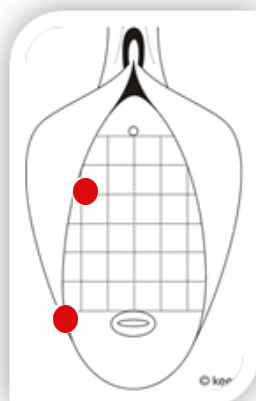
13.08.86 not leaking/labium healed cath removed bladder drill

14.08.86 not leaking, no incontinence, normal miction stools ok
insp/ **both** healed, no stress incontinence

11.11.86 idem

06.01.87 not leaking at all, no incontinence, stools ok **both** healed, no stress28/10-87 **amenorrhea for 2 mth** not leaking at all, stools ok **instructions**

14/07-88 **PII(1 alive) live** male in hospital 48 days ago not leaking at all but **RVF**
04/11-99 **operation: RVF-repair** **RVF 552**



1 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 115/65
10": 105/60
postoperation: 115/65

hab (rép niger)

female

24 yr

28/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **very extensive** ± 8 cm 0 urethrovesicovaginal fistula with a circumferential defect/urethra block type **IIBb**, leaking urine for 8 yr which started immediately following obstructed labor for 5 days SB male, married 10 yr ago, not at husband, normal menses, major pc muscle loss EUO/F 1 cm, F/V 0 cm

operation: bilateral ureters, UVVF-repair, fibrofatty graft R and avw

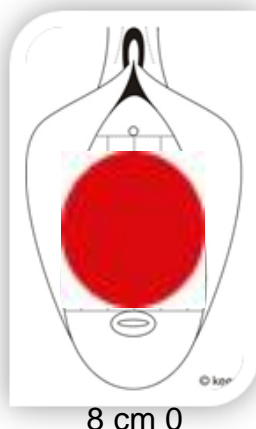
duration: 150 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, bilateral ureter catheterization for 25 cm, incision at fistula edge, extensive mobilization of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by skin_mucosa rotation/advancement flap from R labia, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

04/08-86 not leaking at all skin sutures removed

09.08.86 unexpected eclampsia or pulmonary thromboembolism



RR
 preanesthesia: 130/75 mm Hg
 5": 125/70
 10": 125/70
 postoperation: 115/70

Pt 396

KATSINA

VVF 437

sdy (rép niger)

female

18 yr

29/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PII (1 alive), ± 0.5 cm 0 urethrovesicovaginal fistula L type **IIAa**, leaking urine for 3 yr which started immediately following obstructed first labor for 5 days, SB male, married 7 yr ago, not with husband; operated 1x EUO/F 3 cm, F/C 4 cm

operation: UVVF-repair and fibrofatty graft L

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow
10.12.86 leaking breakdown

17/12-86 operation: VVF-repair

VVF 489

19/02-87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

second obstetric fistula completely ok until PIV (0 alive) sb male at home

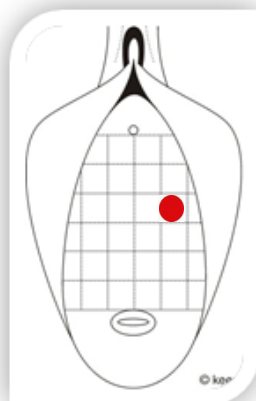
19/04-92 operation: VVF-repair

VVF 1990

06/01-93 operation: VVF-repair

VVF 2186

05/07-93 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence



0.5 cm 0

RR

preanesthesia: 115/70 mm Hg

5": 115/70

10": 115/70

postoperation: 100/60

nhd (katsina)

female

30 yr

29/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PIII (3 alive), \pm 0.3 cm 0 vesicovaginal fistula midline type I, leaking urine for 3 yr which started immediately following CS bco an obstructed last labor for 2 days, live female, married 15 yr ago, not living with husband; operated 1x
EUO/F 6 cm, F/C 3 cm

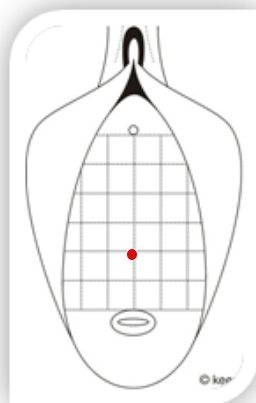
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

20.08.86 not leaking at all cath removed bladder drill
21.08.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
12.11.86 not leaking at all, no incontinence, normal miction healed, no stress



0.3 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 120/75
10": 120/75
postoperation: 100/60

hmd (katsina) female 25 yr 29/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PIII (0 alive), **extensive** \pm 6x2 cm urethrovesicovaginal fistula with circumferential defect/fixed to symphysis with very small bladder type **IIBb**, small proximal rectovaginal fistula, leaking urine/passing diarrheic stools pv for 5 yr that started immediately after obstructed first labor for 7 days, SB male, married 10 yr ago, not living with husband
RUO/F 0.5 cm, F/"C" 0 cm, AB/AU 4 cm

operation: urethra, UVVF-"repair", fibrofatty graft R and avw

duration: 120 min

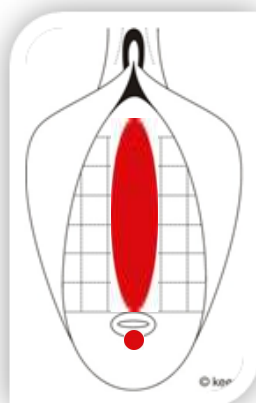
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

severing of distal urethra, wide U incision at fistula edge, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16 (balloon filled with 1 ml since very small bladder), tension-free longitudinal urethra-bladder closure by single layer of inverting chromic catgut 00, no gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by skin_mucosa advancement/rotation flap from R labia, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

not too much can be expected ?continence?

20.08 leaking 16.09.86 cath blocked/labium healed cath out drill
17.09.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

26/11-86 not leaking, incontinence \pm for 1 mth, normal miction
insp/ healed, incontinence \pm after **road traffic accident**



6x2 cm

RR
preanesthesia: 150/100 mm Hg
5": 150/90
10": 130/80
postoperation: 130/80

auz (katsina)

female

40 yr

31/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 1 cm 0 avw defect and two 0.1 cm 0 vesicovaginal fistulas at midline type I, proximal \pm 2 cm 0 rectovaginal fistula, leaking urine/passing stools pv for 10 yr which started immediately following obstructed labor for 5 days, SB male, married 25 yr ago, not living with husband; obesity +++++, normal menstruation
EUO/AVWT 7 cm, AVWT/C 2 cm

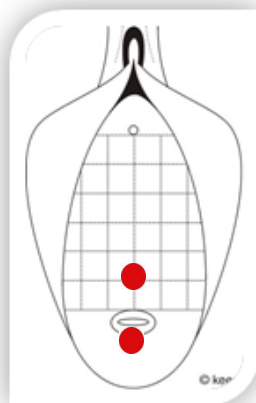
operation: VVF-repair

duration: 40 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of atrophic avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

20.08.86	not leaking at all	cath removed	bladder drill
21.08.86	not leaking at all, no incontinence, normal miction	only flatus pv	
	insp/ healed, no stress incontinence	2 cm 0 RVF	
12.11.86	not leaking at all, no incontinence, normal miction	healed, no stress	



1 cm 0

	RR
preanesthesia:	145/90 mm Hg
5":	140/85
10":	125/75
postoperation:	115/60

shk (katsina)

female

24 yr

31/07-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PIII (0 alive), **multiple two** \pm 1 cm 0 vesicovaginal fistula R and \pm 4 cm 0 vesicovaginal fistula midline/L type I, leaking urine for 5 yr which started immediately following obstructed last labor for 4 days, SB female, married 10 yr ago, still with husband
EUO/F 6 cm, F/C 2 cm

operation: bilateral ureters, VVF-repair and fibrofatty graft R

duration: 135 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

making one fistula out of the two, bilateral ureter catheterization for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

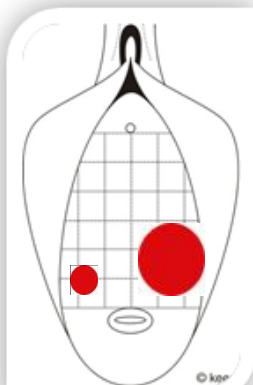
20.08 ureter cath out 29.08.86 not leaking/labium healed cath out drill

30.08.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

09.11.86 idem

14.01.87 not leaking at all, no incontinence, normal miction healed, no stress

22/06-88 **amenorrhoea for 5 mth** not leaking at all **instructions**



multiple fistulas

RR
preanesthesia: 130/80 mm Hg
5": 125/75
10": 125/75
postoperation: 125/75

aa KATSINA city

female

32 yr

04/08-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PXIV (8 alive), **extensive** \pm 8 cm 0 urethrovesicovaginal fistula type **IIAb**, leaking urine for 3 mth which started immediately following obstructed last twin labor for 2 days, one SB female whilst sex of the other could not be identified, married 20 yr ago, still living with husband; drop foot R
EUO/F 3 cm, F/C 0 cm

operation: bilateral ureters, UVVF-repair, fibrofatty graft R and avw

duration: 135 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral ureter catheterization for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from pubic bones/cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by skin_mucosa rotation/advancement flap from R labia, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20.08 ureter cath out 29.08.86 incontinnece/labium healed cath out drill
05.11.86 not leaking, incontinence \pm insp/ fistula

20/03-87 operation: UVVF-repair VVF 582

16/07-88 operation: suprapubic suspension VVF 978

16/08-88 not leaking, incontinence \pm at standing, normal miction
insp/ healed, no stress incontinence

16/03-90 operation: elevation by colposuspension VVF 1450

16/09-90 not leaking, incontinence \pm , normal miction
insp/ healed, good elevation, stress incontinence \pm



8 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 100/60

Pt 402

KATSINA

VVF 443

imw (katsina)

female

37 yr

05/08-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PVI (2 alive), ± 3x2 cm vesicovaginal fistula midline type I, leaking urine for 7 yr which started immediately following obstructed fifth labor for 4 days, SB male, married 25 yr ago, not living with husband; operated 2x EUO/F 7 cm, F/C 2 cm

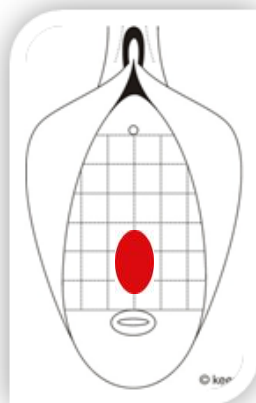
operation: VVF-repair

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

20.08 + 29.08.86	not leaking at all	cath removed	bladder drill
30.08.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
05.10 + 03.11.86	idem		
26.04.87	not leaking at all, no incontinnece, normal miction		healed, no stress



3x2 cm

RR
 preanesthesia: 140/85 mm Hg
 5": 135/80
 10": 110/65
 postoperation: 100/60

Pt 403

KATSINA

VVF 444

asf (katsina)

female

16 yr

05/08-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, ± 2x1 cm vesicovaginal fistula midline type I, leaking urine for 2 yr which started immediately following obstructed labor for 3 days, SB male, married 3 yr ago, not with husband; operated 1x, vagina stenosis with pvw stricture
EUO/F 6 cm, F/C 0 cm

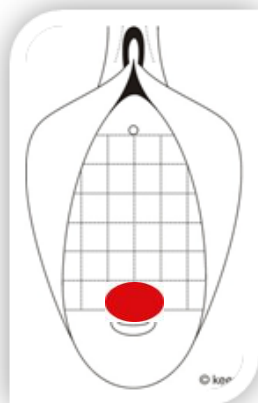
operation: VVF-repair

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

longitudinal severing of stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

20.08 + 29.08.86	not leaking at all	cath removed	bladder drill
30.08.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
24.11.86	idem		
05.02.87	not leaking at all, no incontinence, normal miction		healed, no stress



2x1 cm

RR
 preanesthesia: 125/80 mm Hg
 5": 110/65
 10": 110/65
 postoperation: 100/60

hla (katsina) female 19 yr 07/08-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **very extensive multiple two** minute < 0.1 cm 0 and \pm 3 cm 0 urethro vesicovaginal fistulas type **IIAb**, small proximal rectovaginal fistula, leaking of urine/passing diarrheic stools pv for 4 yr which started immediately following obstructed labor for 3 days, SB female, married 7 yr ago, not living with husband, vagina stenosis, pvw stricture
EUO/F 1 cm, F/F 2 cm, F/C 1 cm

operation: bilateral ureters, UVVF-repair, fibrofatty graft R and avw

duration: 110 min

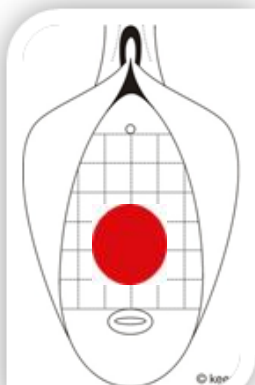
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

longitudinal severing of stricture, small RVF at cervix L, bilateral ureter catheterization for 25 cm, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, **no** closure of minute UVF, gv check: spilling, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by skin_mucosa rotation/ advancement flap from R labia, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

20.08 ureter cath out 05.09.86 not leaking/labium healed cath out drill
06.09.86 not leaking at all, no incontinence, normal miction healed, no stress
10.11.86 leaking always healed, total urine stress incontinence

27/10-87 operation: rhapsy_elevation**VVF 775**

17/01-88 leaking & miction insp/ healed, incontinence ++



multiple fistulas

RR
preanesthesia: 125/75 mm Hg
5": 110/60
10": 105/55
postoperation: 105/55

zhm (rép niger)

female

26 yr

05/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PIV (3 alive), \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 9 mth which started immediately following obstructed last labor for 2 days, SB male, married 14 yr ago, not living with husband; fistula fixed to L symphysis
EUO/F 4 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

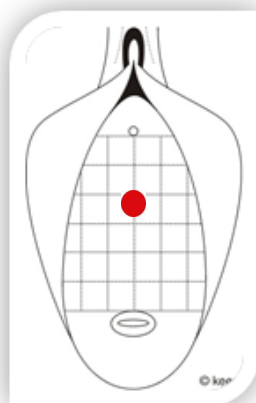
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

24.11.86 not leaking/labium healed cath removed bladder drill

25.11.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.12 + 06.01.87 idem

07.04.87 not leaking at all, no incontinence, normal miction healed, no stress

24/03-88 **amenorrhea for 8 mth** not leaking at all **instructions**

1 cm 0

RR
preanesthesia: 130/75 mm Hg
5": 130/70
10": 125/65
postoperation: 105/55

yhy (katsina)

female

16 yr

05/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula fixed to symphysis type **IIAb**, leaking urine for 4 mth which started 5 days following obstructed labor for 2 days, SB female, married 2 yr ago, not living with husband; drop foot R, pvw stricture

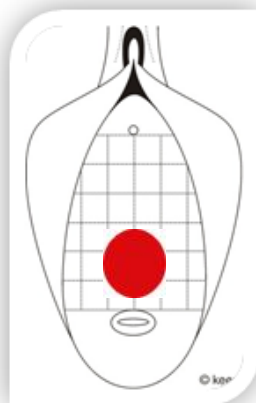
operation: UVVF-repair, fibrofatty graft R and avw

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

longitudinal severing of stricture, episiotomy L, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from pubic bones/cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by skin_mucosa rotation/advancement flap from R labia, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

24.11.86	not leaking/labium healed	cath removed	bladder drill
25.11.86	not leaking at all, no incontinence, normal miction insp/	healed, no stress incontinence	
09.12 + 05.01.87	idem		
01.04.87	not leaking at all, no incontinence, normal miction	healed, no stress	



3 cm 0

	RR
preanesthesia:	125/75 mm Hg
5":	120/70
10":	120/70
postoperation:	105/60

mlk (katsina)

female

22 yr

06/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PII (0 alive), \pm 1 cm 0 CS_vesicocervicovaginal fistula midline type I, leaking urine for 5 mth which started immediately following CS bco obstructe last labor for 2 days, SB male, married 8 yr ago, not living with husband
EUO/F 12 cm, F/C 0 cm

operation: CS_VCVF-repair

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

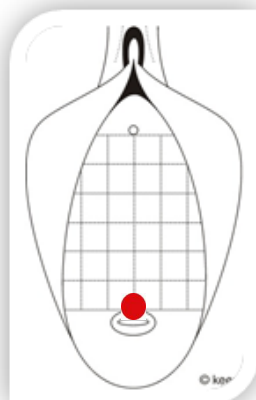
an incision at fistula edge with bilateral transverse extensions, difficult sharp dissection of avw, difficult sharp dissection of bladder from cervix, scar tissue ++, FOLEY Ch 16, tension-free longitudinal closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

24.11.86 not leaking at all cath removed bladder drill

25.11.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

08.12 + 08.01.87 idem

07.04.87 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 120/70
10": 110/60
postoperation: 110/60

Pt 408

KATSINA

VVF 449

hub (kano)

female

17 yr

07/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, ± 1.5 cm 0 urethrovesicovaginal fistula fixed to symphysis type **IIAb**,
leaking urine for 9 mth which started immediately following obstructed
labor for 2 days, SB female, married 3 yr ago, not at husband, vagina
stenosis with pvw wtricture
EUO/F 4 cm, F/C 0.5 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

longitudinal severing of stricture, incision at fistula edge with bilateral transverse
extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch
16, tension-free transverse closure by a single layer of inverting chromic catgut 00, gv
check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue,
tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair
onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5,
closure R labium, pressure pad, skin closure, vagina pack; free urine flow

24.11.86 not leaking/labium healed cath removed bladder drill
25.11 + 08.12 + 14.01 + 16.03.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

15/12-87 **amenorrhea for 3 mth** not leaking at all **instructions**

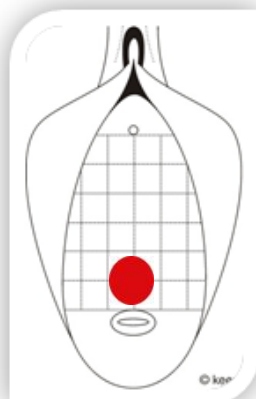
second obstetric fistula completely ok until PII (0 alive) sb male by cs

05/04-89 operation: UVVF-repair VVF 1146

22/10-89 operation: dilatation_FOLEY Ch 16 VVF 1332

17/09-90 operation: dilatation/1x supramid VVF 1627

05/04-93 leaking & miction
insp_gv/ EUO/BW 6 cm, good elevation, EUO/B 3 cm, no leakage
urge/stress ++, vagina sufficient



1.5 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 115/60
10": 105/60
postoperation: 105/60

Pt 409

KATSINA

VVF 450

Iht (katsina)

female

14 yr

10/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **multiple two** \pm 0.2 cm 0 urethrovesicovaginal fistula midline and \pm 3 cm 0 vesicovaginal fistula R type I, leaking urine of 4 mth which started immediately following obstructed labor for 2 days SB male, married 1 yr ago, not living with husband, drop foot R
EUO/F 4 cm, F/F 3 cm, F/C 2 cm

operation: UVVF/VVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at VVF edge with bilateral transverse extension R and oblique extension thru UVVF, sharp dissection of avw, sharp dissection of bladder from R pubic bone, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.11.86 not leaking/labium healed cath removed bladder drill

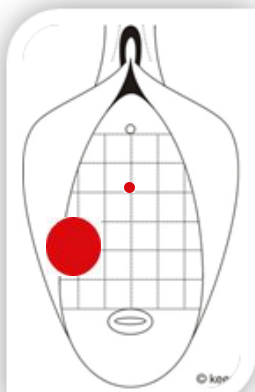
29.11.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

16.12.86 idem

14.04.87 not leaking at all, no incontinence, normal miction healed, no stress
R foot ok

23/08-88 **amenorrhea for 4 mth** not leaking at all **instructions**

03/02-89 **P11 (1 alive) live** female vaginally in hospital not leaking at all



multiple fistulas

RR

preanesthesia: 125/60 mm Hg

5": 125/60

10": 110/60

postoperation: 95/50 pt ok

aam (katsina)

female 13 yr

11/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: P0, \pm 4x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 6 mth which started immediately following native surgery = yankan gishiri by wanzami to help husband "go thru", married 7 mth ago not living with husband
EUO/F 0 cm, F/C 5 cm

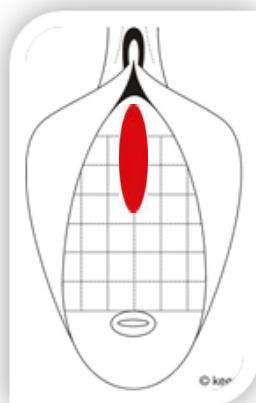
operation: urethra reconstruction and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

small median episiotomy, wide U incision around fistula edge, sharp mobilization of avw and paraurethra tissue, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over 4-5 cm by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure vagina pack; free urine flow

02.12.86 not leaking/labium healed cath removed bladder drill
03.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence very good result
27.12 + 29.01.87 idem
10.06.87 not leaking at all, no incontinence, normal miction healed, no stress
07/10-88 **amenorrhea for 4 mth** not leaking at all **instructions**



4x1 cm

RR
preanesthesia: 130/70 mm Hg
5": 120/65
10": 120/65
postoperation: 120/65

rim (rép niger) female 20 yr 11/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **extensive multiple three** \pm 3x1 cm urethrovaginal, \pm 1 cm 0 urethrovesicovaginal fistula at R and \pm 0.5 cm 0 urethrovesicovaginal fistula at L type **IIBb**, proximal 1 cm 0 rectovaginal fistula at L leaking urine/passing diarrheic stools pv for 6 yr that started immediately following obstructed labor for 3 days, SB male, married 7 yr ago, not living with husband; operated 1x vaginally and 1x abdominally
EUO/F 0 cm, F/F 0.5 cm, F/C 0.5 cm

operation: urethra, UVVF-repair, fibrofatty graft R and avw

duration: 125 min

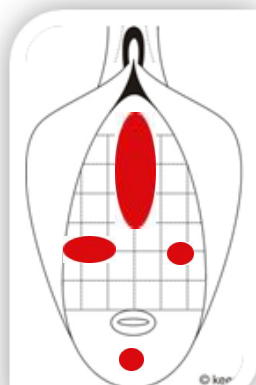
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision at fistula edge with bilateral transverse extensions thru fistulas, sharp dissection of avw, sharp dissection of paraurethra tissue, FOLEY Ch 16, tension-free longitudinal urethra reconstruction and transverse bladder closure by single layer of inverting chromic catgut 00 with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by skin_mucosa rotation/advancement flap from R labia by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

28.11 leaking 18.12 leaking cath removed bladder drill
09/03-87 leaking & miction insp/ healed, total stress incontinence

29/10-87 operation: elevation**VVF 776**completely ok for 2 yr then **new stone-induced fistula****23/07-90 operation: cystostomy/stone removal****VVF 1554**

20/09-90 leaking insp/ fistula



multiple fistulas

RR
preanesthesia: 140/75 mm Hg
5": 130/75
10": 120/70
postoperation: 120/70

Pt 412

KATSINA

VVF 453

lak (kaduna)

female

28 yr

12/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PVII (4 alive), ± 1 cm CS_vesicocervicovaginal fistula midline/L type I, leaking urine for 11 mth which started immediately following CS_lapar-toma and BTL bco ruptuted uterus due to obstructed last labor for 2 days, SB male, married 15 yr ago, still at husband
EUO/F 12 cm, F/"C" 0 cm

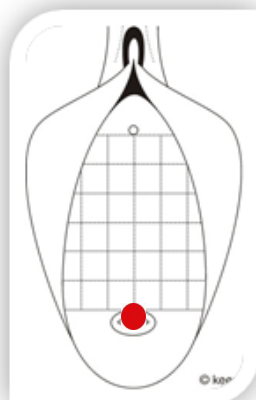
operation: CS_VCVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, scar tissue ++, sharp dissection of bladder from what is left of anterior cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

- 02.12.86 not leaking at all cath removed bladder drill
- 03.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 16.12.86 idem
- 27.04.87 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR
 preanesthesia: 140/75 mm Hg
 5": 135/75
 10": 135/75
 postoperation: 110/65

usm (katsina)

female

16 yr

12/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **multiple two** \pm 1.5 cm 0 urethrovesicovaginal fistula midline and \pm 0.5 cm 0 vesicovaginal fistula L type **IIAb**, leaking urine for 5 mth that started immediately following obstructed labor for 2 days, SB female, married 2 yr ago, not living with husband, vagina stenosis
EUO/F 3 cm, F/F 0.5 cm, F/C 1 cm

operation: UVVF/VVF-repair and fibrofatty graft R

duration: 110 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

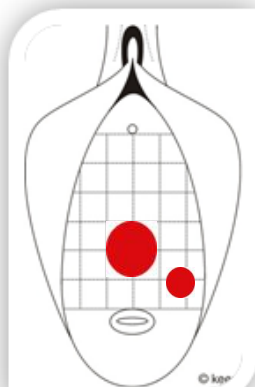
24/11-86 secondary hemorrhage insp/ not bleeding anemia iron dextran

02.12.86 not leaking/labium healed cath removed bladder drill

03.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

23.12.86 idem

17.06.87 not leaking at all, no incontinnece, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 140/85 mm Hg
5": 130/70
10": 110/60
postoperation: 120/70

Pt 414

KATSINA

VVF 455

mmdd (katsina)

female

29 yr

13/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PIV (1 alive), ± 0.1 cm 0 vesicovaginal fistula R midline type I, leaking urine for 5 yr which started immediately following obstructed last labor for 2 days, SB female, married 16 yr ago, still living with husband, uterus fixed high up
EUO/F 8 cm, F/C 8 cm

operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

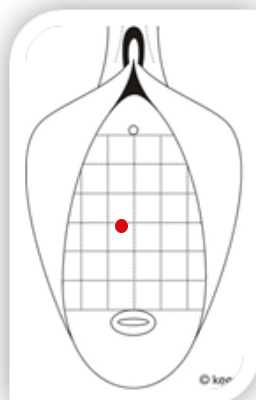
an incision at fistula edge with bilateral transverse extensions, difficult sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

02.12.86 not leaking at all cath removed bladder drill

03.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

17.12 + 17.01.87 idem

22.04.87 not leaking at all, no incontinence, normal miction healed, no stress



0.1 cm 0

RR
 preanesthesia: 140/90 mm Hg
 5": 140/85
 10": 135/80
 postoperation: 125/80

tyk (katsina)

female

17 yr

13/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 3 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 4 mth which started immediately after obstructed labor for 3 days, SB male, married 5 yr ago, not living with husband, vagina stenosis with pwv stricture
EUO/F 3 cm, F/C 2 cm, AB/AU 1 cm

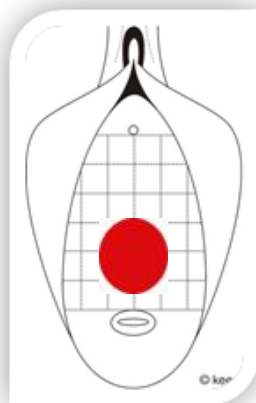
operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L with severing of stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with rfixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

	02.12.86	not leaking/labium healed	cath removed	bladder drill
	03.12.86	not leaking at all, no incontinence, normal miction		
		insp/ healed, no stress incontinence		
	17.12 + 20.01.87	idem		
	07.04.87	not leaking at all, no incontinnece, normal miction		healed, no stress



3 cm 0

	RR
preanesthesia:	135/80 mm Hg
5":	135/80
10":	135/80
postoperation:	120/70

Pt 416

KATSINA

VVF 457

smb (katsina)

female

15 yr

18/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 5 mth which started 5 days following obstructed labor for 3 days, SB female, married 2 yr ago, not living with husband
EUO/F 7 cm, F/C 2 cm

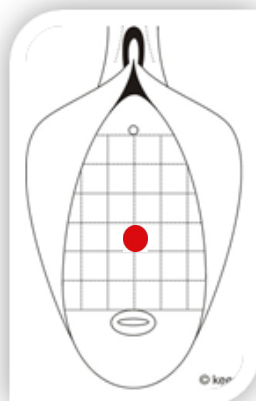
operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

05.12.86 not leaking at all cath removed bladder drill
06.12.96 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
23.12 + 20.01.87 idem
07.04.87 not leaking at all, no incontinence, normal miction healed, no stress
14/08-88 **amenorrhea for 4 mth** not leaking at all **instructions**
04/10-88 **PII (0 alive) live** male by cs who died some months later not leaking at all



RR
preanesthesia: 140/90 mm Hg
5": 140/90
10": 130/85
postoperation: 115/60

Pt 417

KATSINA

VVF 458

bag (jigawa)

female

16 yr

18/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: P0, ± 4x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 8 mth that started immediately after yankan gishiri by wanzami since she refused sex with husband, married 2 yr ago, not at husband; operated 1x EUO/F 0 cm, F/C 8 cm

operation: urethra reconstruction and fibrofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wie U incision around fistula edge, sharp dissection of avw, sharp mobilization of paraurethra tissue, FOLEY Ch 16, tension-free longitudinal urethra reconstruction over 4 cm by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

25.11 cath block/changed 09.12 not leaking/labium healed cath removed
10.12.86 not leaking at all, no incontinence, normal miction

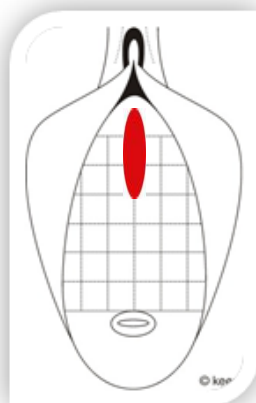
insp/ healed, no stress incontinence

23.12 + 28.01.87 idem

22.09.87 not leaking at all, no incontinnece, normal miction healed, no stress
dilatation uv-stricture 24.09 thru 05.11.87 no stone

06.11.87 not leaking at all, no incontinnece, normal miction healed, no stress

24.03.90 **amenorrhea for 6 mth** not leaking at all **instructions**



4x1 cm

RR

preanesthesia: 130/70 mm Hg

5": 130/70

10": 130/70

postoperation: 110/70

adk (jigawa) female 20 yr 19/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **multiple two** \pm 1 cm 0 and \pm 0.5 cm 0 urethrovesicovaginal fistulas R/L type **IIAb**, small proximal rectovaginal fistula onto cervix, leaking urine/passing flatus_diarrheic stools pv for 3 yr which started immediately following obstructed labor for 4 days, SB male, married 5 yr ago, not living with husband; operated 2x, pwv stricture EUO/F 4 cm, F/C 4 cm

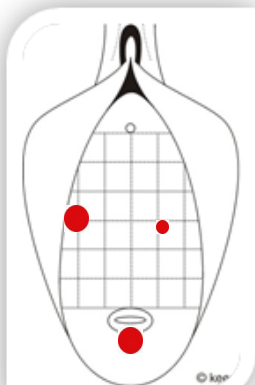
operation: UVVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

severing of stricture, transverse incision thru fistulas, sharp dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

24.11.86 hematoma labium opened 03.12 labium infected cath out
 06.12.86 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence
 18.12.86 idem
 12.02.87 not leaking at all, no incontinnece, normal miction healed, no stress
 06/09-88 **amenorrhea for 5 mth** not leaking at all **instructions**



multiple fistulas

RR
 preanesthesia: 120/70 mm Hg
 5": 115/70
 10": 115/70
 postoperation: 95/60

amm (rép niger)

female

23 yr

19/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PI, **extensive** + 7x1 cm urethrovesicovaginal fistula type **IIBb**, leaking of urine for 5 yr which started immediately following obstructed labor for 3 days, SB female, married 8 yr ago, not living with husband; operated 1x, longitudinal pvw stricture
EUO/F 0 cm, F/V 2 cm

operation: difficult UVVF-repair, urethra and fibrofatty graft R

duration: 125 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse severing of pvw stricture at vault, bilateral episiotomy, wide U incision around fistula edge, sharp dissection of avw, sharp dissection of paraurethra tissue, sharp mobilization of bladder, FOLEY Ch 16, a tension-free longitudinal urethra and transverse bladder closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

16/01-87 not leaking, incontinence +, normal miction healed, stress +

24/09-87 operation: dilatation and VVF-repair VVF 734**13/10-88 operation: VVF-repair VVF 1075**

minute fistula

30/05-89 operation: urethroplasty VVF 1230

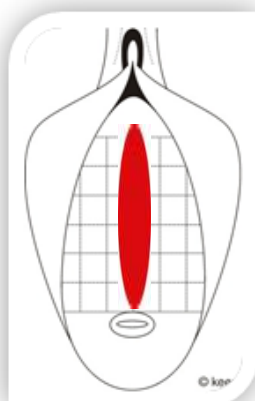
21/06-89 not leaking, incontinence + insp/ healed, stress incontinence +

second obstetric leakage completely ok until PIII (0 alive) sb female in hosp**10/03-96 operation: dilatation/urethrotomy VVF 3432**

new third stone-induced fistula

27/09-96 operation: cystostomy/stone removal VVF 3635**11/07-97 operation: UVVF-“repair” VVF 3889****20/09-97 operation: UVVF-“repair” VVF 3936****11/02-98 operation: UVVF-repair VVF 4054****02/07-98 operation: UVVF-repair VVF 4204****09.07.99 operation: uvvf/avw repair vvf 4530**

14.09.99 not leaking, incontinence +, normal miction healed, stress +



7x1 cm

RR

preanesthesia: 130/85 mm Hg

5": 120/75

10": 120/75

postoperation: 110/60

Pt 420

KATSINA

VVF 461

aic (katsina)

female

33 yr

20/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PX (3 alive), ± 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 3 mth which started 7 days following obstructe last labor for 3 days, SB male, married 20 yr ago, not with husband it looks like cervix has sloughed away and is healing
EUO/F 8 cm, F/C 1.5 cm

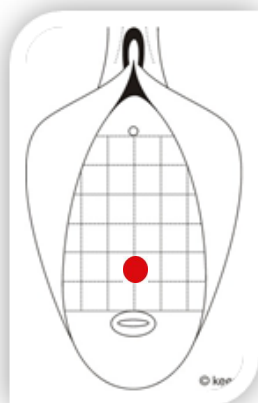
operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

- 05.12.86 not leaking at all cath removed bladder drill
- 06.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 23.12 + 03.02.87 idem cervix almost normal
- 07.04.87 not leaking at all, no incontinnece, normal miction healed, no stress
- 01/08-88 **amenorrhea for 3 mth** not leaking at all **instructions**



0.5 cm 0

RR
 preanesthesia: 140/90 mm Hg
 5": 140/80
 10": 140/80
 postoperation: 125/70

msb (katsina)

female

23 yr

20/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PII (0 alive), \pm 2 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 1 yr which started immediately following obstructed last labor for 4 days, SB female, married 8 yr ago, not living with husband; pwv stricture, cervix displaced at L
EUO/F 3 cm, F/"C" 4 cm, AB/AU 1 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

severing of pwv stricture, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

09.12.86 not leaking/labium healed cath removed bladder drill

10.12.86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence normal menstruation

24.12 + 21.01.87 idem menstruation every month

22.04.97 not leaking at all, no incontinence, normal miction healed, no stress

02/09-87 **new overflow/retention incontinence** x 10/7 after **road traffic accident**
completely ok after dilatation + ch 16 until

16.12.87 leaking **abscess** old labium incision opened + ch 16
resulting in total incontinence

03/05-89 **operation: lengthening urethroplasty**

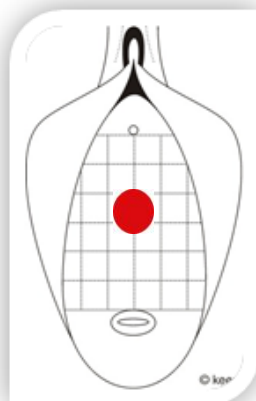
VVF 1197

20/09-89 **operation: colposuspension**

VVF 1286

09/10-89 not leaking at all, no incontinence, normal miction

insp/ very good elevation, no stress incontinence



2 cm 0

RR

preanesthesia: 130/80 mm Hg

5": 115/70

10": 115/70

postoperation: 105/60

Pt 422

KATSINA

VVF 463

aib (katsina)

female

24 yr

20/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PVII (4 alive), \pm 2 cm 0 vesicovaginal fistula midline type I, leaking urine for 9 mth which started 3 days following obstructed last labor for 2 days, SB male, married 10 yr ago, still at husband
EUO/F 8 cm, F/C 4 cm

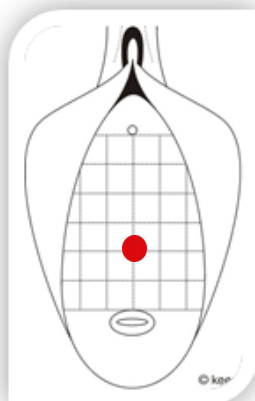
operation: VVF-repair

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, **scar tissue ++**, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

09.12.86 not leaking at all cath removed bladder drill
10.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
12.03.87 not leaking at all, no incontinence, normal miction healed, no stress
09/07-87 **amenorrhea for 4 mth** not leaking at all **instructions**



2 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 115/65
10": 115/65
postoperation: 95/50

mms (kaduna)

female

23 yr

24/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, **multiple two** \pm 0.1 cm 0 urethrovesicovaginal fistula midline and \pm 0.5 cm 0 vesicovaginal fistula midline type **IIAa**, leaking urine for 9 yr which started immediately following obstructed labor for 2 days, SB female, married 10 yr ago, still living with her husband; operated 1x EUO/F 5 cm, F/F 5 cm, F/C 0 cm

operation: UVVF/VVF-repair and fibofatty graft R

duration: 100 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

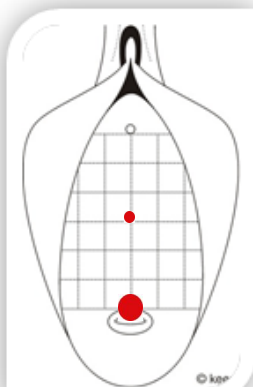
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check: minute fistula, longitudinal incision, sharp dissection, tension-free longitudinal closure by single layer of inverting chromic catgut 00, incision R labium majus, sharp mobilization of fibrofatty tissue tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

12.12.86 not leaking/labium healed cath removed bladder drill

13.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

23.12 + 22.01.87 idem

07.04.87 not leaking at all, m no incontinence, normal miction healed, no stress



multiple fistulas

RR
preanesthesia: 130/80 mm Hg
5": 120/75
10": 120/75
postoperation: 120/75

aus (katsina) female 34 yr 24/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru HALIRU

diagnosis: PV (4 alive), minute < 0.1 cm 0 urethrovesicovaginal fistula L type **IIAa**,
leaking urine for 4 mth which started immediately following obstructe last
labor for 1 day, SB female, married 20 yr ago, not living with husband
EUO/F 4 cm, F/C 8 cm

operation: UVVF-repair

duration: 15 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

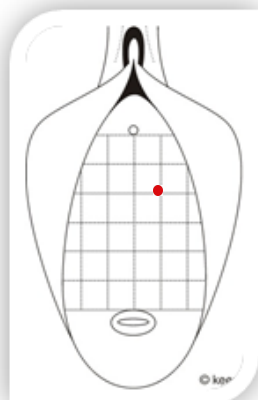
transverse incision thru fistula, sharp dissection of atrophic avw, FOLEY Ch 16, tension-
free transverse closure by single layer of inverting chromic catgut 00, gv check,
transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

12.12.86 not leaking at all cath removed bladder drill

13.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

23.12 + 28.01.87 idem

01.07.87 not leaking at all, no incontinence, normal miction healed, no stress



< 0.1 cm 0

RR
preanesthesia: 140/90 mm Hg
5": 130/85
10": 130/85
postoperation: 120/80

hadt (kano city) female 15 yr 24/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula midline/L type **IIAa**, \pm 0.3 cm 0 rectovaginal fistula at cervix, leaking urine/passing flatus pv for 7 mth which started immediately following obstructed labor for 2 days, SB female, married 3 yr ago, not living at husband; bilateral drop foot, moderate vagina stenosis; bilateral foot drop R and L
EUO/F 4 cm, F/C 2 cm

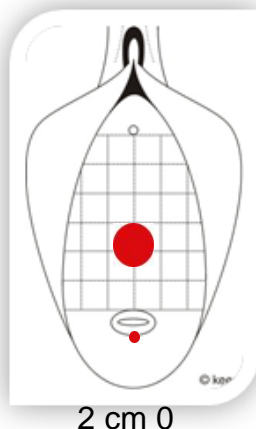
operation: UVVF-repair and fibrofatty graft R

duration: 65 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of aww, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse aww closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

12.12.86	not leaking/labium healed	cath removed	bladder drill
13.12.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
23.12 + 28.01.87	idem		
23.04.87	not leaking at all, no incontinence, normal miction		healed, no stress
	drop foot recovering		



RR
preanesthesia: 130/75 mm Hg
5": 130/75
10": 130/75
postoperation: 110/65

aum (rép niger)

female

21 yr

25/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PIII (0 alive), \pm 0.5 cm 0 vesicovaginal fistula midline type I, leaking urine for 7 yr which started immediately following obstructed first labor for 7 days, SB female, married 8 yr ago, still living with husband
EUO/F 6 cm, F/C 5 cm

operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

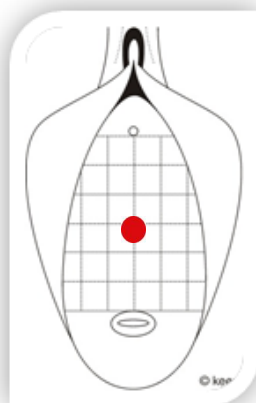
08.12 cath out; reinserted 12.12.86 not leaking at all cath oiut drill

13.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

23.12 + 23.01.87 idem

10.06.87 not leaking at all, no incontinnece, normal miction healed, no stress

09/12-87 **amenorrhea for 6 mth** not leaking at all **instructions**



0.5 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 125/75
10": 125/75
postoperation: 115/70

bnmm (katsina) female 30 yr 25/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: residual \pm 0.5 cm 0 vesicovaginal fistula midline following repair 5/3-85 ..
12/2-86
EUO/F 8 cm, F/C 0 cm

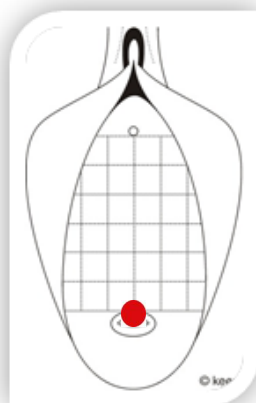
operation: VVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, 1 cm bladder defect, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

11.12.86	incontinence	cath removed	bladder drill
12/12-86	not leaking, incontinence +, normal miction		
	insp/ healed, stress incontinence ++		
15/01-87	leaking always		

01.04.87 operation: vvf-repair**vvf 596**

0.5 cm 0

	RR
preanesthesia:	110/70 mm Hg
5":	110/60
10":	110/60
postoperation:	110/60

amk (katsina)

female

21 yr

25/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PII (0 alive), **extensive** \pm 5 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 6 yr which started immediately following obstructed last labor for 4 days, SB female, married 8 yr ago, still living with second husband; severe vagina stenosis with contraction ring
EUO/F 3 cm, F/"C" 0 cm

operation: UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

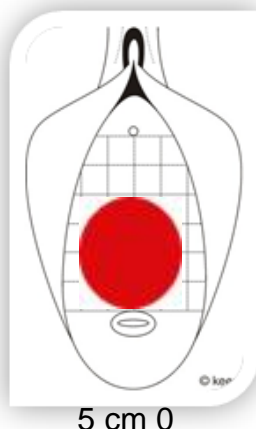
episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, scar tissue ++, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow, small bladder capacity

31.12.86 not leaking/labium healed cath removed bladder drill

01.01.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

14.01 + 25.02.87 idem

17.06.87 not leaking at all, no incontinence, normal miction healed, no stress



RR
preanesthesia: 110/65 mm Hg
5": 110/65
10": 110/65
postoperation: 100/60

bbr (katsina) female 18 yr 26/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PII (0 alive), \pm 2 cm 0 urethrovesicovaginal fistula L type IIAa, **leaking urine for 75 days (2.5 mth)** which started immediately following CS bco obstructed last labor for 1 day, SB female, married 6 yr ago, not living with husband; NB successful VVF/RVF-repair 1983 after delivery I, drop foot R since 1982
EUO/F 3 cm, F/C 6 cm

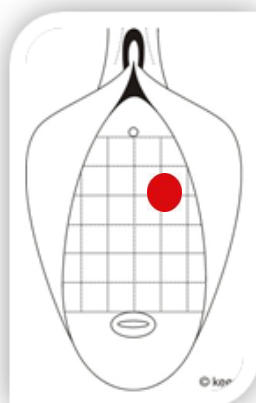
operation: UVVF-repair and fibrofatty graft R

duration: 80 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 starting with fixation of L angle onto pubic bone L, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

12.12.86 not leaking/labium healed cath removed bladder drill
13.12.86 not leaking at all, no incontinence, normal miction insp/ healed, no stress incontinence
29.12 + 28.01 + 22.04.87 idem
16.06.87 not leaking at all, no incontinence, normal miction healed, no stress
R drop foot recovered



2 cm 0

RR
preanesthesia: 130/80 mm Hg
5": 110/65
10": 100/50
postoperation: 105/60

indm (katsina) female 34 yr 26/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PVII (4 alive), \pm 5x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 5 mth which started immediately following yankan gishiri by wanzami bco obstructed last labor for 4 days, SB male, married 20 yr ago, not living with husband
EUO/F 0 cm, F/C 8 cm

operation: urethra, UVVF-repair and fibrofatty graft R

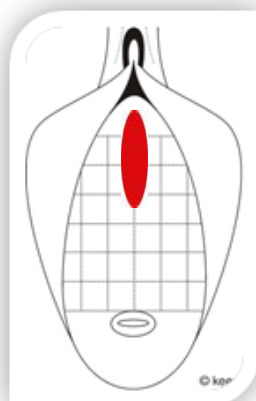
duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision around fistula edge, sharp dissection of avw, sharp mobilization of (para)urethra tissue, FOLEY Ch 14, tension-free longitudinal urethra reconstruction, bladder closure by a single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

02.12	cath blocked/changed	04.01.87	not leaking at all	cath out	drill
05.01 + 20.01.87			not leaking at all, no incontinnece, miction	healed,	no stress
05.02.87	retention 1x		now completely ok		
19.02.87			not leaking at all, no incontinence, normal miction		
			insp/ healed, no stress incontinence		
16.07.87			not leaking at all, no incontinnece, normal miction	healed,	no stress

19.11.95	recurrent retention episodes	severe uv-stricture	?deliveries?
21/11-95	operation: dilatation_urethrotomy		VVF 3341
02/03-96	not leaking at all, no incontinence, normal miction		UV-stricture



5x1 cm

	RR
preanesthesia:	130/80 mm Hg
5":	120/75
10":	120/75
postoperation:	115/70

iimg (katsina) female 32 yr 27/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: residual \pm 1 cm 0 urethrovesicovaginal fistula R following multiple repairs
17/8-84 .. 24/7-86
EUO/F 3 cm, F/C 4 cm

operation: UVVF-repair

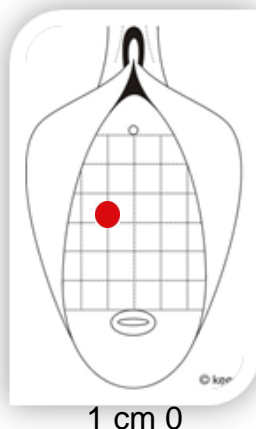
duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy R, incision at fistula edge with bilateral transverse extension, sharp dissection of avw from f_f graft, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, skin closure, vagina pack; free urine flow

12.12.87 incontinence 13.01.87 not leaking at all cath removed bladder drill
14.01.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

18.01 + 25.02.87 idem

04.06.87 not leaking, minimal incontinence ++, normal miction healed, stress ++

RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 130/80
postoperation: 130/80

Pt 430

KATSINA

VVF 473

usd (katsina)

female

25 yr

28/11-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PIV (3 alive), ± 1 cm 0 vesicovaginal fistula midline type I, leaking urine for 3 mth which started immediately following obstructed labor for 3 days, live female, marrie 12 yr ago, not at husband
EUO/F 7 cm, F/C 5 cm

operation: VVF-repair

duration: 30 min

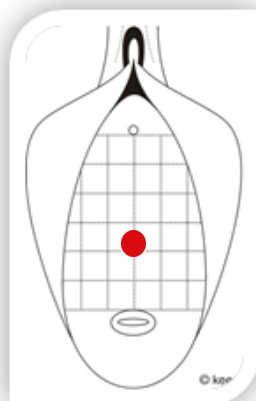
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

- 12.12.86 not leaking at all cath removed bladder drill
- 13.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 29.12 + 29.01.87 idem
- 08.04.87 not leaking at all, no incontinence, normal miction healed, no stress

second obstetric fistula completely ok until PVII (4 alive) SB male **at home**
29/03-89 operation: VVF-repair VVF 1137
 20/04-89 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence

third obstetric fistula completely< ok until PIX (4 alive) sb female in hospital
18/01-92 operation: VVF-repair VVF 1841
 25.01.92 severe gastroenteritis iv fluids pat refuses anything



1 cm 0

RR
 preanesthesia: 135/80 mm Hg
 5": 125/70
 10": 125/70
 postoperation: 125/70

Pt 431
Pt 30

KATSINA
second now obstetric leakage
post medium yankan gishiri IIBa repair
development of incontinence surgery

VVF 474
VVF 30/103

rmc (Katsina) female 27 yr 02/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

01/08-86 **new obstetric leakage** live male vaginally 17 days ago

diagnosis: PI (alive), **total urine stress incontinence** grade III, leaking urine whilst lying/sitting/standing/walking for 5 mth which started immediately following obstructed labor for 1 day, at home live male, after repairs 30/5-84 .. 5/3-85

operation: elevation of bladder neck by pubococcygeus plasty

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

slightly curve transverse incision at bladder neck, sharp dissection of avw from f_f graft, sharp dissection of bladder from pubic bones, FOLEY Ch 16, elevation of bladder neck by suturing slings from pubococcygeus muscles underneath, gv check by 150 ml: no spilling, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

16.12.86 cath blocked not leaking/spontaneous miction cath removed

17.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, good elevation, no stress incontinence

05.01 + 02.02.87 idem

04.06.87 not leaking at all, no incontinence, normal miction healed, no stress

RR

preanesthesia: 125/80 mm Hg

5": 125/75

10": 125/75

postoperation: 125/75

Pt 432

KATSINA

VVF 475

ulg (rép niger)

female

14 yr

02/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: P0, ± 5x1 cm urethrovesicovaginal fistula type **IIBa**, leaking urine for 4 mth that started immediately following yankan gishiri by wanzami as she did not want to have sex with husband, married 5 mth ago, not living with husband
EUO/F 0 cm, F/C 5 cm

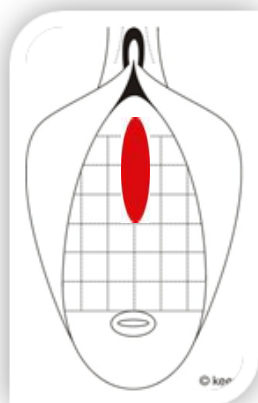
operation: urethra, UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, wide U incision around fistula edge, sharp dissection of avw, sharp mobilization of (para)urethra tissue, FOLEY Ch 16, tension-free longitudinal urethra reconstruction_bladder closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/ mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

22.12.86	not leaking/labium healed	cath removed	bladder drill
23.12.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
05.01 + 02.02.87	idem		
06.07.87	not leaking at all, no incontinence, normal miction		healed, no stress
29/05-89	amenorrhea for 7 mth	not leaking at all	instructions



5x1 cm

RR
 preanesthesia: 140/60 mm Hg
 5": 140/60
 10": 130/50
 postoperation: 120/50

Pt 161

KATSINA
second stage post large I repair

VVF 476/180
rvf

dama (katsina) female 31 yr 03/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PVII (5 alive), \pm 1 cm 0 CS_vesicocervicovaginal fistula midline, leaking urine for 3.5 yr which started 4 days after CS bco obstructed last labor for 4, SB male, married 16 yr ago, not at husband; previous repair **healed**, fistula overlooked, no menses, still 0.5 cm 0 rectovaginal fistula EUO/F 10 cm, F/"C" 0 cm

operation: CS_VCVF-repair as **second stage**

duration: 90 min

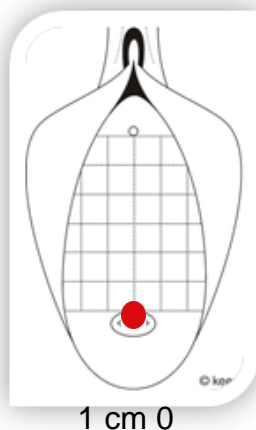
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder, scar tissue ++, FOLEY Ch 16, tension-free transverse closure with a single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

23/01-87 gv/ leaking catheter removed

20.04.88 operation: vcvf-repair

vvf 925



RR
preanesthesia: 130/80 mm Hg
5": 130/80
10": 115/70
postoperation: 105/60

Pt 433

KATSINA

VVF 477

myn (katsina)

female

34 yr

03/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PIX (8 alive), \pm 0.5 cm 0 vesicovaginal fistula slightly at L type I, leaking urine for 5 mth which started immediately following obstructed last labor for 4 days, live male, married 20 yr ago, still living with husband
EUO/F 8 cm, F/C 4 cm

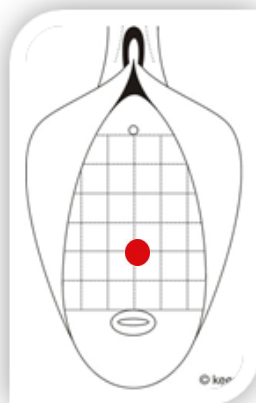
operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

22.12.86 not leaking at all cath removed bladder drill
23.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
06.01 + 12.02.87 idem
23.06.87 not leaking at all, no incontinence, normal miction healed, no stress



0.5 cm 0

RR
preanesthesia: 170/100 mm Hg
5": 140/80
10": 140/80
postoperation: 130/80

fiym (katsina) female 20 yr 04/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 4x1 cm urethrovesicovaginal fistula type IIBb, **two** large rectovaginal fistulas, leaking of urine/passing stools pv for 4 yr which started immediately following obstructed labor for 3 days, male SB, married 7 yr ago, not with husband, vagina stenosis
EUO/F 0.5 cm, F/V 4 cm

operation: urethra, UVVF-repair and fibrofatty graft R

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

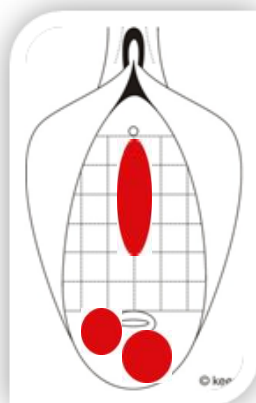
bilateral episiotomy, wide incision around fistula edge, sharp dissection of avw, sharp mobilization of (para)urethra tissue, FOLEY Ch 16, excision of scar tissue +, a tension-free longitudinal urethra reconstruction and transverse bladder closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

05.12 slight abd distension; good bowel sounds 26.12.86 cath out

27.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

14.01.87 idem

19.02.87 not leaking at all, no incontinence, normal miction healed, no stress

07.07.89 not leaking but slight incontinence for 2 mth **?delivery?**
insp/ healed, no stress even with full bladder

4x1 cm

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 115/60

hmk (rép niger)

female

23 yr

04/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PIV (2 alive), \pm 2 cm 0 urethrovesicovaginal fistula with circumferential defect type **IIAb**, leaking urine for 10 mth which started immediately following forceps delivery bco obstructed last labor for 1 day, SB female, married 10 yr ago, still with husband; NB CS for 2nd delivery EUO/F 3.5 cm, F/C 6 cm

operation: UVVF-repair and fibrofatty graft R

duration: 75 min

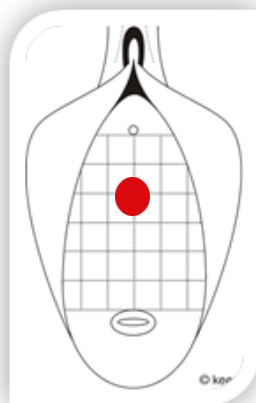
anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibro fatty pad over repair to pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pad, skin closure, vagina pack; free urine flow

11.12 hematoma labium opened 22.12 not leaking/labium healed cath out
23.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

05.01.87 idem

19.08.87 not leaking at all, no incontinence, normal miction healed, no stress



2 cm 0

RR
preanesthesia: 130/75 mm Hg
5": 120/70
10": 110/60
postoperation: 105/60

mlk (rép niger)

female

18 yr

04/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 1 cm 0 vesicovaginal fistula fixed to R pubic bone type **IIAb**, leaking urine for 2 yr which started immediately following obstructed labor for 2 days, SB male, married 4 yr ago, not at husband
EUO/F 6 cm, F/C 5 cm

operation: VVF-repair

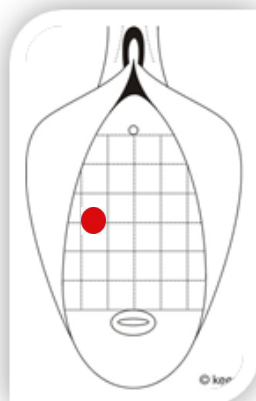
duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

21.12.86	cath blocked	not leaking	cath removed	bladder drill
22.12.86	not leaking at all, no incontinence, normal miction			
	insp/ healed, no stress incontinence			
06.01.87	idem			
12.02.87	not leaking at all, no incontinence, normal miction			healed, no stress

second obstetric leakage completely ok until PII (0 alive) sb female **at home**
13/07-88 **dilatation and FOLEY Ch 18 x 6 wk** **cath 85**
 05/10-88 not leaking at all, no incontinence, normal miction
 insp/ healed, no stress incontinence



1 cm 0

	RR
preanesthesia:	130/70 mm Hg
5":	130/70
10":	130/70
postoperation:	130/70

hht (rép niger)

female

20 yr

05/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PII (1 alive), **multiple two** \pm 5x1.5 cm urethrovesicovaginal and \pm 0.5 cm 0 urethrovesicovaginal fistula R type **IIBa**, leaking urine for 10 yr which started immediately following yankan gishiri by wanzami for local customs, married 5 yr ago, not with husband
EUO/F 0 cm, F/C 7 cm

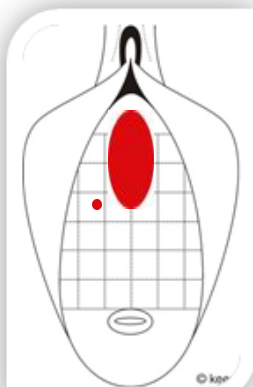
operation: urethra, UVVF-repair and fibrofatty graft R

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

median episiotomy, wide U incision around the fistulas, sharp dissection of thin avw, sharp mobilization of (para)urethra tissue, FOLEY Ch 16, tension-free longitudinal/transverse urethra_bladder closure by a single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

17/06-87 not leaking, sometimes incontinence \pm
insp/ healed, ?uv-stricture?



multiple fistulas

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 125/70

fgrs (katsina)

female 37 yr

08/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PV (3 alive), \pm 1.5 cm 0 urethrovesicovaginal fistula midline/L type **IIAa**,
leaking urine for 3 yr which started immediately after catheter removal 8
days following CS bco obstructed last labor for 1 day, SB male, married
20 yr ago, with husband still
EUO/F 5 cm, F/C 2 cm

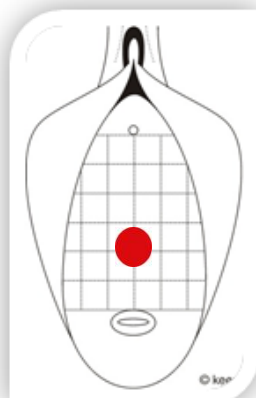
operation: UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of
avw, sharp dissection of bladder cervix, scar tissue +, FOLEY Ch 16, tension-free
transverse closure by single layer of inverting chromic catgut 00, gv check, incision R
labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral
vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc
musculature, avw T closure by chromic catgut 1/5, closure R labium, pressure pad, skin
closure, vagina pack; free urine flow

26.12.86 not leaking/labium healed cath removed bladder drill
27.12.86 not leaking at all, no incontinence, normal miction
04.01.87 retention ch 16 29.01.87 cath removed bladder drill
30.01.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
02.02 + 19.02 + 17.03.87 idem
17.06.87 not leaking, incontinence \pm , normal miction healed, stress \pm



1.5 cm 0

RR
preanesthesia: 140/90 mm Hg
5": 115/65
10": 115/65
postoperation: 115/65

hud (katsina)

female

34 yr

08/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: P0, ± 6x2 cm urethrovesicovaginal fistula type **IIa**, leaking urine for 20 yr that started immediately following yankan gishiri by wanzami bco ba hanya, married 20 yr ago, not living with husband, **congenital vagina agenesis**
EUO/F 0 cm, F/V 0 cm

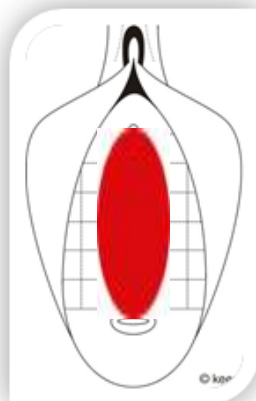
operation: urethra, UVVF-repair and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

wide U incision around fistula, sharp dissection of avw, sharp dissection of bladder whereby space is created between bladder/rectum, **no** cervix/uterus, sharp mobilization of (para)urethra tissue, FOLEY Ch 16, tension-free longitudinal urethra_bladder closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

	29.12.86	not leaking/labium healed	cath removed	bladder drill
	13.01.87	not leaking at all, no incontinence, normal miction		
		insp/ healed, no stress incontinence		
	30.03.87	idem	vagina 1 cm deep	
	29.06.87	not leaking at all, no incontinence, normal miction		healed, no stress



6x2 cm

RR
preanesthesia: 140/90 mm Hg
5": 135/80
10": 135/75
postoperation: 125/70

Pt 440
Pt 36

KATSINA

VVF 485
RVF 42

sak (kano) female 21 yr 09/12-86

surgeon: Kees WAALDIJK
assistant: Dahiru LAHIRU

diagnosis: PI, \pm 2 cm 0 urethrovesicovaginal fistula midline with circumferential defect type **IIAb**, \pm 5 cm 0 rectovaginal fistula, leaking urine/passing stool pv for 3 yr that started 2 days following obstructed labor for 4 days, SB male, married 7 yr ago, not living with husband, vagina stenosis with contracture ring
EUO/F 5 cm, F/C 0 cm, I/F 2 cm

operation: UVVF-repair, fibrofatty graft R and RVF-"repair"

duration: 140 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

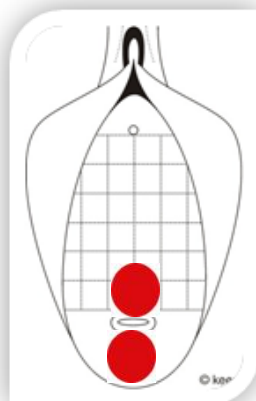
episiotomy L, blunt mobilization whereby peritoneum opened, an incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, sharp dissection of bladder from cervix, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 with fixation of angles onto pubic bones, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, sharp dissection of pvw, tension-free longitudinal rectum closure, closure R labium, pressure pad, skin closure, vagina pack; free urine flow stool pollution

29.12 + 27.01 + 28.01 + 16.03.87 leaking & stools pv
03/09-87 leaking, stools pv insp_gv/ healed, total stress incontinence, rvf

08/05-89 operation: dilatation_urethroplasty VVF 1202
02/06-89 not leaking, incontinence +, normal miction insp/ healed, stress +

22/03-92 operation: dilatation VVF 1959
03/06-93 operation: urethrotomy VVF 2312

10/11-93 operation: vaginoplasty_rectum repair RVF 228 VVF 2544
23.11.96 leaking & miction, stools ok vagina ok



2 cm 0

RR
preanesthesia: 115/70 mm Hg
5": 110/60
10": 110/60
postoperation: 100/50

Pt 441

KATSINA

VVF 486

mak (katsina)

female

19 yr

10/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 0.5 cm 0 urethrovesicovaginal fistula at R type **IIAa**, leaking urine for 9 mth which started immediately following obstructed labor for 4 days, SB male, married 5 yr ago, not with husband
EUO/F 5 cm, F/C 6 cm

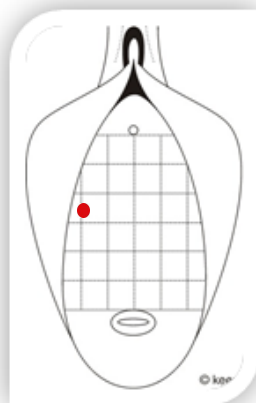
operation: UVVF-repair

duration: 45 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

29.12.86	not leaking at all	cath removed	bladder drill
30.12.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
14.01.87	idem		
18.02.87	not leaking at all, no incontinence, normal miction		healed, no stress



0.5 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 125/70
postoperation: 125/70

aaa (katsina)

female

20 yr

10/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 4 cm 0 urethrovesicovaginal fistula type **IIAa**, leaking urine for 5 mth which started immediately following obstructed labor for 6 days, SB male, married 5 yr ago, not with husband
EUO/F 2 cm, F/C 4 cm

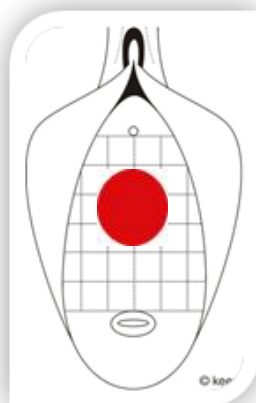
operation: UVVF-repair, urethra and fibrofatty graft R

duration: 75 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free longitudinal/transverse urethra bladder closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

31.12.86 not leaking/labium healed cath removed bladder drill
01.01.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
14.01 + 18.02.87 idem
10.06.87 not leaking at all, no incontinence, normal miction healed, no stress
16/03-88 **amenorrhea for 4 mth** not leaking at all **instructions**



4 cm 0

RR
preanesthesia: 140/80 mm Hg
5": 135/70
10": 105/50
postoperation: 100/50

hmdk (katsina)

female

30 yr

10/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PIII (0 alive), **multiple two** \pm 0.1 cm 0 and \pm 1 cm 0 urethrovesicovaginal-vesicovaginal fistulas midline type I, leaking urine for 8 yr which started immediately following obstructed last labor of 3 days, SB male, married 15 yr ago, not living with husband; 1x operated, normal menstruation
EUO/F 5 cm, F/F 4 cm, F/V 2 cm

operation: UVVF/VVF-repair

duration: 90 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

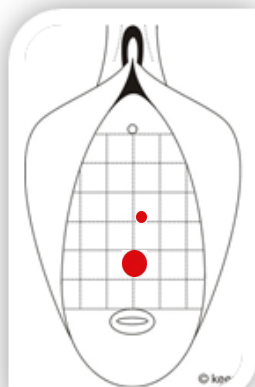
incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure 2x by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure 2x by chromic catgut 1/5 vagina pack; free urine flow

29.12.86 not leaking at all cath removed bladder drill

30.12.96 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

14.01 + 18.02.87 idem

04.06.87 not leaking at all, no incontinence, normal miction healed, no stress



multiple fistulas

RR

preanesthesia: 140/70 mm Hg

5": 140/70

10": 130/70

postoperation: 110/50

sdy (katsina) female 18 yr 11/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: residual \pm 1 cm 0 urethrovesicovaginal fistula L lungu following 1x repair
and 29/7-86
EUO/F 4 cm, F/C 4 cm

operation: VVF-repair

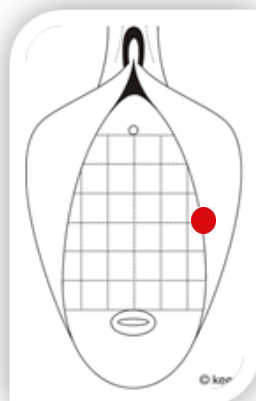
duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw
from f_f graft, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single
layer of inverting chromic catgut 00, fixation of f_f graft over repair onto pubic bone L, gv
check: spilling, transverse avw closure by chromic catgut 1/5, vagina pack; free urine
flow doubtful repair

	16.12	cath blocked/changed	20.01.87	not leaking at all	cath out	drill
21.01.87		not leaking at all, no incontinence, normal miction				
		insp/ healed, no stress incontinence				
19.02.87		not leaking at all, no incontinence, normal miction		healed, no stress		

second obstetric fistula completely ok until PIV (0 alive) sb male at home
19/04-92 operation: vvf-repair vvf 1990



1 cm 0

RR
 preanesthesia: 110/60 mm Hg
 5": 100/55
 10": 100/55
 postoperation: 100/55

ima (rép niger) female 24 yr 11/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PIV (1 alive), \pm 1 cm 0 urethrovesicovaginal fistula midline IIAa, **leaking urine for 70 days (10 wk)** which started 3 days following obstructed las labor for 1 day, SB male, married 10 yr ago, not living with husband
EUO/F 4 cm, F/C 7 cm

operation: UVVF-repair and fibrofatty graft R

duration: 70 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

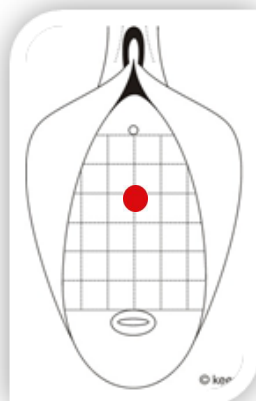
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, dilatation of stricture at 2 cm from EUO, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

29.12.86 not leaking at all cath removed bladder drill

30.12.86 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

13.01 + 12.02.87 idem

04.06.87 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR
preanesthesia: 130/70 mm Hg
5": 130/70
10": 130/70
postoperation: 125/70

rlm (rép niger)

female

20 yr

11/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, **extensive** ± 6x1.5 cm urethrovesicovaginal fistula type **IIBb**, leaking urine for 1 yr which started immediately following obstructed labor for 2 days, SB male, married 7 yr ago, not at husband
EUO/F 0.5 cm, F/C 5 cm

operation: urethra, UVVF-repair and fibrofatty graft R

duration: 120 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, wide U incision around fistula, sharp dissection of avw and sharp dissection of bladder from pubic bones, FOLEY Ch 16, tension-free longitudinal bladder neck reconstruction by single layer of inverting chromic catgut 00, sxar tissue ++, urethra reconstruction by mobilized mucosa_muscle_fat flap from L labium minus with its base just proximally from EUO, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

retention 2x 29.08.87 not leaking at all, no incontinence, normal miction
insp/ healed, euo drawn inside, no stress incontinence

new ?obstetric? leakage ?delivery? PII (0 alive) sb male at home

27/08-88 operation: colpoplasty_suprapubic suspension VVF 1031

19/03-89 not leaking at all, no incontinence insp/ healed, no stress

new obstetric third fistula PIII (0 alive) SB female at home

17.02.94 operation: UVVF-repair VVF 2625

new third_(fourth) obstetric leakage PIV (0 alive) SB female at home

24/01-98 operation: UVVF-repair VVF 4032

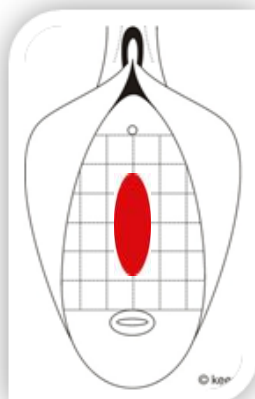
23.03.98 not leakingl, incontinence ±, normal miction healed, no stress

02/07-98 operation: dilatation/urethrotomy VVF 4205

?fifth obstetric leakage? no check-up, not drinking, no compliance

08/03-02 operation: dilatation VVF 5380

01/05-02 **amenorrhea for 5 mth** not leaking, incontinence ± **instructions**



6x1.5 cm

RR

preanesthesia: 140/90 mm Hg

5": 125/75

10": 125/75

postoperation: 85/50 ivf

ayk (katsina) female 21 yr 12/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, **very extensive** \pm 6 cm 0 urethrovesicovaginal fistula with a circumferential defect type **IIAb**, large rectovaginal fistula, leaking urine/passing stools pv for 7 yr that started immediately following obstructed labor for 4 days, SB male, married 8 yr ago, not living with husband; \pm 4 cm rectovaginal fistula since operation 9 mth ago
EUO/F 3 cm, F/C 1 cm

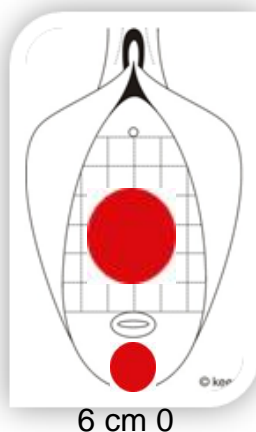
operation: ureters, UVVF-repair, fibrofatty graft L and avw

duration: 140 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

episiotomy L, incision at fistula edge with bilateral transverse extension, sharp dissection of avw, sharp dissection of bladder from cervix, bilateral ureter catheterization for 25 cm, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00 with fixation to pubic bones, gv check, incision L labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under L lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, avw reconstruction by skin_mucosa advancement/rotation flap from L labia, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

21.12 ureter cath out 26.12 leaking 06.01.87 cath out leaking
06.01 + 30.01.87 leaking breakdown **no** cooperation



RR
preanesthesia: 120/70 mm Hg
5": 115/70
10": 110/65
postoperation: 110/65

Pt 447

KATSINA

VVF 493

leaking too long to be healed by catheter

cath 18

makb (katsina)

female

27 yr

15/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PV (3 alive), minute < 0.1 cm 0 vesicovaginal fistula slightly at L type I, leaking urine for 3 yr that started immediately following obstructed last labor for 2 days, SB male, married 15 yr ago, still living with husband; operated 1x
EUO/F 6 cm, F/C 5 cm

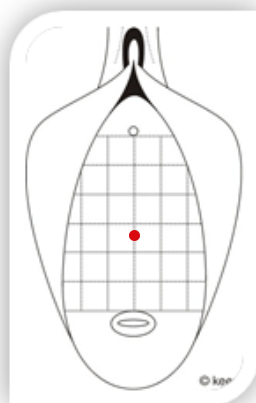
operation: VVF-repair

duration: 30 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision thru fistula, sharp dissection of avw, scar tissue ++, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

29.12.86	not leaking at all	cath removed	bladder drill
30.12.86	not leaking at all, no incontinence, normal miction		
	insp/ healed, no stress incontinence		
13.01.87	not leaking at all, no incontinence, normal miction		healed, no stress



< 0.1 cm 0

	RR
preanesthesia:	140/80 mm Hg
5":	120/70
10":	120/70
postoperation:	100/60

hhm (katsina)

female

17 yr

15/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 1.5 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 3 yr which started immediately following CS bco obstructed labor for 1 wk, SB male, married 6 yr ago, not living with husband
EUO/F 4 cm, F/C 3 cm

operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, sharp dissection of bladder, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

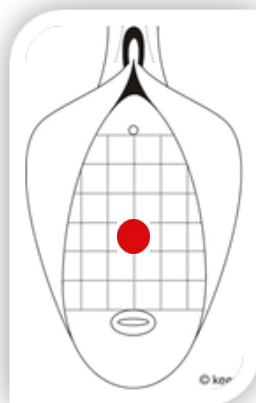
29.12.86 not leaking/labium open_clean cath removed bladder drill

30.12.86 not leaking at all, no incontinence, normal miction

insp/ healed, no stress incontinence

13.01 + 12.02.87 idem

29.06.87 not leaking at all, no incontinence, normal miction healed, no stress



1.5 cm 0

RR
preanesthesia: 125/70 mm Hg
5": 125/70
10": 120/60
postoperation: 120/60

Pt 449

KATSINA

VVF 497

nam (katsina)

female

18 yr

17/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, ± 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 2 yr which started immediately following obstructed labor for 1 day, SB female, married 5 yr ago, not with husband
EUO/F 4 cm, F/C 7 cm

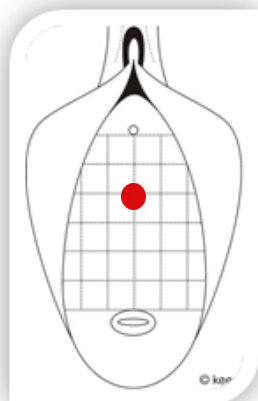
operation: UVVF-repair and fibrofatty graft R

duration: 60 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

incision at fistula edge with bilateral transverse extensions, sharp dissection of avw, **scar tissue ++**, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

- 05.01.87 not leaking/labium healed cath removed bladder drill
- 06.01.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
- 20.01 + 19.02.87 idem
- 10.06.87 not leaking at all, no incontinence, normal miction healed, no stress
- 15/06-93 **amenorrhea for 3 mth** not leaking at all **instructions**



1 cm 0

RR
 preanesthesia: 115/60 mm Hg
 5": 115/60
 10": 115/60
 postoperation: 100/50

hak (katsina)

female

20 yr

18/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking urine for 2 yr that started immediately following obstructed labor for 4 days, SB male, married 6 yr ago, not living with husband
EUO/F 4 cm, F/C 8 cm

operation: UVVF-repair and fibrofatty graft R

duration: 50 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

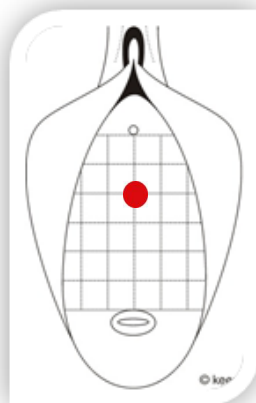
incision at fistula edge with bilateral transverse extensions, sharp/blunt dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

05.01.87 not leaking/labium healed cath removed bladder drill

06.01.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence

20.01 + 19.02.87 idem

17.06.87 not leaking at all, no incontinence, normal miction healed, no stress



1 cm 0

RR

preanesthesia: 125/75 mm Hg

5": 115/70

10": 115/70

postoperation: 115/70

isd (rép niger) female 27 yr 18/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PII (0 alive), \pm 3 cm 0 vesicovaginal fistula midline type I, leaking urine for 9 yr which started immediately following obstructed last labor for 2 days, SB female, married 15 yr ago, not living with husband; operated 2x, mutilated cervix
EUO/F 7 cm, F/C 2 cm

operation: UVVF-repair and fibrofatty graft R

duration: 125 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

bilateral episiotomy, incision at fistula edge with bilateral transverse extensions, both ureters identified but only R catheterized for 25 cm, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, incision R labium majus, sharp dissection/mobilization of fibrofatty tissue, tunneling under R lateral vagina wall, transverse fixation of this fibrofatty pad over repair onto pubic bones/pc musculature, transverse avw closure by chromic catgut 1/5, closure R labium, pressure pad, skin closure, vagina pack; free urine flow

09.01.87 not leaking/labium healed cath removed bladder drill
10.01 + 22.01 + 27.04.87 not leaking at all, no incontinence, miction healed, no stress

second obstetric fistula completely ok until PIV (0 alive) sb male by cs

02.01.92 operation: rvf-repair rvf 136

26/09-93 operation: UVVF-repair VVF 2464

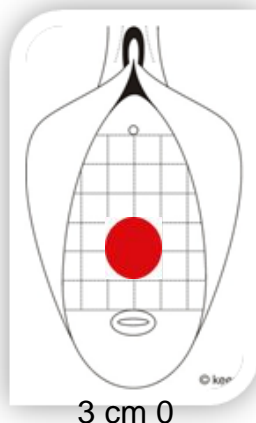
15.05.94 operation: bladder/avw fixation VVF 2722

10/07-94 operation: fixation VVF 2818

13/07-95 operation: ureters_UVVF_avw VVF 3218

10/10-96 operation: ureters_urethra_avw VVF 3652

31/05-02 operation: UVVF-repair VVF 5436



RR

preanesthesia: 135/85 mm Hg

5": 135/85

10": 135/85

postoperation: 110/70

sbr (katsina) female 18 yr 22/12-86

surgeon: Kees WAALDIJK

assistant: Dahiru LAHIRU

diagnosis: PI, \pm 0.1 cm 0 urethrovesicovaginal fistula midline type **IIAa**, leaking of urine for 4.5 mth which started immediately following obstructed labor for 3 days, SB female, married 2 yr ago, not living with husband, **wide open EUO**
EUO/F 3 cm, F/C 10 cm

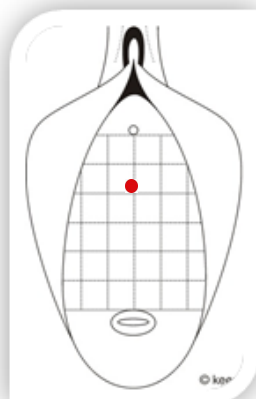
operation: UVVF-repair

duration: 25 min

anesthesia: spinal L3/L4 with 4 ml bupivacaine 0.5%

transverse incision through fistula, sharp dissection of avw, FOLEY Ch 16, tension-free transverse closure by single layer of inverting chromic catgut 00, gv check, transverse avw closure by chromic catgut 1/5, vagina pack; free urine flow

05.01.87 not leaking at all cath removed bladder drill
06.01.87 not leaking at all, no incontinence, normal miction
insp/ healed, no stress incontinence
20.01 + 19.02 idem
10.06.97 not leaking at all, no incontinence, normal miction healed, no stress
29/02-88 **amenorrhea for 3 mth** not leaking at all **instructions**
11/10-88 **PII (1 alive) live female at home** not leaking at all



0.1 cm 0

RR
preanesthesia: 130/70 mm Hg
5": 130/70
10": 130/70
postoperation: 120/70