

# **national vvf project nigeria**

## **evaluation report XIV**

1998

## **reprint**

Northern Nigeria

Special VVF-Center  
B/KEBBI

Federal Medical Center  
GUSAU

General Hospital  
HADEJIA

Laure Fistula Center  
KANO

Babbar Ruga Fistula Hospital  
KATSINA

Maryam Abacha Hospital  
SOKOTO

Kofan Gayan Hospital  
ZARIA

République du Niger

Centre Hospitalier Départemental  
MARADI

Maternité Centrale  
ZINDER

**kees waaldijk MD PhD**  
chief consultant surgeon

reprint

sponsored and financed by:  
**waha-international**  
paris



**evaluation report XIV**

**1998**

**Special VVF-Center**  
**B/KEBBI**

**Federal Medical Center**  
**GUSAU**

**General Hospital**  
**HADEJIA**

**Laure Fistula Center**  
**KANO**

**Babbar Ruga Fistula Hospital**  
**KATSINA**

**Maryam Abacha Hospital**  
**SOKOTO**

**Kofan Gayan Hospital**  
**ZARIA**

**Centre Hospitalier Départemental**  
**MARADI**

**Maternité Centrale**  
**ZINDER**

the gap between the **have's** and **have not's** is widening, not only in economic terms but also pertaining health; in "developing" Africa where poverty and ignorance is rampant people have to accept their fate

one of the most distressing thing for a woman in any society is when she develops a fistula and becomes incontinent for urine and/or stools: besides the psychical and physical discomfort, it will isolate her and make her an outcast in her own society; so she is not able to live a normal life whatever that may be

in a major effort to do something for these unfortunate girls (70% below 20 yr of age and 40% not up to 16 yr), we have set up a **vvf-repair service** to bring the surgery nearer to the patients

though everybody speaks of prevention, this is a utopia and an item for the politicians, people who work by their month instead of by their hands

the "developing" world is not helped by idealists, not by organizations for whom the organization of help is more important than the help itself, not by politicians with their loud mouth knowing it all better, not by developing aid tourism where the tourists profit most but only by cool pragmatic professionals who are willing to look into the matter, to analyze it properly, to simplify their knowledge to the basics and then are willing to work under very primitive conditions

**XIVth evaluation report**  
**VVF-projects B KEBBI/GUSAU/HADEJIA/KANO/KATSINA/SOKOTO/ZARIA**  
**MARADI/ZINDER**

**introduction**

Despite the volatile political situation and the severe fuel scarcity, it has been possible to implement the majority of our programme for 1998.

By opening **3** new centers we were even able to expand our touring programme, viz. to Kaduna State and Zamfara State in Northern Nigeria and to Département de Zinder in Southern République du Niger.

At the moment we reach out to 7 centers in Northern Nigeria and 2 centers in Southern République du Niger serving 40% of the Hausa/Fulani population and 20% of the Nigerian population.

We have to train more and more senior registrars in obstetrics/gynecology and consultants even if it means training less general doctors.

Also the training of other health personnel such as nurses/midwives/theater nurses has to be reintroduced as well as education of the general public.

Only by teamwork and involving as many persons/institutions as possible are we able to achieve anything.

It seems that some 50% of the patients have a pelvis abnormality, a narrow pubic arch of  $< 85^\circ$  being the most common.

Source of patient information: relation, hospital, old patient, radio.

**long-term objectives**

To establish a lasting VVF-service with ultimately the total eradication of the obstetric fistula.

**lasting VVF-service**

In KANO and KATSINA a VVF-repair service with training of doctors and nurses has been established.

In 5 other centers a VVF-repair service is functioning: Jigawa State, Kaduna State, Kebbi State, Sokoto State and Zamfara State.

Dr Ann WARD is doing a fine job in Akwa Ibom State; the same applies to Dr Jonathan KARSHIMA who is working in Plateau State.

Those centers are capable of dealing with VVF as a public health problem within these 9 states, covering 25% of the Nigerian population.

However, since 1996 there are 37 states in the whole federation of Nigeria, so centers have to be set up in 28 more states to have an overall covering of the service within Nigeria.

As part of a bilateral agreement also a VVF-repair service has been started in neighboring République du Niger: in MARADI and in ZINDER.

**prevention**

There is no relation to tribe, religion, culture, early marriage or anything else, except for **early intervention by CS within 3 hours.**

The obstetric fistula will disappear if **any** obstructed labor is relieved in time, i.e. by CS within 3 hours, **whatever the cause!**

Therefore we should concentrate on doing the only right thing, viz. setting up proper antenatal/obstetric care, i.e. **a network of 75,000 functioning obstetric clinics throughout Africa!!**

**short-term objectives**

To further upgrade/develop the Babbar Ruga Fistula Hospital in KATSINA and Laure Fistula Center in KANO into (inter)national VVF-training centers, and to start new VVF-repair centers.

### BIRNIN KEBBI

Despite good funding by the Tulsi Chanraj Foundation, the center is below any standard and it is difficult to get the situation under control.

The old operating table from KATSINA was transferred, and since then the surgery seems to be running better and the results are improving.

Somehow the worst obstetric fistulas are encountered here despite the high-protein nutrition (fish).

### GUSAU

The service in Zamfara State was started in February 1998, and it needs a lot of upgrading, especially in the postoperative care.

A 10-bed ward in the Federal Medical Center has been reserved for the VVF-patients until the new VVF-center will be completed.

### HADEJIA

Dr Said AHMED is doing a fine job. However, we doubt if he will continue since recently he has been appointed as chief executive in the Ministry of Health situated in DUTSE.

### KANO

As NEPA is unreliable a small 7.5 kVA standby generator for the theater is needed to ensure that we can operate at all times. Otherwise the electric autoclave cannot be used for sterilizing.

Due to the well functioning VVF-service in HADEJIA the number of patients declined. GHON refurbished the postoperative wards in KANO but Kwalli hostel still has to be renovated.

#### **national training center**

We are completely set and fit now to train different cadres of doctors/nurses from all over Nigeria.

### KATSINA

At last we got hold and then **rid** of the persons (male and female) selling native medicine to the patients which has been the cause of several postoperative deaths.

The appliances arrived and the new operating table donated by the Dutch Government is in full use contributing greatly to our programme.

Katsina State Government furnished the new guesthouse for trainees lavishly and completely.

#### **international training center**

We are completely set and fit now to train different cadres of doctors/nurses from all over Africa.

### SOKOTO

The facilities of Maryam Abacha Hospital are more than sufficient: 2 well equipped operation theaters and 4 postoperative wards with 10 beds each.

The staff are highly interested and cooperative but their training has to be the first priority of the authorities.

In the 1.5 years of its existence it has already become a major pillar in our programme, and the results are highly promising.

The number of patients is increasing and the radio seems to be their main source of information about the VVF-service.

### ZARIA

A start was made with a VVF-service in Kofar Gayan Hospital in ZARIA in Kaduna State in March 1998.

We are highly impressed by the interest and dedication of all the staff as well as by the excellent pre-, intra- and post-operative care.

Unfortunately, the surgeon trained left the service to join politics. We wish him the best of luck.

**In the centers B\_KEBBI, GUSAU, HADEJIA and ZARIA there is an urgent need for one hydraulic high-quality operating table; so four in total**

## **République du Niger**

we spend only 2 days a month in Niger, one in Maradi and one in Zinder!

### MARADI

The gynecologic department within the Centre Départemental Hospitalier in MARADI is being utilized for the fistula work.

The service was reduced to 1 day a month since the number of patients was declining and it became clear that ZINDER is more promising as **the** center for République du Niger.

The service was started in January 1996, and we are satisfied with the output in terms of surgery and training.

### ZINDER

On request from the Préfect of Département du ZINDER and from Dr Djangnikpo LUCIEN from Maternité Centrale we started to work there 1 day a month.

It took some time before all formalities between Département du Zinder and Katsina State were completed, and a start was made in October 1998.

Since Département du Zinder is the most populous area of Niger, a detailed 5-year plan should be written to develop the Maternité Central into the VVF-repair, -rehabilitation and -training Center for République du Niger as headed by Dr Djangnikpo LUCIEN who is very enthusiastic and capable.

### **traveling rhythm**

To visit and perform surgery in all the centers the traveling rhythm by car on long, rough and dangerous roads is cruel:

**1st week:** Katsina to Kano (200 km) to Zaria (175 km) to Sokoto (425 km) to Birnin Kebbi (175 km) to Sokoto (175 km) to Katsina (550 km)

**2nd week:** Katsina to Kano (200 km) to Katsina (200 km) to Maradi (100 km) to Katsina (100 km)

**3rd week:** Katsina to Kano (200 km) to ZARIA (175 km) to Sokoto (425 km) to Gusau (225 km) to Katsina (325 km)

**4th week:** Katsina to Kano (200 km) to Katsina (200 km) to Zinder (250 km) to Katsina (250 km)

and then this rhythm all over again and again, on an average base 1,200 km a week! Luckily, most traveling is outside office hours.

Somehow, (partial) transport by air has to be considered seriously, if more centers are to be opened.

### **further expansion throughout Northern Nigeria**

Time has come now to consolidate the existing centers first before further expansion can be considered.

Especially the transportation problem has to be solved, otherwise we end up spending more time in the car than in the operating theater.

### **further expansion throughout Africa**

It would be a pity if all the expertise gained so far in (Northern) Nigeria would not be made available to the rest of Africa.

The Maternité Centrale in Zinder in République du Niger seems to be a good starting point especially since it is a francophone country.

**The real problem is: which organization/foundation/government is willing to finance an all-Africa obstetric fistula project? It is not the money, since that would amount to roughly one million US dollars a year, but the fact that the industrialized world is not aware of the extent of the obstetric fistula and as such not interested!!**

### activities

postgraduate training (see Annex I)

Dr Imam AMIR and Hadiza MOHAMMED conducted the training programme in KANO whilst Dr Idris HALIRU and Kabir K LAWAL conducted the training programme in other centers (see Annexes).

Training is a continuing process and we have to bring and keep the expertise there where it is needed.

Some of the surgeons are coming back for more advanced training.

The training of nurses/midwives and of other health personnel is integrated into our service as well.

After many years of intensive training all types of health personnel in the management of VVF/RVF, we are now ready to to expand our services to other countries as the problem is all over Africa with 1.5-2 million VVF-patients waiting for surgery.

### **general doctors/senior registrars/deputy surgeons/visiting consultants**

Sofar, a total of **103 doctors** have been trained or attended our programmes: 52 doctors with at least 3-year surgical experience, 20 senior registrars in obstetrics/gynecology, 14 consultant surgeons/gynecologists, 15 deputy surgeons and 2 senior registrars in anesthesia.

### **(theater) nurses/midwives**

A total of **73** nurses from all over the Federation of Nigeria attended and completed the course(s); as well as **2** nurses from République du Niger and **2** nurses from Sierra Leone.

### **British CHEVENING scholarship programme**

Dr Iliyasu ZUBAIRU left in September for GLASGOW, Scotland, for 1 year to obtain a MPH degree.

surgery (see Annex II)

In March the **10,000th** repair was performed within the whole project but it is only the start of what we would like to have: an all\_Africa project!

This could only have been done working as a team, and I have to praise the surgeons in the different centers for this, especially Dr Idris HALLIRU in KATSINA, Dr Imam AMIR in KANO and Dr Said AHMED in HADEJIA as well as Dr Iliyasu ZUBAIRU in ZARIA who traveled many times to SOKOTO.

During 1998 a total of 1,464 procedures were performed within the 9 different centers, i.e. 1,319 VVF-repairs and 145 RVF-repairs.

Since the beginning of the project in 1984 a **grand total of 11,242 VVF/RVF-repairs and related operations** have been performed.



## research

### **generally**

The intention has been and still is: **to make complicated things simple, effective, feasible, safe and payable under primitive circumstances!**

Since we started we have used a one-layer closure by interrupted sutures and now we are trying an additional **sealing off** by a continuous suture as well to find out if the success rate at closure will improve. It is not a second layer as it runs very superficially in between the first sutures at the same level. The reason is to prevent minimal leakage and so recurrence of the fistula.

Also we intend to leave the FOLEY catheter longer in if the patient reports leaking after 2 weeks; nothing wrong can be done by it.

### **VVF-surgery**

#### classification

A **simple** surgical classification has been developed with implications for operation technique and prognosis.

#### route of operation

Exclusively the vagina. Which ENT surgeon is considering of performing a tonsillectomy through the neck?

#### position on the operation table

Exclusively the exaggerated lithotomy position varying the level of inclination up to 45°. The knee-elbow position has never been used simply because the need did not arise.

#### circumferential fistulas type IIAb

The circumferential repair by end-to-end vesicourethrostomy is the **logical** solution since it aims at restoring the "normal" anatomic and physiologic relations between the bladder and the urethra and so creates a **functioning closing mechanism** whatever that may be.

Specifically the outcome as to **continence** is far superior than with other techniques, even with a urethra length of only  $\pm 2$  cm.

#### corner-corner fistulas

It seems a solution has been found for this very difficult type of fistula though they remain troublesome to repair due to **excessive scarring**.

#### post-repair stress incontinence grade II-III

The problem is that there is **actual tissue loss** which makes this different from genuine urinary stress incontinence.

Vaginal anterior colposuspension whereby the **anterior vagina wall is fixed onto the anterior abdominal wall (without a gap) and the symphysis** has been the standard approach for the last 4-5 years with good results.

#### immediate surgical management; by means of catheter and/or early closure

Already some **1,300 patients** have been treated with a **success rate of almost 95%**! It is high time to write a scientific article about it with our final conclusions to propagate an immediate **active** management instead of wasting valuable time.

Immediate bladder catheterization (as soon as leakage starts!!) with high oral fluid intake (at least 4-6 litres/24 hr) is a must, and **477** patients have been cured by this simple regimen only. It does not matter who inserts the catheter as long as it is being done.

### **micturition under supervision**

Some 20% of the patients with severe incontinence do respond favourably to this programme once they understand its meaning.

## **RVF-surgery**

### classification

A **simple** surgical classification is being developed; but things are not so straightforward as in VVF.

### colostomy

Many surgeons seem to consider this as the solution of RVF since they leave the patient with a **colostomy and RVF**.

The only way it is acceptable is to perform a colostomy, then 2-4 wk later RVF-repair and if this is successful 2-4 wk later closure of the colostomy.

However, this is not possible in most instances due to organizational problems.

Therefore it is not practiced in our programme.

### sphincter ani rupture

The technique for sphincter ani rupture (with or without rectum trauma) has been simplified to a **mini-invasive procedure** with excellent results.

### RVF-repair

Several techniques have been simplified with good results.

## **spinal anesthesia**

Spinal anesthesia is a major part of the training since it will be an asset to every surgeon looking after his own anesthesia.

**Not giving a premedication (resulting in lower blood pressure) and keeping the legs horizontally (no blood pooling in the legs)** seems to prevent the occurrence of shock. Preloading by expensive iv fluids seems to be superfluous and has **never** been performed in over 12,000 spinal anesthesia procedures. Though blood pressure comes down, shock has **not** been encountered!

## **database**

The strength of the programme is based on a **total** documentation of all activities and patient/operation/outcome data.

Some 2,000,000 parameters to work out. This will be done at a suitable time but at present we have other priorities.

The epidemiologic base line data have been prepared for the first consecutive **2,500** patients (see Annexes).

Some 30,000 full-color slides are available and at the moment we are trying to prepare digital video instruction tapes of the different operation techniques.

## **scientific articles/papers**

Several of the research projects have been finalized into scientific papers or lectures (see Annexes)

## **funding**

Basically the project is funded by the Federal Government and by the individual State Governments of Nigeria but this is not sufficient.

Internal Nigerian funding came from the following organizations all within LAGOS: the Dutch Embassy, the Irish Embassy, the French Embassy, the Executive, the Nordic Women's Club and Maersk Line; as well as from Grassroots Health Organization of Nigeria in KANO.

External funding is provided by several Dutch NGOs of which the SK Foundation in combination with the TTT Foundation are the most important. Also the Wereldwinkel in MAASTRICHT is of consistent help. SIMAVI is sponsoring a digital video project of the operation techniques.

### **VVF-tourism**

The remarks about VVF-tourism in the previous reports XII and XIII were not meant to discredit anybody in person, but only to point out certain things: anything in life has to be learned!

To my "surprise" a good friend of mine working in East Africa as a surgeon also complained of medicosurgical tourism.

The same team applied to the Nigerian Embassy in US for funding another VVF trip to SOKOTO. That would be the third time they are going to experiment on patients who deserve a better lot; see a more detailed report of their "results" in the Annexes. If one cannot do better one should stay at home. It is high time these qualified surgeons accept the fact that they should stick to what they know and what they have been trained for instead of making fools of themselves. I do not think these things are acceptable in the United States, so why should they be acceptable in developing Africa?

At this place we continue to offer anybody training facility to understand the problems involved.

### **conclusion**

For Kano State and Katsina State a functioning VVF-service has been established including a training programme for doctors and nurses from all over the Federation of Nigeria.

Also a VVF-repair service has been established in Jigawa State, Kaduna State, Kebbi State, Sokoto State and Zamfara State.

The importance and impact of the Maryam Abacha Hospital in SOKOTO is clear since already in 1.5 yr of existence it has become a major center.

Now we have to consolidate the project first before we consider further expansion since this is only possible by using an airplane.

We have to wait and see how the situation in Kebbi State and Jigawa State will develop. It seems that within the project there are major and minor centers but it is too early to make definite conclusions.

In République du Niger the first priority will be to develop ZINDER into the VVF-repair, -rehabilitation and -training center for Niger.

P.S.

**what about the rest of the 1,5-2 million VVF-patients in Africa? and .....  
which organization/foundation/government is willing to finance the project?**

**an International Obstetric Fistula Foundation is long overdue!!!**

**kees waaldijk MD PhD**  
chief consultant surgeon  
Babbar Ruga Fistula Hospital  
P.O.Box 5  
KATSINA

**present deputy surgeons**

Dr Hassan Ladan WARA	VVF Center, B/KEBBI
none	Federal Medical Center, GUSAU
Dr Said AHMED	VVF Center, HADEJIA
Dr Immam AMIR	Laure Fistula Center, KANO
Dr Idris HALIRU	Babbar Ruga Fistula Hospital, KATSINA
none	Maryama Abacha Hospital, SOKOTO
none	Kofar Gayan Hospital, ZARIA
none	CHD, MARADI, Republique du Niger
Dr Djangnikpo LUCIEN	Maternité Centrale, ZINDER

**past deputy surgeons**

Dr Sa'ad IDRIS	Federal Medical Center, GUSAU
Dr Yusha'u ARMIYA'U	Babbar Ruga Fistula Hospital, KATSINA
Dr Shehu BALA	
Dr Jabir MOHAMMED	
Dr Aminu SAFANA	
Dr Isah Ibrahim SHAFI'I	
Dr Idris S ABUBAKAR	Laure Fistula Center, KANO
Dr Said AHMED	
Dr Iliyasu ZUBAIRU	
Dr Bello Samaila CHAFE	Jummai Fistula Center, SOKOTO

**general doctors with at least 3 yr surgical experience**

Dr (Mrs) Hauwa M ABDULLAHI	Kano State
Dr Garba Mairiga ABDULKARIM	Borno State
Dr Umar Faruk ABDULMAJID	Katsina State
Dr Ibrahim ABDULWAHAB	Niger State
Dr Idris S. ABUBAKAR	Kano State
Dr Abdu ADO	Katsina State
Dr Mohammed I AHMAD	Jigawa State
Dr Said AHMED	Jigawa State
Dr Yusuf ALIYU	Kaduna State
Dr Immam AMIR	Kano State
Dr Ebenezer APAKE	Taraba State
Dr Yusha'u ARMIYA'U	Katsina State
Dr Salisu Mu'azu BABURA	Jigawa State
Dr Shehu BALA	Katsina State
Dr Ibrahim BATURE	Zamfara State
Dr Bello Samaila CHAFE	Zamfara State
Dr Umaru DIKKO	Kano State
Dr Gyang DANTONG	Plateau State
Dr Bello I DOGONDAJI	Sokoto State
Dr James O. FAGBAYI	Kwara State
Dr Abdullahi Ahamed GADA	Sokoto State
Dr Gabriel HARUNA	Kaduna State
Dr Kabir Aliyu IBRAHIM	Jigawa State
Dr Musa IBRAHIM	Kano State
Dr Saidu A. IBRAHIM	Jigawa State
Dr Haliru IDRIS	Katsina State
Dr Sa'ad IDRIS	Zamfara State

Dr Zubairu ILIYASU  
Dr Benedict ISHAKU  
Dr Momoh Omuya KADIR  
Dr Sabi'u LIADI  
Dr Ado Kado MA'ARUF  
Dr Danmalam MAICHEDE  
Dr (Mrs) Linda MAMMAN  
Dr Umaru Mohammed MARU  
Dr Bako Abubakar MOHAMMED  
Dr Jabir MOHAMMED  
Dr Gamaliel Chris MONDAY  
Dr Ibrahim MUHAMMAD  
Dr Dunawatuwa A.M. MUNA  
Dr Lawal Hakeem OLAKAYODE  
Dr Yusuf Baba ONIMISI  
Dr Yusuf SAKA  
Dr Aminu SAFANA  
Dr Isah Ibrahim SHAFI'I  
Dr Aliyu SHETTIMA  
Dr Sani Ibrahim UMAR  
Dr (Mrs) Yalwa USMAN  
Dr Hassan Ladan WARA  
Dr Aqsom WARIGON  
Dr Abdurashheed YUSUF  
Dr Munkaila YUSUF

Adamawa State  
Plateau State  
Kogi State  
Katsina State  
Katsina State  
Sokoto State  
Adamawa State  
Zamfara State  
Bauchi State  
Katsina State  
Plateau State  
Jigawa State  
Borno State  
Kwara State  
Kano State  
Kwara State  
Katsina State  
Kebbi State  
Borno State  
Kano State  
Kano State  
Kebbi State  
Adamawa State  
Katsina State  
Kano State

senior registrars in obstetrics/gynecology

Dr Oguntayo Olanrewaju ADEKUNLE  
Dr Yomi AJAYI  
Dr Francis AMAECHI  
Dr Nosa AMIENGHEME  
Dr Lydia AUDU  
Dr Ini ENANG  
Dr Deborah HAGGAI  
Dr Nestor INIMGBA  
Dr Yusuf Mohammed KASIM  
Dr Ijaiya MUNIR-DEER  
Dr Jesse Yafi OBED  
Dr Nworah OBIECHINA  
Dr John OKOYE  
Dr Benneth ONWUZURIKE  
Dr Ishaya Chuwang PAM  
Dr Abdullahi Jibril RANDAWA  
Dr Mansur Suleiman SADIQ  
Dr Dapo SOTILOYE  
Dr Emmanuel UDOEYOP  
Dr (Mrs) Marhyya ZAYYAN

ZARIA  
IBADAN  
ENUGU  
ILE-IFE  
SOKOTO  
ZARIA  
KADUNA  
PORTHARCOURT  
ILORIN  
ILORIN  
MAIDUGURI  
ENUGU  
ENUGU  
ENUGU  
JOS  
ZARIA  
KANO  
ABEOKUTA  
JOS  
KADUNA

senior registrars in anaesthesia

Dr Saidu BABAYO  
Dr Abdulmumuni IBRAHIM

Bauchi State  
Katsina State

visiting consultants

Prof Dr Shafiq AHMAD  
Dr Said AHMED

PESHAWAR, Pakistan  
HADEJIA, Nigeria

Dr Fons A AMAYE-OBU  
Dr Abdulmalik BAKO  
Dr Frits DRIESSEN  
Prof Dr Jelte DE HAAN  
Dr Vivian HIRDMAN  
Dr Jonathan KARSHIMA  
Dr Djangnikpo LUCIEN  
Prof Dr Oladosu OJENGBEDE  
Dr Thomas J.I.P. RAASSEN  
Dr Ruben A. ROSTAN  
Dr Ulrich WENDEL  
Dr E.E. ZAKARIA

medical anthropologist  
Sandra BOER

physiotherapists  
Garba M FAGGE

nurses/midwives

Mohammed B A ADAMU  
Rauta I BENNETT  
Hauwa D HERIJU  
Martha F MSHEH'A  
Theresa INUSA  
Hajara S MUSA  
Sara SALEH  
Fatima A UMARU  
Alheri YAKUBU  
Herrietta ABDALLAH  
Florence AJAYI  
Esther AUDU  
Hauwa BELLO  
Sherifatu A JIMOH  
Ramatu DAGACHI  
Amina KABIR  
Kutaduku B MARAMA  
Hadiza ISAH  
Hadiza MOHAMMED  
Mairo A MOHAMMED  
Mabel A OBAYEMI  
Comfort OYINLOYE  
Rabi RABI'U  
Amina UMARU  
Habiba A USMAN  
Hamisu ABDULLAHI  
Adetutu S AJAGUN  
Magajiya ALIYU  
Taibat AMINU  
Hauwa GARBA  
Halima IBRAHIM  
Gambo LAWAL  
Kabir K LAWAL  
Ladi H MOHAMMED

NEW YORK, USA  
ZARIA, Nigeria  
NIJMEGEN, Holland  
MAASTRICHT, Holland  
STOCKHOLM, Sweden  
JOS, Nigeria  
MARADI, Niger  
IBADAN, Nigeria  
NAIROBI, Kenya  
MASANGA, Sierra Leone  
BESIGHEIM, Germany  
FUNTUA, Nigeria

AMSTERDAM, Holland

Kano State

Adamawa State  
Bauchi State  
Borno State

Kaduna State

Kano State

Katsina State

Halima I NOCK	
Saratu S SALEH	
Alia USMAN	
Aishatu M ANARUWA	Kebbi State
Safiya Isa MANGA	
Aishatu Y MOHAMMED	
Aishatu SAMBAWA	
Kulu A SHAMAKI	
Leah T AMGUTI	Kogi State
Hajara JOSEPH	Niger State
Dorcas NATHANIEL	
Hauwa TAUHID	
Rhoda T AGANA	Plateau State
Victoria S HARRI	
Lami PAN	
Esther ADAMU	Sokoto State
Beatrice AKINMADE	
Elizabeth Y GAJE	Yobe State
<u>operation theater nurses</u>	
Mohammed B A ADAMU	Adamawa State
Dahiru HALIRU	Kaduna State
Florence AJAYI	Kano State
Mairo ALIYU	
Ramatu DAGACHI	
Hadiza ISAH	
Amina KABIR	
Hadiza MOHAMMED	
Rabi RABI'U	
Maijiddah SAIDU	
Hamisu ABDULLAHI	Katsina State
Adetutu S AJAGUN	
Taibat AMINU	
Saratu GAMBO	
Mohammed HASHIMU	
Halima IBRAHIM	
Gambo LAWAL	
Kabir K LAWAL	
Hauwa MAMMAN	
Faruk SAMBO	
Alia USMAN	
<u>nurses/midwives from Republique du Niger</u>	
Zakari AYOUBA	MARADI
Maimouna Saidou BAGNA	
<u>other nurses/midwives</u>	
Feonagh COOKE	Sierra Leone

**BIRNIN KEBBI/GUSAU/HADEJIA/KANO/KATSINA/SOKOTO/ZARIA and MARADI/ZINDER centers**

	B/KEBBI		GUSAU		HADEJIA		KANO		KATSINA		SOKOTO		ZARIA		MARADI/ZINDER		grand total
	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	
1984	-	-	-	-	-	-	-	-	83	6	-	-	-	-	-	-	89
1985	-	-	-	-	-	-	-	-	196	20	-	-	-	-	-	-	216
1986	-	-	-	-	-	-	-	-	260	18	-	-	-	-	-	-	278
1987	-	-	-	-	-	-	-	-	318	7	-	-	-	-	-	-	325
1988	-	-	-	-	-	-	-	-	353	31	-	-	-	-	-	-	384
1989	-	-	-	-	-	-	-	-	464	21	-	-	-	-	-	-	485
1990	-	-	-	-	-	-	222	25	416	29	-	-	-	-	-	-	692
1991	-	-	-	-	-	-	248	17	195	4	-	-	-	-	-	-	464*
1992	-	-	-	-	-	-	348	27	529	34	-	-	-	-	-	-	938
1993	-	-	-	-	-	-	416	35	488	62	-	-	-	-	-	-	1,001
1994	-	-	-	-	-	-	373	43	496	45	42	-	-	-	-	-	999
1995	-	-	-	-	-	-	373	51	537	51	161	11	-	-	-	-	1,184
1996	41	-	-	-	86	-	311	37	562	60	98	5	-	-	66	2	1,268
1997	107	2	-	-	211	4	295	38	513	55	181	14	-	-	33	2	1,455
1998	37	4	30	6	185	5	278	28	416	60	288	34	42	4	43	4	1,464
<b>total</b>	<b>185</b>	<b>6</b>	<b>30</b>	<b>6</b>	<b>482</b>	<b>9</b>	<b>2,864</b>	<b>301</b>	<b>5,826</b>	<b>503</b>	<b>770</b>	<b>64</b>	<b>42</b>	<b>4</b>	<b>142</b>	<b>8</b>	<b>11,242</b>

**total VVF-repairs** and related operations: **10,341**

**total RVF-repairs** and related operations: **901**

**success** rate at **VVF** closure roughly **90%** per operation

**success** rate at **RVF** closure roughly **85%** per operation

**success** rate at **early closure** roughly **95%** per operation

healed by catheter only: **477**

wound infection rate: **< 0.5%**

postoperative mortality rate: **0.5-1%**

**overall success rate** (after one or more operations) at closure: **97-98%**

**severe stress/urge incontinence rate** after successful closure: **2-3%**



Dr Said AHMED	over 1,000 repairs
Dr Ilyasu ZUBAIRU	over 550 repairs
Dr Yusha'u ARMIYA'U	over 400 repairs
Dr Idris HALLIRU	over 350 repairs
Dr Immam AMIR	over 250 repairs
Dr Bello Samaila	over 250 repairs
Dr Aliyu SHETTIMA	over 250 repairs
Dr Jabir MOHAMMED	over 200 repairs
Dr Aminu SAFANA	over 150 repairs
Dr Hassan WARA	over 100 repairs
Dr Idris ABUBAKAR	over 100 repairs
Dr Isah I SHAFI'I	over 100 repairs

no data are available for the other trainees

**in-house training of doctors and nurses**

by

Dr Idris HALLIRU and Kabir K LAWAL

**centers visited:**

26/4- to 28/4-98

General Hospital GUSAU in Zamfara State

28/4- to 2/5-98

Special VVF Center B/KEBBI in Kebbi State

10/5- to 13/5-98

Kofar Gayan Hospital ZARIA in Kaduna State

13/5- to 15/5-98

Laure Fistula Center KANO in Kano State

21/12- to 23/12-98

Maryam Abacha Hospital in SOKOTO in Sokoto State

23/12- to 24/12-98

Federal Medical Center in GUSAU in Zamfara State

**number of participants:**

over 100 doctors and nurses attended the different training sessions

**lectures:**

the training was started with lectures about:

anatomy of female pelvis, (patho)physiology of childbirth  
definition of VVF and RVF, incidence, distribution, causes, types, symptoms  
& signs, diagnosis, treatment by catheter and operation, preoperative pre-  
paration, operation techniques, postoperative care, complications, postope-  
rative stress incontinence and patient counseling  
history taking and documentation

**demonstration:**

the following day(s) different operation techniques were demonstrated in  
the operating theater: over 40 operations were performed

**postoperative care:**

practical techniques were demonstrated about catheter care and fluid intake  
in the postoperative ward

**discussion:**

the training was closed after extensive discussions with all the partici-  
pants where all types of questions were answered

**observations:**

the participants were highly interested, but total ignorance of the subject  
e.g. the obstetric fistula is a contagious disease  
many requests for further training courses for doctors and nurses

report American surgeons' visit to SOKOTO  
 eight surgeons in 2 operation theaters  
 20th through 30th September 1997

<u>patient name</u>	<u>op date</u>	<u>approach</u>	<u>outcome</u>
HAFSATU <del>MUHAMMAD</del> <del>CHADABAWA</del>	21/9-97	abdominal VVF/RVF	leaking
HADIZA <del>MUHAMMADU</del> <del>GANDI</del>	21/9-97 + 27/9-97	abdominal	leaking
HALIMA <del>NOMA</del> <del>KIRI</del>	21/9-97	abdominal	leaking
ZINATU <del>IBRAHIM</del> <del>IBRAHIM</del>	21/9-97	vaginal VVF/RVF	leaking
AISHA <del>AMINU</del> <del>YARBO</del>	22/9-97	abdominal	leaking
AISHATU <del>MUHAMMAD</del> <del>CHALLA</del>	22/9-97	abdominal	leaking
NI'IMA <del>MUHAMMAD</del> <del>KANWANI</del>	22/9-97	abdominal	leaking
HADIZA <del>MUHAMMAD</del> <del>BOGBO</del>	22/9-97	abdominal	leaking
FATI <del>GARDA</del> <del>KAFANI</del>	23/9-97	abdominal	leaking
AISHATU <del>KURU</del> <del>CHALLA</del>	23/9-97	abdominal	leaking
INNO <del>GARDA</del> <del>BOBINGA</del>	23/9-97	abdominal	leaking
AISHATU <del>MUHAMMAD</del> <del>CHINOR</del>	23/9-97	abdominal	leaking
FATIMA <del>MUHAMMAD</del> <del>CHINOR</del>	23/9-97	abdominal	leaking
ZARA'U <del>UMAR</del> <del>AGHIDA</del>	23/9-97	abdominal	leaking
SARATU <del>MUSA</del> <del>WURNO</del>	24/9-97	vaginal	leaking
SAFIYA <del>ABDULHAKIM</del> <del>CHADABAWA</del>	24/9-97	abdominal	leaking
KULU <del>MUHAMMAD</del> <del>CHADABAWA</del>	24/9-97	abdominal	leaking
RABI <del>MANSUR</del> <del>SAMMUNA</del>	24/9-97	abdominal	leaking, infect

NANA M <del>OHAMMAD</del> <del>CHIBABAWA</del>	24/9-97	abdominal	leaking
AI S <del>ALIM</del> <del>MORTIN</del>	24/9-97	vaginoplasty	leaking
AMO Y <del>AKUB</del> <del>CHUMOLA</del>	25/9-97	abdominal	leaking
XXX XXX XXX	25/9-97	abdominal	postoperative death
INNO I <del>DRABIM</del> <del>MOMAB</del>	26/9-97	abdominal	leaking
HASSANA B <del>ADAMAS</del> <del>BAWATWA</del>	26/9-97	vaginal	leaking
AISHATU U <del>ADIS</del> <del>DANCE</del>	26/9-97	vaginal	leaking
AISHATU M <del>OHAMMAD</del> <del>DANCE</del>	26/9-97	abdominal	leaking
HAUWA L <del>ADIS</del> <del>DANCE</del>	27/9-97	abdominal	leaking
AISHATU I <del>CHUMOLA</del> <del>MORIN</del>	27/9-97	ureterosigmoidostomy	ok
RABIBA I <del>CHUMOLA</del> <del>CHADABAWA</del>	27/9-97	vaginal	leaking
MAIRI H <del>ALLIBU</del> <del>BING</del>	27/9-97	abdominal	leaking
ADE A <del>CHUMOLA</del> <del>CHUMOLA</del>	28/9-97	vaginal	leaking
HAUWA B <del>ADAMAS</del> <del>MADAM</del>	29/9-97	vaginal	leaking

operation time: minimum 2 hours up to 7 hours!!

total number of patients operated: 32 patients

outcome:

leaking: 30 patients

not leaking: 1 patient (ureterosigmoidostomy)

postoperative mortality (30 min later): 1 patient

**scientific work****scientific papers**

- Waldijk K and Armiya'u YD:  
the obstetric fistula: a major public health problem still unsolved. Int Urogynecol J 1993, **4**: 126-128
- Waldijk K and Elkins TE:  
the obstetric fistula and peroneal nerve involvement: an analysis of 947 patients. Int Urogyn J 1993, **4**:
- Waldijk K:  
the immediate surgical management of fresh obstetric fistulas; with catheter and/or early closure. Int J Gynecol Obstet 1994, **45**: 11-16
- Waldijk K:  
a surgical classification of obstetric fistulas. Int J Gynecol Obstet 1995, **49**: 161-163
- Waldijk K:  
immediate indwelling bladder catheterization at postpartum urine leakage. Trop Doctor, 1997, **27/4**, 227-228
- Waldijk K:  
the obstetric fistula in Africa: a forlorn public health problem in a forgotten continent. Ned T Obstet Gyn, 1998

**scientific thesis/book**

- Waldijk K:  
the (surgical) management of bladder fistula in 775 women in Northern Nigeria. PhD thesis, University of Utrecht, 1989
- Safana SA:  
the problem of vesico-vaginal fistula in Katsina State - Northern Nigeria: a strategy for change. MPH thesis, University of Leeds, 1991
- Waldijk K:  
step-by-step surgery of vesicovaginal fistulas. Champion Press, Edinburgh, 1994
- Aisha Indo LAWAL:  
effects of vesicovaginal fistula on young adults in Sokoto Town. National Award of Community Health Officer. Usman Danfodiyo University, SOKOTO. 1995
- Waldijk K:  
baseline epidemiologic and clinical data in 2,500 consecutively operated VVF/RVF-patients. 1992

## **papers presented at congress/meeting**

Waldijk K:

a classification of vesicovaginal fistula according to its anatomic location with regards to operation technic and prognosis; a personal experience in 1,250 patients. IXth Congress of European Association of Urologists in Amsterdam. Europ Urol J 1990, **18/S1**: 33

Waldijk K:

preliminary incidence of obstetric fistula in Northern Nigeria. Paper presented at National Task Force on VesicoVaginal Fistula, 1992

Waldijk K:

prevalence of obstetric fistula in (Northern) Nigeria. Paper presented at National Task Force on Vesicovaginal Fistula, 1992

Waldijk K:

Kano 1993

Waldijk K:

evaluation and plan of continued action. Seminar of VesicoVaginal Fistula at Daula Hotel in KANO on 24th and 25th of January 1994

Waldijk K:

National Workshop on Counselling VVF Patients in Katsina on 23rd and 24th of June 1994

Waldijk K:

the immediate management of fresh obstetric fistulae according to basic surgical principles. National workshop of vesicovaginal fistulae in ZARIA on 1st to 3rd of June, 1995.

Waldijk K:

VVF-service in (Northern) Nigeria. Annual Meeting of Association of General and Private Medical Practitioners of Nigeria in JOS on 23rd of March 1996

Waldijk K:

evaluation report 1984-1997, surgical developments, database and documentation and plans for the near/distant future. Strategies in Prevention of VVF in Nigeria at Plateau Hotel in JOS on 26th and 27th of February 1997

Waldijk K:

the (surgical) management of the obstetric fistula. Annual meeting Urogynecologic Association in AMSTERDAM July 1997. Int Urogynecol J 1997,

Waldijk K:

new developments in the (surgical) management of the obstetric fistula. International Workshop on VesicoVaginal Fistula in ABUJA on 2nd to 6th of March 1998

printed by:



[info@printmarkt.eu](mailto:info@printmarkt.eu)  
[www.printmarkt.eu](http://www.printmarkt.eu)

