

national vvf project nigeria

evaluation report XV

first half 1999

reprint

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

kees waaldijk MD PhD
chief consultant surgeon

reprint

sponsored and financed by:
waha-international
paris



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ZINDER**

kees waaldijk MD PhD

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

introduction

The project consists of 4 major centers KATSINA, KANO, SOKOTO and ZINDER and 5 minor centers B/KEBBI, GUSAU, JAHUN, ZARIA and MARADI.

A trip was made to JAHUN in Jigawa State, where a VVF-unit was constructed to evaluate the possibilities of shifting the service from HADEJIA since it is situated more centrally and fits better into our traveling schedule. As soon as the official formalities have been finalized we shall start.

Each year we see some 25-30 patients with a fistula due to advanced cervix cancer and/or bladder cancer for whom we unfortunately cannot do anything as the patient's delay in seeking medical advice is too long.

The fuel scarcity eased but still it is very difficult to get fuel in the filling stations especially in KATSINA, KANO, SOKOTO. Either the meter has been tampered with or the prize has been increased above the official one.

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 centers:

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 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 Republique du Niger in MARADI and 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

The general hospital is being renovated, and all the general patients have been transferred to the fistula center which slowed down our service.

GUSAU

The General Hospital has been taken over by the Federal Government, and the new VVF-center has been completed but not yet commissioned.

HADEJIA

Dr Said AHMED is now totally occupied by his administrative activities and we thank him very much for the fine service he has done to the VVF-patients in Kano State and in Jigawa State.

We are in the process of shifting the center to JAHUN since a special VVF-unit has been constructed there.

KANO

Several of the staff were retrenched or transferred at almost the same time which forced us to start all over again. This is bound to happen from time to time and we are more or less used to it now, though we still do not like it.

Dr Imam AMIR was transferred after serving almost 3 yr with us and we thank him for all the work he did and wish him well. He did a fine job.

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.

Kwalli Hostel has been renovated completely by the government and is now in good order.

KATSINA

We still have persons selling native medicine to the patients which continues to be the cause of several postoperative deaths. It is difficult to get them as nobody wants to point them out.

international training center:

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

SOKOTO

The Maryam Abacha Hospital is doing a fine service to the VVF-patients and has become one of our major centers in a short time.

ZARIA

The Kofar Gayan Hospital in ZARIA is overcrowded since it was planned as a health center. This prevented us from doing more

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.

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

Republique du Niger

MARADI

Our service has come more or less to a standstill, especially since we have no surgeon here who is willing to take the responsibility.

ZINDER

We shall write a detailed 5-year plan to develop the Maternité Central into the VVF-repair and -training Center for Republique 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!

further expansion throughout Northern Nigeria

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

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.

Republique du Niger seems to be a good starting point especially since it is a francophone country.

The Maternité Centrale in Zinder could have the same function in Niger as Babbar Ruga Hospital has in Nigeria.

The real problem is: which organization/foundation/government is willing to finance an all-Africa obstetric fistula project??

activities

postgraduate training (see Annex I)

After many years of intensive training all types of health personnel in the management of VVF/RVF, we are now ready 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 **108 doctors** have been trained or attended our programmes: 55 doctors with at least 3-year surgical experience, 20 senior registrars in obstetrics/gynecology, 16 consultant surgeons/gynecologists, 15 deputy surgeons and 2 senior registrars in anesthesia.

(theater) nurses/midwives

A total of **85** nurses from all over the Federation of Nigeria attended and completed the course(s); as well as **4** nurses from République du Niger.

surgery (see Annex II)

During the first half of 1999 a total of 703 procedures were performed, i. e. 635 VVF-repairs and 68 RVF-repairs.

Since the beginning of the project in 1984 a **grand total of 11,945 VVF/RVF-repairs and related operations** have been performed.

research

generally

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

VVF-surgery

classification

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

route of operation

Exclusively the vagina.

position on the operation table

Exclusively the exaggerated lithotomy position varying the level of inclination up to 45°.

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.

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 **1,350 patients** have been treated with a **success rate of almost 95%!**

Immediate bladder catheterization (as soon as leakage starts!!) with high oral fluid intake (at least 4-6 litres/24 hr) is a must, and **502** patients have been cured by this simple regimen only. It does not matter who inserts the catheter as long as it is being done.

RVF-surgery

classification

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

suturing materials

Serafit is definitely superior to chromic catgut, but it is too expensive to use it routinely. Therefore we use it only on special indication.

spinal anesthesia

Since 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 program is based on a **total** documentation of all activities and patient/operation/outcome.

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, the Dutch 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.

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 it has become a major center.

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

The possibility of organizing workshops throughout Africa is under consideration.

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

present deputy surgeons

Dr Hassan Ladan WARA

none

Dr Said AHMED

Dr Immam AMIR

Dr Idris HALIRU

none

none

none

Dr Djangnikpo LUCIEN

past deputy surgeons

Dr Yusha'u ARMIYA'U

Dr Shehu BALA

Dr Jabir MOHAMMED

Dr Aminu SAFANA

Dr Isah Ibrahim SHAFI'I

Dr Idris S ABUBAKAR

Dr Said AHMED

Dr Iliyasu ZUBAIRU

Dr Bello Samaila CHAFE

Dr Sa'ad IDRIS

general doctors with at least 3 yr surgical experience

Dr (Mrs) Hauwa M ABDULLAHI

Dr Garba Mairiga ABDULKARIM

Dr Umar Faruk ABDULMAJID

Dr Ibrahim ABDULWAHAB

Dr Idris S. ABUBAKAR

Dr Abdu ADO

Dr Mohammed I AHMAD

Dr Said AHMED

Dr Yusuf ALIYU

Dr Immam AMIR

Dr Ebenezer APAKE

Dr Yusha'u ARMIYA'U

Dr Salisu Mu'azu BABURA

Dr Shehu BALA

Dr Ibrahim BATURE

Dr Umar Garba BULANGU

Dr Bello Samaila CHAFE

Dr Umaru DIKKO

Dr Gyang DANTONG

Dr Bello I DOGONDAJI

Dr Johnson EMEKA

Dr James O. FAGBAYI

Dr Abdullahi Ahamed GADA

Dr Hauwa Larai GONI

Dr Gabriel HARUNA

Dr Kabir Aliyu IBRAHIM

Dr Musa IBRAHIM

Dr Saidu A. IBRAHIM

Dr Haliru IDRIS

Dr Sa'ad IDRIS

VVF Center, B/KEBBI

Federal Medical Center, GUSAU

VVF Center, HADEJIA

Laure Fistula Center, KANO

Babbar Ruga Fistula Hospital, KATSINA

Maryama Abacha Hospital, SOKOTO

Kofar Gayan Hospital, ZARIA

CHD, MARADI, Republique du Niger

Maternité Centrale, ZINDER

Babbar Ruga Fistula Hospital, KATSINA

Laure Fistula Center, KANO

Jummai Fistula Center, SOKOTO

Federal Medical Center, GUSAU

Kano State

Borno State

Katsina State

Niger State

Kano State

Katsina State

Jigawa State

Jigawa State

Kaduna State

Kano State

Taraba State

Katsina State

Jigawa State

Katsina State

Zamfara State

Jigawa State

Zamfara State

Kano State

Plateau State

Sokoto State

Imo State

Kwara State

Sokoto State

Yobe State

Kaduna State

Jigawa State

Kano State

Jigawa State

Katsina State

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 Abdulrasheed YUSUF
 Dr Munkaila YUSUF
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
senior registrars in anesthesia
 Dr Saidu BABAYO
 Dr Abdulmumuni IBRAHIM
visiting consultants
 Prof Dr Shafiq AHMAD
 Dr Said AHMED
 Dr Fons A AMAYE-OBU
 Dr Abdulmalik BAKO

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

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

Bauchi State
 Katsina State

PESHAWAR, Pakistan
 HADEJIA, Nigeria
 NEW YORK, USA
 ZARIA, Nigeria

Dr Frits DRIESSEN
 Dr Aliyu Muhammad EL-LADAN
 Prof Dr Jelte DE HAAN
 Dr Vivian HIRDMAN
 Dr Jonathan KARSHIMA
 Dr Djangnikpo LUCIEN
 Prof Dr Oladosu OJENGBEDE
 Dr Okay Richard ONYEBUCHI
 Dr Thomas J.I.P. RAASSEN
 Dr Ruben A. ROSTAN
 Dr Ulrich WENDEL
 Dr E.E. ZAKARIA

NIJMEGEN, Holland
 KATSINA, Nigeria
 MAASTRICHT, Holland
 STOCKHOLM, Sweden
 JOS, Nigeria
 MARADI, Niger
 IBADAN, Nigeria
 ABAKALIKI, Nigeria
 NAIROBI, Kenya
 MASANGA, Sierra Leone
 BESIGHEIM, Germany
 FUNTUA, Nigeria

medical anthropologist
 Sandra BOER

AMSTERDAM, Holland

physiotherapists
 Garba M FAGGE

Kano State

nurses
 Mohammed B A ADAMU
 Rauta I BENNETT
 Hauwa D HERIJU
 Martha F MSHEH'A
 Aliyu ABBAS
 Dahiru HALIRU
 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 MOHAMMED
 Mairo A MOHAMMED
 Mabel A OBAYEMI
 Comfort OYINLOYE
 Rabi RABI'U
 Maijiddah SAIDU
 Amina Abdu SALIH
 Ummi Bello SANI
 Amina UMARU
 Habiba A USMAN
 Hamisu ABDULLAHI
 Adetutu S AJAGUN
 Magajiya ALIYU
 Taibat AMINU
 Saratu GAMBO

Adamawa State
 Bauchi State
 Borno State

Kaduna State

Kano State

Katsina State

Hauwa GARBA	
Halima IBRAHIM	
Gambo LAWAL	
Kabir K LAWAL	
Ladi H MOHAMMED	
Halima I NOCK	
Saratu S SALEH	
Faruk SAMBO	
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 PAM	
Esther ADAMU	Sokoto State
Beatrice AKINMADE	
Fatima ARZIKA	
Binta Malami KALGO	
Elizabeth Y GAJE	Yobe State
<u>operation theater nurses</u>	
Mohammed B A ADAMU	Adamawa State
Aliyu ABBAS	Kaduna State
Dahiru HALIRU	
Florence AJAYI	Kano State
Mairo ALIYU	
Ramatu DAGACHI	
Hadiza ISAH	
Amina KABIR	
Hadiza MOHAMMED	
Rabi RABI'U	
Maijiddah SAIDU	
Amina Abdu SALIH	
Ummi Bello SANI	
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	
Fatima ARZIKA	Sokoto State
Souéba LAOUALI	Département du Zinder

nurses/midwives from Republique du Niger

Zakari AYOUBA

Maimouna Saidou BAGNA

Souéba LAOUALI

Fassouma BRAH

other nurses/midwives

Feonagh COOKE

MARADI

ZINDER

Sierra Leone

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

	B/KEBBI		GUSAU		HADEJIA		KANO		KATSINA		SOKOTO		ZARIA		MARADI/ZINDER		
	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	VVF	RVF	grand total
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
1999 1st half	22	3	20	-	25	2	131	20	262	28	124	14	28	1	23	-	703
total	207	9	50	6	507	11	2,995	321	6,088	531	894	78	70	5	165	8	11,945

total VVF-repairs and related operations: **10,976**

total RVF-repairs and related operations: **969**

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: **502**

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 Idris HALLIRU	over 450 repairs
Dr Yusha'u ARMIYA'U	over 400 repairs
Dr Immam AMIR	over 350 repairs
Dr Aliyu SHETTIMA	over 275 repairs
Dr Bello Samaila	over 250 repairs
Dr Jabir MOHAMMED	over 200 repairs
Dr Aminu SAFANA	over 150 repairs
Dr Hassan WARA	over 125 repairs
Dr Idris ABUBAKAR	over 100 repairs
Dr Isah I SHAFI'I	over 100 repairs

no data are available for the other trainees

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