

# **national vvf project nigeria**

**evaluation report XVI**

1999

## **reprint**

Special VVF-Center  
B/KEBBI

Faridat Yakubu VVF 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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SOKOTO**

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ZARIA**

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MARADI**

**Maternité Centrale  
ZINDER**

**kees waaldijk MD PhD**

chief consultant surgeon

## relation between early marriage and the obstetric fistula

### none whatsoever

in the rural areas of Northern Nigeria over 90% of the girls are marrying premenarchally, and it is more or less a "shame" to start menstruating in your parents' house; menarche should take place in your husband's house

this means that there is early sex and early pregnancy and most of the married "girls" deliver for the first time before they reach the age of 16

li the rural areas there is no access to proper obstetric care at secondary (to not even mention tertiary) health care

this means that all those young "girls" deliver their first baby at home by themselves without proper obstetric care

if there were a relation between early marriage/early pregnancy/early delivery and the obstetric fistula, then at least 10-20% (10-20 out of 100) of them would develop an obstetric fistula

however, the incidence of the obstetric fistula in situation where there is no access to proper obstetric care is only 2%% (2 out of 1,000)

history in the industrialized world has proven that there is a **clear** relation between obstetric care and the obstetric fistula

in the industrialized world the obstetric fistula has disappeared because of proper obstetric care and **not** because early marriage was banned; there are still large numbers of early pregnancies/deliveries without a fistula

it seems hard for the politicians and the politically minded ngo's to accept this lesson learned from history, since they are only interested/concerned to score an easy win and pep up their popularity!

but it would be better if the politicians, ngo's and professionals would go hand-in-hand and make a combined effort to improve the situation by slowly building up a network of obstetric care

this is the only way the obstetric fistula will be prevented and as such be eradicated

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

**introduction**

Executing a public health programme in developing Africa is something different from executing a programme in the industrialized world.

The petrol situation became under control in September due to the efforts of the new government and we sincerely hope it will stay that way.

In July NEPA cut off the electricity supply to B/RUGA and all the other medical institutions in Katsina State, what a shame!

In July we had to stop traveling to SOKOTO since the road between FUNTUA-GUSAU-T/MAFARA-SOKOTO was unsafe due to armed robbers; once we had to turn back some 80 km from SOKOTO since we had them in sight and we almost had an encounter with them.

In September the printer of the computer blew up and could not be repaired.

In October the official UNDP car was broken into and the bag containing the notebook with all data, money, cameras, torchlight etc were stolen.

On the way back from KANO the car hit a pothole, the steering rod broke and it ended up in the bush; luckily without any personal injuries.

In November the engine of the UNDP car blew up simply because all the indicators were out of order.

The list of frustrations and complications is long; however, in the end the results are highly rewarding.

Dr Fons AMAYE-OBU from New York came for discussions about the First Obstetric Fistula Congress to be held in ABUJA next year under the authority of the International Society of Urogynecologic\_Pelvic Surgeons.

A series of workshops was initiated starting in MACHAKOS in Kenya.

**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

The General Hospital is still in the process of renovation (contractor ran off with the money) and as such all the activities are being carried out in the VVF center. Dr Hassan WARARA handles the few patients for whom there is room left in the crowded place.

### GUSAU

In August the new Faridat Yakubu VVF Center in Gusau was opened, and there is a real need for it.

The complex consists of administration block, two wards of 15 beds each, operation theatre block, rehabilitation block and a place for the patients' relatives; all of high quality.

Only the equipment is not up to standard: a malfunctioning operating table, no autoclave, poor operation light, 15 beds lacking etc.

Also a doctor together with his staff have to be trained.

### HADEJIA

Since the Hospital Management Board has been dissolved, Dr Said AHMED has returned, and surely he will re-start the VVF-surgery in due time.

### 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.

#### **national training center**

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

### KATSINA

Still there are persons around selling native medicine to our patients and this is responsible for the following: abdominal distension, acute hepatic failure and death. It seems impossible to control this as some of the poor patients believe in this native medicine: no customer, no trade!

#### **international training center**

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

### SOKOTO

The Maryama Abacha Hospital is under the Ministry of Women Affairs and not under the Ministry of Health which is confusing.

## ZARIA

The Kofar Gayan Hospital was planned as a health center and later upgraded to a hospital but only in name. The building, facilities and equipment are below any standard. There is no running water and poor electricity supply. The positive thing, and that is the most important, is that the staff are highly interested and dedicated resulting in good care.

However, it surely **needs upgrading**: a hostel, a postoperative 20-bed ward, a quality operating theater with reliable equipment etc.

**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 interest of the people here seems to be declining; we came 5 times and nothing was prepared.

## ZINDER

A detailed plan has been submitted to the French Government 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!

## **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.

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

The cooperation with Dr Tom RAASSEN, consultant surgeon at AMREF, in East Africa seems to be promising for expansion through anglophone East Africa.

## 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 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 **118 doctors** have been trained or attended our programmes: 56 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; besides these, 9 consultant gynecologists attended the VVF-workshop in MACHAKOS.

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

A total of **85** nurses from all over the Federation of Nigeria attended and completed the course(s); as well as **6** nurses from République du Niger, **2** nurses from Sierra Leone and **1** nurse from Kenya.

### **British CHEVENING scholarship programme**

Dr Iliyasu ZUBAIRU returned in September from GLASGOW, Scotland, after having obtained a MPH degree.

Dr Idris HALLIRU went to Ethiopia for a 4-wk training course in the Fistula Hospital for Poor Women in ADDIS ABEBA.

workshops (see Annexes)

A series of workshops have been planned for Nigeria, République du Niger and for anglophone and francophone Africa.

The first workshop was held in Machakos in Kenya, and it was a success.

surgery (see Annex II)

During 1999 a total of 1,345 procedures were performed within the 9 different centers, i.e. 1,219 VVF-repairs and 126 RVF-repairs.

Since the beginning of the project in 1984 a **grand total of 12,587 VVF/RVF-repairs and related operations** have been performed; on an average base **787 repairs a year**.

Since 1992, the beginning of the federal contract, a total of 9,654 repairs have been performed; on an average base **1,207 repairs a year**.

## research

### **generally**

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

### **VVF-surgery**

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

Already some **1,450 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 6-8 litres/24 hr) is a must, and **535** patients have been cured by this simple regimen only.

### **what to do with the incurable incontinence patients?**

A stage has been reached where decisions have to be taken what to do with the 2-3% of the patients as well as with the 1% inclosables (in total 200-250 patients) with severe urge/stress incontinence who do not respond to our management.

### **RVF-surgery**

#### 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.

### **postoperative death**

This is only encountered in KANO and KATSINA. Native medicine seems to play a major role; in the majority the cause of death seems to be acute hepatic failure, on second place dehydration.

### **the solution to pollution is dilution**

Whenever there is stool contamination this is being diluted by cleansing with ample water from the tap. Then a half-open closure is performed whilst antibiotics are not indicated.

### **database**

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

### **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 Nordic Women's Club, the Dutch Women's Club and Maersk Line.

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.

A group of 30 Dutch gynecologists/obstetricians, in combination with Schering Pharmaceutics Holland, went on a fund-raising **510-km bicycle trip** from Winterswijk Holland to Berlin Germany, and they were able to collect the money for a PEUGEOT 504 car. This will be a big help to the project.

### **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.

Though a lot has been achieved it is nothing compared with what really has to be done to solve this major public health problem.

By workshops we hope to have an impact in other African countries as well.

P.S.

**what about the rest of the 1,5-2 million VVF-patients in Africa?**

**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 HALLIRU

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 Labaran Dayyabu ALIYU

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 GONI

Dr Gabriel HARUNA

Dr Kabir Aliyu IBRAHIM

Dr Musa IBRAHIM

Dr Saidu A. IBRAHIM

Dr Haliru IDRIS

VVF Center, B/KEBBI

Faridat Yakubu VVF 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

Kano 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

Dr Sa'ad IDRIS  
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  
Prof Dr Fons A AMAYE-OBU

Zamfara State  
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

Dr Abdulmalik BAKO  
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

medical anthropologist

Sandra BOER

physiotherapists

Garba M FAGGE

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 SALIHI  
Ummi Bello SANI  
Amina UMARU  
Habiba A USMAN  
Hamisu ABDULLAHI  
Adetutu S AJAGUN  
Magajiya ALIYU  
Taibat AMINU

ZARIA, Nigeria  
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

AMSTERDAM, Holland

Kano State

Adamawa State

Bauchi State

Borno State

Kaduna State

Kano State

Katsina State

Saratu GAMBO	
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>anesthesia nurses</u>	
Philip Joseph KITHONGA	MACHAKOS, Kenya
Jibo Adamou ZINDER	ZINDER, Rep du Niger
<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 SALIHI	
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  
 Souéba LAOUALI  
nurses/midwives from Republique du Niger  
 Zakari AYOUBA  
 Maimouna Saidou BAGNA  
 Souéba LAOUALI  
 Fassouma BRAH  
other nurses/midwives  
 Feonagh COOKE

Sokoto State  
 Département du Zinder  
  
 MARADI  
  
 ZINDER  
  
 Sierra Leone

workshop

**MACHAKOS Kenya**

consultants gynecology

Dr Caleb ACHAPA  
 Dr David Wekesa KAPANGA  
 Dr Abdallah KIBWANA  
 Dr J M KIIRU  
 Dr Simon W MUEKE  
 Dr Muia NDAVI  
 Dr Frederick O NDEDE  
 Dr Zahida QURESHI  
 Dr Khisa W WAKASIKA

African Highland Hospital  
 Machakos General Hospital  
 Coast Procince General Hospital  
 Kiambu District Hospital  
 Machakos General Hospital  
 University of Nairobi  
 Provincial General Hospital  
 Kenyatta National Hospital  
 Kenyatta National Hospital

KERICHO  
 MACHAKOS  
 MOMBASA  
 KIAMBU  
 MACHAKOS  
 NAIROBI  
 NAKURU  
 NAIROBI  
 NAIROBI

anesthesia nurse

Philip Joseph KITHONGA

Machakos General Hospital

MACHAKOS

**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
1999	80	5	64	3	30	3	280	36	441	62	238	12	37	3	49	2	1,345
<b>total</b>	<b>265</b>	<b>11</b>	<b>94</b>	<b>9</b>	<b>512</b>	<b>12</b>	<b>3,144</b>	<b>337</b>	<b>6,267</b>	<b>565</b>	<b>1,008</b>	<b>76</b>	<b>79</b>	<b>7</b>	<b>191</b>	<b>10</b>	<b>12,587</b>

**total VVF-repairs** and related operations: **11,560**

**total RVF-repairs** and related operations: **1,027**

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: **531**

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 500 repairs
Dr Immam AMIR	over 400 repairs
Dr Yusha'u ARMIYA'U	over 400 repairs
Dr Aliyu SHETTIMA	over 300 repairs
Dr Bello Samaila	over 300 repairs
Dr Jabir MOHAMMED	over 200 repairs
Dr Hassan WARA	over 150 repairs
Dr Aminu SAFANA	over 150 repairs
Dr Idris ABUBAKAR	over 100 repairs
Dr Isah I SHAFI'I	over 100 repairs

no data are available for the other trainees

50th anniversary of Association of Surgeons of East Africa  
Pan African Association of Surgeons  
3rd general assembly  
29th of November to 3rd of December 1999  
NAIROBI

**the immediate surgical management of fresh obstetric fistulas**

by

Kees WAALDIJK, MD PhD

**abstract**

Objective: To determine prospectively if the immediate surgical management of obstetric fistulas within the first 3 months by catheter and/or early closure is effective.

Methods: During a 7-year period (August 1992 through August 1999) 1,350 patients with an obstetric fistula of less than 3 months duration were treated. A catheter was inserted if the fistula was necrotic, and as soon as the fistula edge was clean (with or without debridement) an early closure was performed unless the fistula had healed already. No antibiotics were given, but the patients urged to take a minimum of 5-6 liters of fluid per day in order to produce a high urine output of 4,000-5,000 ml/24 hr.

Results: The fistula was closed in 1,277 (94.6%) of the patients at first attempt; with continence in 1,210 (94.8%) and incontinence in 67 (5.2%); in 185 patients (13.7%) the fistula was closed by catheter insertion only. In 68 (5.0%) of the patients the fistula was not closed at first attempt needing another or more repairs. Postoperatively 5 patients (0.4%) died whilst the postoperative wound infection rate was < 0.5%.

Conclusion: The immediate surgical management proved highly effective in terms of closure and continence.

Recommendation: Any woman who develops an obstetric fistula should have an indwelling bladder catheter. Then as soon as the slough has disappeared or a debridement done and the fistula edge is clean an early repair should be performed unless the fistula has healed already.

## **proposal for VVF workshop**

### **introduction**

there are some 1.5-2 million VVF-patients in Africa but not very much is being done since the expertise is not available and (inter)national policies are missing in most countries

therefore a series of VVF-workshops are being planned in the (near) future within Nigeria and République du Niger and in other African countries, all in order to show and to teach what can be done under local conditions

### **objectives**

to improve the theoretical knowledge of VVF

to improve the practical skills in VVF

to help with setting up new VVF-centers and -projects

to initiate (inter)national policies

to create more awareness

### **means**

to conduct a welcome address wherein the purpose of the workshop will be explained and the rules of participation will be outlined

to hold an initial multiple-choice questionnaire in order to know about the knowledge and skills of the participants

to give theoretical lectures about the mechanism of the obstetric fistula, history taking, examination, drop foot, catheter treatment, preoperative preparation, spinal anesthesia, operation techniques, postoperative care and patient counseling .. and prevention

to demonstrate in practical sessions (25-40 patients) what can be done with the emphasis on engaging the participants under strict supervision

to hold an end multiple-choice questionnaire to see if the knowledge/skills of the participants have improved

to conduct a final meeting with all the participants to discuss about how to improve further workshops

### **participants**

in order to make it feasible 5 doctors, 1-2 theater nurses, 1-2 postoperative nurses, 1 official from the ministry, 1 social worker, 1 person from a NGO and 1 media man (television for awareness)

### **lecturers/facilitators**

the Babbar Ruga Team: deputy surgeon, theater nurse and chief consultant together with the person organizing the workshop in his state/country and a secretary for the logistics

### **length of workshop**

a period of 5 days from Monday through Friday to enable the participants to travel in the weekend to and from

### **frequency of workshops**

a maximum of 3 within Nigeria (120 million people living in 36 states) and 1-3 outside Nigeria per year depending upon the funds available

15th of september 1999

## sequence of workshops

### introduction

since we do not have the expertise yet how to conduct VVF-workshops we have to start organizing workshops first in the 5 major VVF-centers in Northern Nigeria and Southern République du Niger with which we are familiar  
then when we have the necessary experience we shall be able to expand this to the other states of Nigeria and to other African countries

### pilot workshop in Katsina in Northern Nigeria

here we shall invite the people involved in VVF in the 5 major centers in order to get our first taste in organizing and conducting workshops but also specifically to discuss how to set it up in their own center  
the sooner we start the better

### further workshops in Nigeria

there are 36 states (each  $25:36 = 5/7$  the size of Holland with an average population of  $120:36 = 3.33$  million people each!)  
so a **total of 36 workshops** in each and every state, organized only for that specific state + 1 doctor from the State of the next workshop  
first we shall organize workshops in the other major centers with which we are familiar to obtain real expertise  
then we shall liaise with doctors from other states to organize **together with them** a workshop in their state  
first we shall visit Northern Nigeria and then proceed to the middle belt and the south (actually the east and the west)

### pilot workshop in Zinder in Southern République du Niger

this opportunity we shall use to get experience in francophone Africa

### further workshops in République du Niger

a maximum of in total 3 workshops are planned for République du Niger in places where already VVF-surgery is being performed such as Niamey etc

### further workshops in francophone Africa

we have to contact people in those countries if they are interested

### pilot workshop in Nairobi in Kenya

the chief consultant has been invited to conduct a workshop in Nairobi in the beginning of December 1999  
this opportunity shall be used to get the necessary experience for other anglophone countries in Africa

### further workshops in anglophone Africa

we have to contact people in those countries if they are interested  
in Nairobi the chief consultant shall start to discuss this

16th of september 1999

## **time table of VVF workshops**

the sooner we start the better and since the chief consultant's contract is ending December 2001 the time table is only until then insha Allah!

### **1999**

Rest of Africa

pilot workshop in Nairobi in Kenya

### **2000**

Nigeria

pilot workshop in Katsina

SOKOTO for Sokoto State

GUSAU for Zamfara State

République du Niger

pilot workshop in ZINDER

Rest of Africa

workshop in anglophone and in francophone Africa

### **2001**

Nigeria

JOS for Plateau State

YAHUN for Jigawa State

MAIDUGURI for Borno State

République du Niger

NIAMEY

Rest of Africa

workshop in anglophone and in francophone Africa

then an evaluation can be done and further decisions can be taken to continue or to stop

the major problem will be that the chief consultant has to rely upon people from anglophone and francophone Africa to organize workshops in their countries and communication is almost nonexistent

in Nigeria and République du Niger he can control it more or less

17th of september 1999



# kenya workshop on vvf as pilot study

## machakos general hospital

monday 6th thru friday 10th of december 1999

### **introduction**

since the obstetric fistula is prevalent throughout Africa, a VVF workshop for consultant obstetricians/gynecologists was initiated/organized in Kenya by Dr Tom RAASSEN, consultant surgeon at AMREF

Dr Kees WAALDIJK, consultant fistula surgeon for the Federal Government of Nigeria, was invited to cofacilitate the workshop

Machakos General Hospital, 80 km east of Nairobi, was chosen as the venue

### **objectives**

to improve the theoretical knowledge of the participants

to demonstrate different operation techniques

to improve the practical surgical skills of the participants

to teach spinal anesthesia

to demonstrate pre-, intra- and postoperative care

to serve as a pilot project for more workshops in anglophone Africa

### **facilities and arrangements**

the ophthalmologic department was prepared for this workshop because their operation theater and postoperative ward were in good order

arrangements were made so that the two surgeons could operate each on a separate operation table to demonstrate their various techniques since they had different views how to proceed

the participants were divided into two groups who alternatively attended to one of the surgeons

each of the participants was given the opportunity to operate him\_herself under strict supervision

### **the workshop**

#### **saturday 4th**

Dr Tom RAASSEN, Dr Zahida QURESHI and Dr Kees WAALDIJK went by car from Nairobi to Machakos and back to inspect the premises and to select patients for the workshop

#### **monday 6th**

the workshop started at around 9.30 hr where after the opening remarks the participants expressed their expectation, and the facilitators explained to them the objectives; after this we all went for the surgery

#### **tuesday 7th thru thursday 9th**

each day before and after the surgery wardrounds were made and each night discussions were held and some lectures given: time spent roughly 12 hours a day

**friday 10th**

after wardround, surgery, wardround and final discussions the workshop was closed officially at around 12.00 hr

**surgery**

a total of 26 (24 vaginal and 2 abdominal) VVF operations and 2 (vaginal) RVF operations were performed in 26 patients by or under strict supervision of the two fistula surgeons

**discussions/lectures**

each night from 20.30 to 22.00 hr the procedures of the day were discussed extensively whilst special lectures were given on early closure, catheter treatment, classification and incontinence

**actual time spent by the consultant**

somewhere between 60 to 65 hours for the whole workshop excluding travel by air to and from Kenya

**conclusion**

since all the objectives were more or less achieved, all the participants said they were impressed and the two facilitators were satisfied it can be considered a success the expertise was gained to organize more professional workshops in anglophone Africa the VVF consultant agreed in principle to cofacilitate another workshop in East Africa in the future

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

15th of december 1999



**organizers**

Dr Thomas J I P RAASSEN  
 Dr Zahida QURESHI  
 Dr David Wekesa KAPANGA

AMREF  
 Kenyatta National Hospital  
 Machakos General Hospital

**sponsoring agencies**

AMREF  
 SK-Foundation  
 TTT-Foundation

P.O.Box 30125 Wilson Airport NAIROBI  
 AMSTERDAM  
 TIEL

**participants**

consultants gynecology/obstetrics

Dr Caleb ACHAPA	African Highland Hospital	KERICHO
Dr David Wekesa KAPANGA	Machakos General Hospital	MACHAKOS
Dr Abdallah KIBWANA	Coast Province General Hospital	MOMBASA
Dr J M KIIRU	Kiambu District Hospital	KIAMBU
Dr Simon W MUEKE	Machakos General Hospital	MACHAKOS
Dr Muia NDAVI	University of Nairobi	NAIROBI
Dr Frederick O NDEDE	Provincial General Hospital	NAKURU
Dr Zahida QURESHI	Kenyatta National Hospital	NAIROBI
Dr Khisa W WAKASIKA	Kenyatta National Hospital	NAIROBI
anesthesia nurse		
Philip Joseph KITHONGA	Machakos General Hospital	MACHAKOS

**facilitators**

Dr Thomas J I P RAASSEN	AMREF	NAIROBI	Kenya
Dr Kees WAALDIJK	Babbar Ruga Hospital	KATSINA	Nigeria

**special thanks to**

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