

national vvf project nigeria

evaluation report XVII

2000

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

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waha-international
paris



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XVIIth evaluation report

VVF-projects B_KEBBI/GUSAU/HADEJIA/KANO/KATSINA/SOKOTO/ZARIA
MARADI/ZINDER

introduction

Though it disappeared from the industrialized world around 1940, the obstetric fistula is still highly prevalent in Africa, with some 1.5-2 million victims, for whom not very much is being done since commitment, money and expertise are not sufficiently available.

Since prevention, and as such eradication, is a utopia we are concentrating on the cure of the fistula patients and on the training of doctors, nurses and other health personnel. Since there will be an increase in the prevalence and the obstetric fistula will not be eradicated within the coming 100 years, it is of utmost importance that the expertise how to handle it will stay in Africa. An African problem can only be dealt with by an African solution by the Africans themselves. Therefore keep it simple, feasible and payable.

As we are running a public health programme where we use surgery instead of drugs, the last thing we want is the slow conversion from VVF-repair centers into fistularia; so the utmost patients can stay in our centers is 3-4 months in total.

We are fully aware of the problems the "irreparables" are facing but we cannot take full responsibility for the rest of their lives.

We can only take the responsibility to perform our surgery including pre- and postoperative care to the best of our knowledge, expertise and conscience.

long-term objectives

To establish a lasting VVF-service with ultimately the total eradication of the obstetric fistula, in Nigeria and in the rest of Africa.

lasting VVF-service

In only 9 out of the 37 States of the Federation of Nigeria a real VVF-service has been established; this applies to 1 Département in République du Niger as well.

total eradication, i.e. prevention

There is no relation to tribe, religion, culture, early marriage, early pregnancy or anything else except for poor obstetric care.

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

That is the lesson learned from history in the industrialized world. It took 80 years, from 1860 to 1940, until the obstetric fistula was eradicated in the USA and Europe.

Considering the population explosion, without concurrent increase in quantity and quality of the health services, the number of obstetric fistula patients in Africa will **increase!**

short-term objectives

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

BIRNIN KEBBI

At last the renovation of the general hospital has been completed, and VVF-activities in the center could be intensified. Slowly, there is an increase in the quality of the service.

GUSAU

The Faridat Yakubu Hospital has been converted into the General Hospital for Zamfara State, simply because there was no other hospital available. However, this did not affect the VVF-service, and we are highly impressed by the commitment of the Ministry of Health and other officials from Zamfara State.

In June a 5-day VVF-workshop was held for doctors and nurses of Zamfara State (see annexes). We are now waiting for doctors and nurses to come forward for further training.

HADEJIA

Dr Said AHMED returned to clinical work, and all the VVF-work in HADEJIA is coordinated and performed by him only.

Therefore we give him full credit for all the VVF-work in Jigawa State since he really deserves it (see annex II). Definitely due to his efforts, the workload in KANO has become less.

KANO

The VVF-repair work has been reduced from 2 days to 1.5 days a week in order to realize our traveling programme to the rest of the centers in Northern Nigeria; so one week 2 days and the other week 1 day.

We are in the process of obtaining a small 5 kVA diesel generator for the operating theater to become independent from NEPA; thanks to a donation by the late Mr J LUCAS **national training center**

this is functioning though we could handle more candidates

KATSINA

A 5-day interstate VVF-workshop has been conducted in January as a pilot for Nigeria; the political and professional aspects were ok (see annexes).

We are in the process of completely overhauling the water supply of Babbar Ruga Hospital by cleaning the old well and installing submersible pumps, pipes, overhead tanks, taps and generator; thanks to a grant by the Dutch Government in combination with a donation by the late Mr J LUCAS. This will upgrade the hygienic condition in the leprosy wards, in the tuberculosis wards, in the VVF postoperative wards and in the VVF hostels; the operating theater had already a separate water supply.

Several years ago we allowed old patients (who had nowhere to go) to stay in one of our VVF-hostels. This proved to be a wrong decision since these patients started to interfere with our work in a negative way. They attracted the wrong type of company whereby our staff was threatened or even molested (the police has to come in several times) and their behaviour became unacceptable to us and to the community. Therefore we try to keep this group of patients as small as possible.

Dr Idris HALLIRU left the programme for further training and we thank him for all the work done and wish him success.

(inter)national training center

this is functioning though also here we could handle more candidates

SOKOTO

This very important center is under the Ministry of Women Affairs and not under the Ministry of Health which at times is confusing.

An exercise was made to clear the center of old patients who were blocking our normal surgical public health programme; we do not want a fistularium where the old patients are dictating us what to do. Since then our programme is running smoothly.

ZARIA

Since the workload becomes more and more, this center surely needs upgrading: a hostel, a postoperative 20-bed ward, a real operating theater with reliable equipment etc.

A 5-day workshop for Kaduna State was conducted in October and it was a real success (see annexes). Now we are waiting for doctors and nurses to be trained.

République du Niger

MARADI

When it is better organized we shall return for our VVF-surgery.

ZINDER

The plan to build a VVF-center next to the Maternité Centrale has been agreed upon but the work has not yet started.

A 5-day VVF-workshop was conducted in September as a pilot for République du Niger, and we were all highly impressed (see annexes).

Two more workshops are planned in République du Niger, one in DOSO next year and one in NIAMEY the upper year.

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 (525 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!

Especially the roads between Katsina and Kano and between Gusau and Sokoto are rapidly disintegrating; also the petrol supply is a problem since most of the time it is only available on the road side; not only is this expensive but also affects the quality.

further expansion throughout (Northern) Nigeria

For the time being more is not possible since in between the traveling we have to perform all our surgery. Our hope lies with the doctors who underwent training to start their own VVF-service; several of them really try. The workshops have to play a role as well.

further expansion throughout Africa

The planned VVF-center at the Maternité Centrale in Zinder could have the same function in République du Niger as Babbar Ruga Hospital has in Nigeria.

Training of doctors from East Africa will be discussed with Dr Tom RAASSEN during our next workshop planned in Dar es Salam in April 2001.

activities

postgraduate training (see annex I)

general doctors/senior registrars/deputy surgeons/visiting consultants

Sofar, a total of **116 doctors** have been trained or attended our programme: 57 general doctors, 20 senior registrars in obstetrics/gynecology, 2 senior registrars in anesthesia, 15 deputy surgeons and 22 visiting consultants. Also a medical anthropologist spent 3 months with us. Besides these, more doctors attended our workshops.

(theater) nurses/midwives

A total of **95 nurses** from all over Nigeria, from République du Niger and from Sierra Leone attended our programme as well as **1** physiotherapist. More nurses attended our workshops.

workshops (see annexes)

In total **5 workshops** have been conducted, 3 in Nigeria (in Katsina, Gusau and Zaria), 1 in Kenya (in Machakos) and 1 in République du Niger (in Zinder).

These workshops were attended by a total of **36 doctors**, of whom 25 were consultants, and **40 nurses**.

So all in all **152 doctors and 135 nurses and 1 medical anthropologist** had access to our project/expertise.

surgery (see annex II)

During the year 2000 a **total of 1,569 procedures** were performed within the 9 different centers, i.e. 1,422 VVF-repairs and 147 RVF-repairs.

Since the beginning of the project in 1984 a **grand total of 14,156 VVF/RVF-repairs and related operations** have been performed, i.e. 12,982 VVF-repairs and 1,174 RVF-repairs; on an average base **833 repairs a year**.

From 1984 thru 1991 when we did part-time VVF-work a total of 2,933 procedures were performed, i.e. an average of 367 operations a year.

Since 1992 when we started full-time VVF-work a total of 11,223 procedures were performed i.e. an average of 1,242 operations a year.

This clearly shows the difference by and the need for a professional approach.

And believe it or not, **this is not enough by far!!**

documentation

All the procedures have been documented meticulously in writing, including patient history, examination, operation report, schematic drawing, photography, postoperative outcome, (in)continence etc.; and this is the strength of the project.

It provides a wealth of information since only by meticulous documentation answers can be given and solutions found.

research

generally

The intention has been and still is: to make complicated things simple, effective, feasible, safe and payable under primitive condition; keep in mind: this is a public health problem.

An African problem cannot be solved by an academic solution from the industrialized world; this will not work.

suturing material

Since September the bladder and/or the rectum are closed with polyglycolic acid instead of chromic catgut and the anterior/posterior vagina wall with nylon.

It is too early to draw definite conclusions but the impression is that the rate at closure has improved.

operation principles

All procedures are based on solid basic surgical principles where common sense surpasses anything: a sound approach, minimum operation trauma, fine tissue handling and only doing what is really necessary. The rest is only to impress oneself and others. All procedures are performed under spinal anesthesia by a long-acting agent (hyperbaric bupivacaine 0.5%) which is simple, effective, safe and cheap.

All procedure are performed in the exaggerated lithotomy position which is simple and provides good visibility.

All the procedures are performed via the vagina, with or without episiotomies, since the fistula is inside the vagina; by entering the vagina the surgeon is right there where the problem is; then only the vagina wall has to be dissected from either the bladder or the rectum. By an abdominal approach one has to cut through skin, fascia, muscle, fascia, peritoneum, peritoneum, bladder and then one is exactly where one is by only placing a speculum inside the vagina; and that at times of minimum-invasive procedures!

The high-tension organs, bladder and/or rectum, are closed water-tight meticulously, with only adaptation or half-open closure of the low-pressure organs, anterior/posterior vagina wall. This secures better healing since there is no entrapment of small hematoma or bacteria between the high-pressure and low-pressure organs and so prevents abscess formation and breakdown.

Decompression of the bladder is achieved by an indwelling catheter for a sufficiently long time and decompression of the rectum by an anorectal tube.

antibiotics

Since the fistula is caused by pressure necrosis and not by infection, it does not make sense to use antibiotics routinely.

Far more important is to ensure high urine output (by high oral fluid intake) and free bladder drainage (by indwelling bladder catheterization).

VVF-surgery

classification of fistulas

The following classification is used and has proven to be of great value in evaluating operation techniques and results:

type I fistulas not involving the closing mechanism

type II fistulas involving the closing mechanism

type III miscellaneous, e.g. ureter fistulas

the type II fistulas can be further divided into

type IIAa fistulas involving the closing mechanism
without (sub)total involvement of urethra
without circumferential defect

type IIAb fistulas involving the closing mechanism
without (sub)total involvement of urethra
with circumferential defect

type IIBa fistulas involving the closing mechanism
with (sub)total involvement of urethra
without circumferential defect

type IIBb fistulas involving the closing mechanism
with (sub)total involvement of urethra
with circumferential defect

An additional classification is made according to the size of the fistula into small (< 2 cm), medium (2-3 cm), large (4-5 cm) and extensive (\geq 6 cm)

surgical principles

The bladder/urethra is closed meticulously without tension by one single layer of inverting interrupted/continuous polyglycolic acid (Serafit) with only adaptation or half-open closure of the anterior vagina wall by interrupted everting monofilament nylon

Closure is either transverse or longitudinal depending upon what common sense dictates.

Free bladder drainage is ensured by an indwelling FOLEY Ch 18 catheter, whilst ascending urinary infection and/or blocking of catheter is prevented by high oral fluid intake.

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

Already some **1,900 patients** have been treated with a **success rate of 95%!**

Immediate bladder catheterization (as soon as leakage starts!) with high oral fluid intake is a must, and 592 patients have been cured by this simple regimen only.

fistulas with circumferential defect type IIAb

A circumferential fistula needs circumferential dissection and circumferential closure by an end-to-end vesicourethrostomy to "restore" the anatomic/physiologic relationship between the bladder and loose urethra.

This is **easily** done per vaginam in the exaggerated lithotomy position; any other approach and/or position makes things complicated.

urethra fistulas without circumferential defect type IIBa

Wide U incision, longitudinal urethra reconstruction (without catheter), and then covering by a skin_mucosa rotation/advancement flap gives the best results, functionally and cosmetically.

postoperative stress incontinence

Six months after a successful closure, some 2-3% of the patients will end up with severe stress or urge incontinence; in stress incontinence an anterior colposuspension is performed.

what to do with the "incurables" including the patients with severe incontinence?

A stage has been reached where decisions have to be taken, and we are looking into the possibilities of urinary diversion by implanting the ureters into a rectosigmoid pouch (MAINZ pouch II). Sometime during 2001 we shall start, but only after careful planning. There are some 200-300 candidates and we have to select each of them individually and instruct them properly.

Since the weakest point of the programme is the nursing care, everybody has to be instructed accordingly. Preoperative fasting and enemas are necessary, then ??perioperative antibiotics?? and at last postoperative iv fluids for at least 2 days. An what about prevention and

treatment of metabolic acidosis and prevention of ascending urinary tract infection?

vaginoplasty

Some patients end up with vagina atresia following prolonged obstructed labor due to extensive tissue necrosis. In most of these patients, after fistula repair, the vagina can be reconstructed if the other lesions have healed off satisfactorily.

RVF-surgery

classification of fistulas

We are in the process of providing a surgical classification which makes sense, but things are no so straightforward as in VVF.

surgical principles

The rectum is closed by a double layer of inverting continuous polyglycolic acid (Serafit) whilst most of the time the posterior vagina wall is left completely open or at best half open since there is always wound contamination.

Because of this contamination, an effort is made **not** to open the abdomen in the process of the repair; otherwise there is a possibility to develop peritonitis.

Never is the intact sphincter ani muscle severed, simply because it is not needed and also since the function of an intact sphincter ani is the best.

Decompression of the rectum is provided by an anorectal tube to overcome the sphincter ani function.

In highly complicated patients, the best would be an abdominovaginal approach in combination with a sigmoidostomy. However, this is not done since proper postoperative nursing care cannot be guaranteed.

sphincter ani rupture

First longitudinal rectum closure and then sphincter ani/perineal body reconstruction **without** dissection by interrupted polyglycolic acid followed by deep low-tension perineum closure leaving the posterior vagina wall completely open.

spinal anesthesia

The value of spinal anesthesia with a long-acting agent cannot be overstressed since it is simple, effective, safe and cheap.

Based on a personal experience in over 15,000 procedures (where shock due to the spinal anesthesia was **not** seen), we do **not** give iv fluids pre- or intraoperatively.

There is a lowering of the blood pressure but this is considered to be an extra advantage of the spinal anesthesia since it leads to less blood loss.

blood transfusion

An intraoperative blood transfusion has never been given, but very few patients needed it several days after the operation due to secondary hemorrhage.

In principle, severe anemia is treated by im iron dextran and oral fersolate combined with folic acid.

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 of the project 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 Ltd Holland, went on a fund-raising 510 km bicycle trip; they donated a brand new PEUGEOT 504 saloon car to the project.

Special attention has to be given to Mr J LUCAS who organized a fund raising occasion at his retirement party. He had been working a long time in KANO for Roads Nigeria Ltd and was the connecting link between the project and the SK/TTT Foundation. Unfortunately, soon after his retirement he died. From his donation we are able to completely overhaul the water supply of Babbar Ruga Hospital and to provide Laure Fistula Center with a generator.

surgical tourism

This will continue and would not be a problem if these tourists would stick to what they know and keep their fingers/scalpel from things they do not understand.

End 1998 a 15 year old girl/woman presents herself in one of our centers with a 3 cm 0 urethrovesicovaginal fistula with circumferential defect, an extensive 6 cm 0 rectovaginal fistula and R ascendostomy. She had been operated 3x without succes. In one session both fistulas are closed and she decides to have her ascendostomy closed somewhere else. This is not successful in 2 sessions and she returns for closure of the ascendostomy which is successful. However, a 100% success rate is not possible in medicine, and certainly not in surgery, and she presents again with vagina atresia. She is told this will take time and that we shall examine her again in 5-6 mth, especially since there is a great chance of making a new fistula during the reconstruction of a neovagina. Since life is free for every one, she consults a team of plastic surgeons who come once in a while from Europe to perform reconstructive surgery.

So after 7 operations needed to close her fistulas (with ascendostomy)!, one of the plastic surgeons, in his arrogance and to show off, tries to reconstruct the vagina, and now she return to us with another urethrovesicovaginal fistula and another rectovaginal fistula.

conclusion

For parts of Northern Nigeria and Southern République du Niger a functioning VVF-service has been established; but is this enough to have an impact?

An enormous number of operations have been performed, and the techniques for the different fistulas have been perfected; how to transfer this knowledge/expertise to others?

A start has to be made with the surgical management of the "incurables" by means of urinary diversion by implanting the ureters into a MAINZ pouch II.

A large number of doctors, consultants and nurses have been trained; what will they do with the acquired knowledge/expertise?

Several workshops have been conducted in 3 different African countries; now these doctors and nurses have to come forward for formal training.

An effort has to be made that the VVF-repair centers will not be turned into fistularia; this would be the wrong development.

Life is short and we shall not live long enough to see the total eradication of the obsteric fistula. To achieve this, far more commitment and money is needed!

independent consultant gynecologist

Dr Said AHMED

VVF Center, HADEJIA

present deputy surgeons

Dr Hassan Ladan WARA

VVF Center, B/KEBBI

none

Faridat Yakubu VVF Center, GUSAU

Dr Immam AMIR

Laure Fistula Center, KANO

Dr Abdulrasheed YUSUF

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 Yusha'u ARMIYA'U

Babbar Ruga Fistula Hospital, KATSINA

Dr Shehu BALA

Dr Idris HALLIRU

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

Dr Sa'ad IDRIS

Federal Medical Center, GUSAU

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 Labaran Dayyabu ALIYU

Kano 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 Umar Garba BULANGU

Jigawa State

Dr Bello Samaila CHAFE

Zamfara State

Dr Umaru DIKKO

Kano State

Dr Gyang DANTONG

Plateau State

Dr Bello I DOGONDAJI

Sokoto State

Dr Johnson EMEKA

Imo State

Dr James O. FAGBAYI

Kwara State

Dr Abdullahi Ahamed GADA

Sokoto State

Dr Hauwa GONI

Yobe State

Dr Idris HALLIRU

Katsina State

Dr Mohammed Mukhtar HAMZA

Kaduna State

Dr Gabriel HARUNA
 Dr Kabir Aliyu IBRAHIM
 Dr Musa IBRAHIM
 Dr Saidu A. IBRAHIM
 Dr Sa'ad IDRIS
 Dr Zubairu ILIYASU
 Dr Benedict ISHYAKU
 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

Kaduna State
 Jigawa State
 Kano State
 Jigawa State
 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

visiting consultants

Prof Dr Shafiq AHMAD
Dr Said AHMED
Dr Tajudeen Adebawale AIYEDUN
Prof Dr Fons A AMAYE-OBU
Dr Abdulmalik BAKO
Dr Frits DRIESSEN
Dr Aliyu Muhammad EL-LADAN
Dr Kabir K.D. GARBA
Prof Dr Jelte DE HAAN
Dr Tijjani Mamman HINA
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 Melah George SULE
Dr Walter SCHMIDT
Dr Augustine Chibuzor UMEZULIKE
Dr Ulrich WENDEL
Dr E.E. ZAKARIA

PESHAWAR, Pakistan
HADEJIA, Nigeria
GUSAU, Nigeria
NEW YORK, USA
ZARIA, Nigeria
NIJMEGEN, Holland
KATSINA, Nigeria
KATSINA, Nigeria
MAASTRICHT, Holland
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JOS, Nigeria
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IBADAN, Nigeria
ABAKALIKI, Nigeria
NAIROBI, Kenya
MASANGA, Sierra Leone
GOMBE, Nigeria
NUERNBERG, Germany
ABUJA, Nigeria
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
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Fatima A UMARU
Alheri YAKUBU
Herrietta ABDALLAH
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Florence AJAYI
Esther AUDU
Hauwa BELLO
Sherifatu A JIMOH
Ramatu DAGACHI
Amina KABIR
Kutaduku B MARAMA
Hadiza MOHAMMED
Mairo A MOHAMMED
Mabel A OBAYEMI

Adamawa State
Bauchi State
Borno State

Kaduna State

Kano State

Comfort OYINLOYE	
Rabi RABI'U	
Maijiddah SAIDU	
Amina Abdu SALIHI	
Ummi Bello SANI	
Amina UMARU	
Habiba A USMAN	
Hamisu ABDULLAHI	Katsina State
Adetutu S AJAGUN	
Magajiya ALIYU	
Taibat AMINU	
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	
Umma ABUBAKAR	Kano State
Florence AJAYI	
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	Sokoto State
Souéba LAOUALI	Département du Zinder
<u>nurses/midwives from Republique du Niger</u>	
Zakari AYOUBA	MARADI
Maimouna Saidou BAGNA	
Souéba LAOUALI	ZINDER
Fassouma BRAH	
<u>other nurses/midwives</u>	
Feonagh COOKE	Sierra Leone

workshops

pilot workshop in MACHAKOS Kenya

consultants gynecology		
Dr Caleb ACHAPA	African Highland Hospital	KERICHO
Dr David Wekesa KAPANGA	Machakos General Hospital	MACHAKOS
Dr Abdallah KIBWANA	Coast Procince 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 WAKASIAKA	Kenyatta National Hospital	NAIROBI
anesthetic nurse		
Philip Joseph KITHONGA	Machakos General Hospital	MACHAKOS
facilitators		
Dr Thomas RAASSEN	consultant surgeon at AMREF	NAIROBI
Kees WAALDIJK, MD PhD	Babbar Ruga Hospital	KATSINA

pilot interstate workshop in KATSINA Nigeria

Federal Ministry of Health		
Dr Mope OLANUSI	assistant director	ABUJA
Hospital Management Board		
Dr Jabir MOHAMMED	general manager	KATSINA
consultant gynecologists		
Dr Djangnikpo LUCIEN	Maternité Centrale	ZINDER Niger
Dr Aliyu EL_LADAN	Maternity Hospital	KATSINA
Dr Tajudeen A AIYEDUN	Federal Medical Center	GUSAU
doctors/surgeons/gynecologists		
Dr Idris A HALLIRU	deputy surgeon B/RUGA	KATSINA
Dr Sa'ad IDRIS	West Cumberland Hospital	WHITE HAEVEN UK
Dr Imam AMIR	Murtala Muhammad Specialist Hosp	KANO

Dr Abdulrasheed YUSUF nurses	Babbar Ruga Hospital	KATSINA
Mairo A KURFI	nurse/superintendent prisons	KATSINA
Sani ABU	chief nursing officer i/c B/RUGA	KATSINA
Abdullahi HARUNA	assistant chief nursing officer	KATSINA
Kabir K LAWAL	theater nurse i/c B/RUGA	KATSINA
Nafisat A AJAGUN	postoperative nurse i/c B/RUGA	KATSINA
Gambo L KUSA	theater nurse B/RUGA	KATSINA
Hajara T MOHAMMED	matron i/c MAWCH	SOKOTO
Fatima ARZIKA theater attendants	theater nurse MACWH	SOKOTO
Idris AUDU	operation theater	B/RUGA
Audu IDRIS	operation theater	B/RUGA
Sale ISAH logistics	operation theater	B/RUGA
Abdullahi HARUNA facilitators	Babbar Ruga Hospital	KATSINA
Dr Idris HALLIRU	Babbar Ruga Hospital	KATSINA
Kabir K LAWAL	Babbar Ruga Hospital	KATSINA
Kees WAALDIJK, MD PhD	Babbar Ruga Hospital	KATSINA

Zamfara State workshop in GUSAU Nigeria

doctors/surgeons/gynecologists

Dr Ibrahim Adamu BATURE Eire	King James Hospital	DUBLIN,
Dr Abubakar DANLADI	University Teaching Hospital	ILORIN
Dr Sa'ad Idris	General Hospital	GUSAU
Dr AbdEIlatif MOHAMMED	El Salam General Hospital	CAIRO, Egypt
Dr Lawal Umaru BUNGUDU nurses	Higher Medical Institute	PLOVDIV, Bul
Binta ATTAHIRU	ACNO Faridat Yakubu VVF Center	GUSAU
Mohammadu MALAMI	ACNO General Hospital	GUSAU
Fatima Lami MOHAMMED	SNM Faridat Yakubu VVF Center	GUSAU
Hussaina SALAMI	ACNO Faridat Yakubu VVF Center	GUSAU
Christiana TSABA attendants	SNO Faridat Yakubu VVF Center	GUSAU
Hamidu ATTAHIRU	Faridat Yakubu VVF Center	GUSAU
Murtala HALLIRU	Faridat Yakubu VVF Center	GUSAU
logistics		
Abdullahi HARUNA facilitators	Babbar Ruga Hospital	KATSINA
Dr Idris HALLIRU	Babbar Ruga Hospital	KATSINA
Dr Tajudeen A AIYEDUN	Federal Medical Center	GUSAU
Kabir K LAWAL	Babbar Ruga Hospital	KATSINA
Kees WAALDIJK, MD PhD	National VVF Project Federal Min of Health	

pilot workshop in ZINDER République du Niger

consultant gynecologists

Dr Djangnikpo LUCIEN	Maternité Centrale	ZINDER
Dr Somana HAMA	Maternité GAZOBI	NIAMEY
Dr Tchambou DOULAY	DS	MIRRIAH
Dr Canut NKEBEREZA	ONG Esperance	ZINDER
Dr Idrissa HASSANE	Centre Hosp Départ	DOSSO

doctors/surgeons/gynecologists		
Dr Abdulrasheed YUSUF	B/Ruga Hospital	KATSINA
nurses		
Kabir K LAWAL	theater nurse i/c B/Ruga	KATSINA
Kindo ZAMO	superintendant Matern Centr	ZINDER
Bagana DADIMI	IDE Maternité Centrale	ZINDER
Fatsouma BRAH	IDE Maternité Centrale	ZINDER
Souéba LAOUALI	IDE Maternité Centrale	ZINDER
Maimun BARO-AJOU	surveillante Maternité Centr	ZINDER
midwives		
Rabi Ali NOCTAR	sage femme CNSS	ZINDER
anesthetist nurses		
Djibo ADAMOU	Maternité Centrale	ZINDER
Salamatou ADAMOU	Maternité Centrale	ZINDER
Ibrahim ADAMOU	Maternité Centrale	ZINDER
social workers		
Dan Daoura YAOU	ONG	ZINDER
Hadéza Bala ALI	Maternité Centrale	ZINDER
officials		
Malam MAHAMAN	SR/DDS/ZR	ZINDER
Ibrahim HADIJABOU	président adjunte ONG	ZINDER
Marie Marian Bello MATHIEU	DDDS/P/PF/PE	ZINDER
logistics		
Abdullahi HARUNA	ACNO in B/Ruga	KATSINA
Kindo ZAMO	Maternité Centrale	ZINDER
facilitators		
Dr Djangnikpo LUCIEN	Maternité Centrale	ZINDER
Kabir K LAWAL	Babbar Ruga Hospital	KATSINA
Kees WAALDIJK, MD PhD	Babbar Ruga Hospital	KATSINA

Kaduna State workshop in ZARIA Nigeria

consultant urologist		
Dr Lawal KHALID	ABU Teaching Hospital	ZARIA
senior registrar in gynecology/obstetrics		
Dr Mohammed A ABDUL	ABU Teaching Hospital	ZARIA
doctors		
Dr UMAR M MOHAMMED	General Hospital	GIWA
Dr ADO Z MOHAMMED	Kofan Gayan Hospital	ZARIA
Dr Abdulrasheed YUSUF	Babbar Ruga Hospital	KATSINA
nurses/midwives		
Fidelia AYOK	ABU Teaching Hospital	ZARIA
Aishatu AHMED	Kofan Gayan Hospital	ZARIA
Hafsatu SULEIMAN	Rural Hospital	MAIGANA
Fatima A UMAR	Kofan Gayan Hospital	ZARIA
Abdullahi ALIYU	Kofan Gayan Hospital	ZARIA
Kabir JUMARE	Kofan Gayan Hospital	ZARIA
Kabir LUKMAN	Kofan Gayan Hospital	ZARIA
Aminu ABDULLAHI	Kofan Gayan Hospital	ZARIA
anesthetic nurse		
Abdu ALIYU	Kofan Gayan Hospital	ZARIA
theater nurses		
Aliyu ABBAS	Kofan Gayan Hospital	ZARIA
Kabir K LAWAL	Babbar Ruga Hospital	KATSINA

attendants		
Isa ADAMU	Kofan Gayan Hospital	ZARIA
Umaru YUSHA'U	Kofan Gayan Hospital	ZARIA
Ahamadu ABDU	Kofan Gayan Hospital	ZARIA
logistics		
Abdullahi HARUNA	ACNO Babbar Ruga Hospital	KATSINA
facilitators		
Dr Lawal KHALID	ABU Teaching Hospital	ZARIA
Dr Abdulrasheed YUSUF	Babbar Ruga Hospital	KATSINA
Aliyu ABBAS	Kofan Gayan Hospital	ZARIA
Kabir K LAWAL	Babbar Ruga Hospital	KATSINA
Kees WAALDIJK, MD PhD	Babbar Ruga Hospital	KATSINA

	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
2000	108	4	102	5	204	7	283	41	420	60	134	16	102	7	69	7	1,569
total	373	15	196	14	716	19	3,427	378	6,687	625	1,142	92	181	14	260	17	14,156

*Dr Said AHMED

total VVF-repairs and related operations: **12,982****total RVF-repairs** and related operations: **1,174**success rate at VVF closure roughly **90%** per operationsuccess rate at RVF closure roughly **85%** per operationsuccess rate at **early closure** roughly **95%** per operationhealed by catheter only: **592**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 1,200 repairs
Dr Idris HALLIRU	over 650 repairs
Dr Ilyasu ZUBAIRU	over 550 repairs
Dr Immam AMIR	over 500 repairs
Dr Yusha'u ARMIYA'U	over 400 repairs
Dr Aliyu SHETTIMA	over 350 repairs
Dr Bello Samaila	over 300 repairs
Dr Hassan WARA	over 250 repairs
Dr Jabir MOHAMMED	over 200 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

5-day interstate vvf workshop as pilot

babbar ruga teaching hospital

katsina

monday 7th thru friday 11th of february 2000

report

kees waaldijk MD PhD

chief consultant fistula siurgeon

interstate vvf workshop in katsina

babbar ruga teaching hospital

as a pilot project

introduction

in order to obtain the necessary experience and expertise to organize 5-day VVF-workshops within Nigeria and outside, Katsina has been selected as the place to conduct a pilot VVF-workshop

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
to discuss how to conduct workshops in other states/countries

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 a **Federal and/or State lecture about the obstetric fistula**
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

since this will be the start of a series of workshops, 5 doctors from different states together with 1-2 theater nurses and 1-2 postoperative nurses where we have a major center, viz. Katsina, Kano, Sokoto, Zamfara and Zinder; and 2 other doctors from Katsina State
official(s) from Federal Ministry of Health
official(s) from Katsina State Ministry of Health
social worker(s)
representatives from NGOs dealing with VVF, viz. NFVVF and GHON
people from the media, especially television, for awareness
in total some 15 people

length of workshop

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

time

last week January or first week February 2000

5-day interstate VVF workshop

babbar ruga teaching hospital

katsina

monday 7th thru friday 11th of february 2000

summary

this workshop was a combination of political activity with awareness, practical sessions and theoretical lectures and was used as a pilot in order to organize a series of professional workshops inside and outside Nigeria

workshop

monday 7th of february 2000

at 9.00 hr the workshop was officially opened by Her Excellency Hajiya Mrs Turai Umar Musa Yar'adua represented by Honorable Commissioner for Women followed by welcome address by Honorable Commissioner for Health goodwill message from Honorable Minister of Health by Dr Suleiman SANI vote of thanks by Permanent Secretary Ministry of Health closing prayer by Grand Khadi

after this the guesthouse for trainees as donated by the SK-Foundation was commissioned by Her Excellency Hajiya Mrs Turai Umar Musa Yar'adua

in the operation theater there was a display of the surgical instruments with instructions/explanations about their use, multiple choice questionnaire, a lecture about preoperative management and an introduction to the obstetric fistula

tuesday 8th of february

five operations in the morning and in the afternoon discussions of the surgical procedures with lectures about history of VVF surgery, management of VVF and operative techniques, and the role of catheter in its treatment

wednesday 9th of february

five operations in the morning and lectures about postoperative management, classification and surgical implications

thursday 10th of february

five operations (step-by-step demonstration of circumferential UVVF-repair) and lectures about role of gynecologist/midwives and about incontinence

friday 11th of february

postoperative wardround, visit to the 3 hostels and to gidan raga

lecture about sociocultural aspects and political implications of VVF

extensive discussions of the week and recommendations for subsequent workshops a communique was drafted for press release and attention of the Federal Government at around 4 o'clock the workshop was officialy closed by the Honorable Commissioner for Health

conclusion

all in all it was a successful workshop and we are fully set now to conduct more **professional** workshops inside and outside Nigeria

kees waaldijk MD PhD

chief consultant surgeon i/c

15th of february 2000

special guests for opening and closing ceremonies and for commissioning the guest house donated by SK Foundation

Her Excellency the Wife of the Governor Mrs Turai Umaru Musa Yaradu'a
 Grand Khadi of Katsina State
 Dr Suleiman SANI, Director of Hospitals and Training, Fed Min of Health
 Honorable Commissioner for Women Affairs
 Honorable Commissioner for Health
 Permanent Secretary, Ministry of Health
 Permanent Secretary, Ministry of Women Affairs
 General Manager, Health Management Board

participants

Federal Ministry of Health Dr Mope OLANUSI	assistant director	ABUJA
Hospital Management Board Dr Jabir MOHAMMED	general manager	KATSINA
consultant gynecologists Dr Djangnikpo LUCIEN Dr Aliyu EL_LADAN Dr Tajudeen A AIYEDUN	Maternité Centrale Maternity Hospital Federal Medical Center	ZINDER Niger KATSINA GUSAU
doctors/surgeons/gynecologists Dr Idris A HALLIRU Dr Sa'ad IDRIS Dr Imam AMIR Dr Abdulrasheed YUSUF	deputy surgeon B/RUGA West Cumberland Hospital Murtala Muhammad Specialist Hosp B/RUGA	KATSINA WHITE HAEVEN UK KANO KATSINA
nurses Mairo A KURFI Sani ABU Abdullahi HARUNA Kabir K LAWAL Nafisat A AJAGUN Gambo L KUSA Hajara T MOHAMMED Fatima ARZIKA	nurse/superintendent prisons chief nursing officer i/c B/RUGA assistant chief nursing officer theater nurse i/c B/RUGA postoperative nurse i/c B/RUGA theater nurse B/RUGA matron i/c MAWCH theater nurse MACWH	KATSINA KATSINA KATSINA KATSINA KATSINA KATSINA SOKOTO SOKOTO
NGO Amina SAMBO	GHON	KANO
logistics Abdullahi HARUNA	assistant chief nursing officer	B/RUGA
theater attendants Idris AUDU Audu IDRIS Sale ISAH	operation theater operation theater operation theater	B/RUGA B/RUGA B/RUGA

facilitators

Dr Idris HALLIRU
Kabir K LAWAL
Abdullahi HARUNA
Kees WAALDIJK, MD PhD

surgery

only on Tuesday, Wednesday and Thursday surgery (**step-by-step demonstration of technique**) was performed from 8.30 to 14.00 hr after which the venue was changed for lectures and review of the surgical procedures
a total of **15 operations were performed in 15 patients**, all because of fistula or fistula related problems like postoperative stress incontinence

lecturers plus topics

Dr Jabir MOHAMMED	sociocultural/political aspects of VVF
Dr Aliyu EL_LADAN	role of obstetricians/midwives in VVF
Dr Idris A HALLIRU	surgical complications in VVF
Dr Abdulrasheed YUSUF	history of VVF surgery
	management of VVF
Kabir K LAWAL	display of surgical instruments
	preoperative management of VVF
Nafisat A AJEGUN	postoperative management of VVF
Kees WAALDIJK	introduction to VVF
	intraoperative management of VVF
	role of catheter in VVF
	classification of VVF
	urinary incontinence and its management
	review of surgical procedures of the day
	questions and answers

multiple choice questionnaire

at the beginning of the workshop and the same at the end for **self-assessment** of the participants

venue

Babbar Ruga Teaching Hospital for practical sessions
Liyafa Palace Hotel for opening/closing ceremony
Motel Katsina for theoretical lectures

actual time of workshop

5 days of roughly 8 hours making a total of 40 hours

sponsoring agency

SK Foundation	Holland
TTT Foundation	Holland

special thanks to

Dr Jabir MOHAMMED, Dr Idris A HALLIRU and Abdullahi HARUNA for smooth organization

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