Conservative management of fresh obstetric fistula in Burundi: Where are the patients?

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Médecins Sans Frontières (MSF), Burundi, Brussels and LuxOR
Obstetric fistula (OF)

A hole connecting the vagina and the bladder or rectum due to the babies head pushing too long on the birth canal tissues.

Leads to incontinence
Obstetric fistula (OF)

- Complication of prolonged/obstructed childbirth
- Resulting from lack of access to emergency obstetrics
- Leads to marginalization in society
Types of Vesico-Vaginal Fistula (VVF)

- VVFIs are classified according to degree of complexity and size (small, medium and large)

- VVFIIAa, VVFIIAb, VVFIIBa, VVFIIIBb, VVFIII

Increasing complexity
Management

Conservative treatment (catheterization)

Surgical Repair
Burundi - Context

- Small landlocked country in Central Africa
- 8.5 million people
- Maternal mortality 800 / 100,000 live births
- 30% home deliveries
- Obstetric Fistulas 0.2 - 0.5% of all deliveries
Package of activities
Burundi-MSF

- MSF referral centre in Gitega, Burundi
- Residential facility (Village) offering medical and psycho-social care.
Case finding
Training of health staff
Medical consultation
Psycho-social support
Health education
Physiotherapy
Objectives

- Report on preliminary outcomes of women receiving conservative treatment at Gitega Fistula Centre (GFC)
- Describe the operational challenges of early patient recruitment.
Methods

- **Study design:** Retrospective analysis of program data
- **Study Period:** June 2010 – December 2012
- **Study Setting:** URUMURI, OF centre, Gitega
- **Study population:** All women suffering from an OF less than 6 weeks after causal event
- **Ethics Approval:** National Ethics Committee in Burundi and MSF Ethics Review Board.
Results: Case finding
Where are the patients?

- **Burundi**
  - Expected Fistula (2 years) 1674 – 4080
    (Incidence rate 0.2-0.5 %)

- **MSF Center**
  - VVF treated: 773
  - Gap in case finding 54 - 89%

- Conservatve treatment: 64 (9%)
Results: case finding - channel?
Results
Patients’ origin

- Bubanza: 0%
- Bujumbura Rural: 5%
- Bururi: 6%
- Cankuzo: 6%
- Cibitoke: 6%
- Gitega: 12%
- Karuzi: 0%
- Kayanza: 5%
- Kirundo: 15%
- Muyinga: 12%
- Makamba: 5%
- Muramvya: 3%
- Mwaro: 3%
- Ngozi: 9%
- Rutana: 6%
- Ruyigi: 5%
- Bujumbura Mairie: 3%
- Mwano: 6%
### Results: Patient characteristics

<table>
<thead>
<tr>
<th>Variable</th>
<th>n (%)</th>
</tr>
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<tbody>
<tr>
<td>Median age range, years</td>
<td>28 (18-48)</td>
</tr>
<tr>
<td>Median number of previous deliveries (range)</td>
<td>4 (0-11)</td>
</tr>
<tr>
<td>Mode of delivery</td>
<td></td>
</tr>
<tr>
<td>Vaginal</td>
<td>13 (20)</td>
</tr>
<tr>
<td>Instrumental</td>
<td>5 (8)</td>
</tr>
<tr>
<td>C section</td>
<td>44 (69)</td>
</tr>
<tr>
<td>N/A</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Fistula complexity</td>
<td></td>
</tr>
<tr>
<td>VVF I</td>
<td>42 (65)</td>
</tr>
<tr>
<td>VVF II Aa</td>
<td>10 (16)</td>
</tr>
<tr>
<td>VVF II Ab</td>
<td>4 (6)</td>
</tr>
<tr>
<td>VVF II Ba</td>
<td>8 (13)</td>
</tr>
<tr>
<td>Median time from delivery to treatment (IQR, days)</td>
<td>20 (9-27)</td>
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</tbody>
</table>
## Treatment outcome - Fistula closure

<table>
<thead>
<tr>
<th>Fistula Complexity</th>
<th>OUTCOME</th>
<th>Fistula closed n (%)</th>
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<tbody>
<tr>
<td></td>
<td>Total</td>
<td>n (%)</td>
</tr>
<tr>
<td>VVF I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small</td>
<td>24</td>
<td>11 (46)</td>
</tr>
<tr>
<td>Medium</td>
<td>13</td>
<td>3 (23)</td>
</tr>
<tr>
<td>Large</td>
<td>5</td>
<td>1 (20)</td>
</tr>
<tr>
<td>VVF II Aa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small</td>
<td>6</td>
<td>1 (17)</td>
</tr>
<tr>
<td>Medium</td>
<td>3</td>
<td>1 (33)</td>
</tr>
<tr>
<td>Large</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>VVF II Ab</td>
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<td></td>
</tr>
<tr>
<td>Small</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Medium</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Large</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>VVF II Ba</td>
<td></td>
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<tr>
<td>Small</td>
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<tr>
<td>Large</td>
<td>3</td>
<td>0</td>
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</table>
Challenges - Case Finding

- Not all Health Center staff have skills to identify OF

- No coverage of the home deliveries
Challenges - Transport

- Poor public transport and unaffordable
- Eight in every ten women required MSF transport support
Conclusions

In rural Gitega, Burundi,

- Although patient recruitment is poor, three in ten patients with VVF did not need surgery because of the offer of conservative treatment.

- The two major challenges around conservative treatment are:
  1) low case finding and
  2) late presentation

- Qualitative research is needed to better understand and address the main challenges.
Acknowledgement

We thank the patients, whole MSF Gitega team, our partners Handicap International, Ministry of Health and UNFPA.