ANALYSIS OF GENITO URINARY FISTULAE

by

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SUMMARY

A 9 year period (1976-1984) analysis of genito urinary fistulae is done wherein it is observed that there is an increase in number of operative fistulae than obstetric fistulae especially during the last 4 years. The various types of fistulae causewise and the operative results are analysed.

The most problematic condition both to the patient and gynaecologist is the urinary fistulae. The marital disharmony, the discomfort and the social boycot these patient's suffer is worth remembering. It is observed that there is an increase in ureteric and vault fistulae following surgery. Though there is decrease in obstetric fistulae for the past few years due to increase in obstetric care, there appears to be a rising trend in operative fistulae.

Material and Methods

An analysis of the genito-urinary fistulae from 1976-1984 is done. The cases were taken from the Government General Hospital, Guntur from the Departments of Gynaecology and Urology (last 5 years from Urology Department).

Total number of admissions during that period were 18,000 and there were about 185 fistulae. The indication in these cases for hysterectomy was either DUB or Unhealthy cervix. In almost all the cases they failed to recognise the injury during surgery. The onset of symptom varies from immediate post-operative period to 7th to 9th day after operation.

TABLE II

Obstetric Fistulae

V.V.F.	92
V.V.F. & R.V.F.	4
Vesico cervical vaginal	3
Ureteric	1
Urethro vaginal	7
	107

TABLE I

	Total	Obstetric fistulae	Operative fistulae
1976-1980	76	47 (62%)	29 (38%)
1981-1984	109	59 (54%)	50 (46%)

From: Guntur Medical College and Government General Hospital, Guntur.

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Discussion

As shown in Table I though there is an increase in number of gynaecological fistu-

TABLE III

	Number	Healed	Not healed
Vaginal approach	58	40 (69%)	18 (31%)
Transabdominal route	36	12 (33%)	24 (67%)
	94	52 (57%)	42 (43%)

TABLE IV
Operative Fistulae

Total	76
Vault fistulae	58
Ureteric	18

surgeon selects the route as per his or her convenience, the vaginal approach seems to give good results.

The operative fistulae heal better in general. The low success rate in obstetric fistulae may be due to the presence of scar tissue, size of the fistulae, fixation to the

TABLE V

	Number	Healed	Not healed	Mortality
Latzko	8	7 (87.5%)	1	—
Flap splitting	26	22 (78.6%)	6	—
Martius graft	2	2	—	—
Urethroneocystostomy	17	15 (88%)	1	1

lae during the last 4 years, there is a fall in obstetric fistulae due to increase in antenatal and intranatal care, early diagnosis of CPD and liberal usage of caesarean section compared to earlier times; but there is corresponding increase in surgical fistulae.

Table III analyses the surgical approach. The transabdominal approach is used by the Urologist. Fifty-eight cases were operated by vaginal route. Forty (69%) cases healed. Thirty-six cases were operated by transabdominal route. Only 12 cases (33%) healed. Fourteen cases were attempted second time, 6 by the Urologist out of which only 7 healed. One case operated 4th time healed well. In one case Martius graft was applied. Though bone and previous attempt to repair. If one tries to analyse the reasons for injury to the bladder and ureter in the above cases it may be due to the failure of anaesthesia at a crucial step because most of them do under spinal with few facilities for supplementation of general anaesthesia. It may be due to technical difficulties like failure to sufficiently mobilise the bladder. In few cases it may be pelvic infection. tumours, endometriosis etc. It may be, when there is bleeding, while applying clamps blindly.

Comments

The most commonly done surgery, in our parts, after appendicectomy is hysterectomy

by the general practitioner. Especially the hysterectomy done by people untrained in the particular discipline with inadequate facilities. It is quite important to have necessary guidelines like having proper anaesthetic facilities, expertise to recognise and deal with the fistulae, atleast bladder fistulae, during operation. Lastly, it is for the patient to go to the specialists rather than submitting herself to surgery by any one, which of course requires literacy and awareness.

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