INTRODUCTION

• Until the year 2000, the National Hospital of Niamey did not provide a regular service for treatment of obstetrical fistula because of a lack of qualified personnel and material resources despite the existence a ward with a large number of affected women.
INTRODUCTION

• On the initiative and with the support of the current Management of the hospital, the American NGO, International Organization for Women and Development (IOWD), carried out 9 missions between 2002 and 2005.
• During these missions, American surgeons worked with a native Nigerien team from the National Hospital.

INTRODUCTION

• The goal of this talk is not to discuss the beneficial results of these missions but:
• To present the team of native Nigeriens who hosted these missions;
• To expose the difficulties of organization of these missions;
• To make proposals for an improvement for the future.
The National Hospital of Niamey

- Referral Medical Center par excellence to Niger with 277 surgical beds.
- Publicly-owned establishment with an autonomous Board of Directors since 1992
- Funded by patient fees and government support

Department of Surgery

- The Department of Surgery includes 9 subspecialties
- The operating theatre suite comprises 6 rooms: urology, general-purpose, orthopedics, neurosurgery and two rooms for abdominal surgery.
- The operating theatre suite is directly connected to an intensive care unit with 11 beds.
Department of Surgery

- 20 post-operative beds in urology are placed at the disposal of the American missions, 6 to 8 beds in intensive care unit and to 23 beds in abdominal surgery; a maximum of 51 up beds.
- 2 or 3 operating rooms are released, 2 of which can each accommodate 2 tables.

The Native Nigerien Team

- Hospital Director oversees the Chief of Surgery and the Chief of Anaesthesia;
- Surgical staff is made up of 2 surgeons, and the Nurse Managers of: surgery, operating theatre suite, post-operative wards, post-anesthesia care unit, anaesthesia, and the social worker attached to the Department of Surgery.
The Native Nigerien Team

- Surgical Staff hold a preparatory meeting 2-4 weeks before the date of arrival of the mission.
- Evaluates the organization of the previous mission and assesses needs which then will be communicated to the NGO - IOWD (Mrs Barbara), and to the Chiefs of the various departments.
- Assigns roles and tasks for the upcoming mission.

Difficulties Encountered

- During the missions, the regular activities of the services and rooms concerned are suspended while being used by the Fistula team.
- The surgical staff is not permanently assigned and the makeup of the team is frequently changed.
Difficulties Encountered

- The Hospital Management does not always agree with the amount of the per diem of the team members assigned to the missions. This is a source of dissatisfaction of several of them and decreases team efficiency.
- Supplies and personnel (postoperative service) are not always available.
- Post-operative nursing care charting sheets and Supply charge sheets are not correctly filled out.

Recommendations

- Build and equip in the hospital dedicated Obstetrical Fistula Service with a capacity of 40-60 beds and 2 operating rooms by
- Three-story building to replace existing ward
- Such a project has the support of the Management of the Hospital and the political authorities
- The resources remain to be mobilized
Recommendations

- Organize and train a native specific team dedicated to the Obstetric Fistula Service.
- This team will be made up surgeons, surgeons assistants, anesthesist's assistants, social workers, nurses and auxillary staff.

Recommendations

- This will ensure continuity, improve organization and facilitate the reception of the foreign missions.
- The amount of the perdiems will be thus reduced.
Recommendations

- Planning for personnel and supplies will be improved.
- The supplies provided by the NGO IOWD and Dimol, the UNFPA, the REF and the Hospital will be coordinated better.
- The quality of the care and counseling, the management of the data and research will be improved.

Conclusion

- Outcome for women with Obstetrical Fistula depends first on the success of the surgical treatment.
- The successful results of the surgical treatment will depend on the existence of a dedicated Obstetrical Fistula service with a qualified team and an usable data base for research.