Where Should Obstetric Fistulas Be Repaired?

The District General Hospital or A Specialist Fistula Center?

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The District Hospital

Advantages

- VVF surgery is generally ‘low technology surgery’ appropriate for district hospital capabilities
- Concept fits well with WHO’s compilation of ‘Essential Obstetric Services at First Referral Level’
The District Hospital

**Advantages**

- Moves services closer to the rural ‘at risk’ obstetric population
- Culturally ‘more familiar’ to patients than large urban settings
- Less expense for travel, etc
- Greater likelihood for family support
- May allow for earlier intervention, diminished time of suffering with VVF

**Disadvantages**

- Less certain capabilities
- Less likelihood of adequate nursing care
- Difficulties in staff recruitment
- Logistical problems with supplies
- Questions regarding long-term funding for indigent cases
- Questions of surgical competence
- Lack of supervision for complicated cases
The District Hospital

**Disadvantages**

- Uncertain surgical volume for adequate maintenance of high-level skills
- Unlikely to develop research protocols
- VVF repairs compete with other surgical cases for operating theatre time
- Emergencies always trump non-emergency cases

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The District Hospital

**Disadvantages**

- VVF cases traditionally get shoved aside by other surgical cases—especially if the surgeon is going to get paid
- When will VVF cases actually get done?
- VVF patients integrate poorly into general surgical wards
The District Hospital

**Disadvantages**

- If VVF cases are done free of charge, this breeds resentment from other patients who must pay for care
- Who will be the ‘Fistula Champion’?
- Attempting to develop effective, functioning District Hospital VVF services is an *unproven concept*

The Specialist Fistula Center

**Disadvantages**

- Increased travel time and cost
- Often located in large urban areas and capital cities
- Remote from the areas where VVF is most prevalent
- Frightening places for illiterate rural women
- Lack of family support
The Specialist Fistula Center

**Advantages**

- The ‘focused factory’ model
- Concentrate on VVF and not be distracted by other non-VVF cases
- Can develop high level of competence for both simple and complex fistula repairs

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The Specialist Fistula Center

**Advantages**

- Can treat ancillary injuries of the ‘Obstructed Labor Injury Complex’
  - Footdrop
  - Vaginal stenosis
  - Post-VVF repair incontinence
  - Physical rehabilitation
The Specialist Fistula Center

Advantages

- Can develop programs to ‘treat the whole patient’ not just the ‘hole in the patient’s bladder’
  - Occupational skills training
  - Literacy programs
  - Psycho-social rehabilitation

The Specialist Fistula Center

Advantages

- Can develop highly specialized programs for complex cases
  - Post-repair incontinence
  - Urinary diversion (?)
  - Complex vaginal reconstruction
- Can develop and run research protocols
- Can develop and run surgical training programs
Advantages

- Could develop satellite outreach centers linked to the main hospital
- Can serve as centers for community-based outreach and epidemiological research
- Breeding ground for ‘fistula champions’

Advantages

- More likelihood of long-term external funding – an absolute necessity for survival and maintenance of free care
- Better likelihood of reliable logistic chains
The Specialist Fistula Center

Advantages

- The specialist VVF center is a proven concept with an established track record