

Vesicovaginal Fistula- Still a Major Problem in Rural Areas of Punjab

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ABSTRACT

Background: Vesicovaginal fistula (VVF) is an abnormal communication between the bladder and vagina. It results in continuous leakage of urine. This problem has a severe negative impact on quality of life of the sufferer.

Aim: To find out the causes of development of VVF.

Methods: This retrospective study was conducted Gynae/Obs department of Shalamar Medical and Dental College Lahore from January 2014 to January 2016. Records of the women with vesicovaginal fistula were reviewed and causes of VVF identified.

Results: Prolonged obstructed labor is the main cause of VVF in developing countries. Most of the women with VVF belonged to poor socioeconomic status and live in rural areas .VVF effected the social, mental and physical health of patients.

Conclusion: Lack of sufficient maternity services is the main cause of VVF .There is need of improved maternity services and obstetric care for the prevention of this problem.

Keywords: Vesicovaginal fistula, VVF, obstetric trauma, prolonged labor.

INTRODUCTION

A vesicovaginal fistula is an abnormal communication between urinary bladder and vagina that causes continuous dribbling of urine per vagina¹.

It is still a relatively common problem in developing countries². Lack of good maternity services and intrapartal care during delivery is the main causative factor for fistula formation. Prolonged obstructed labor is the major cause of fistula formation in developing countries. When obstructed labor is not relieved the presenting fetal part is impacted against the soft tissues of the pelvis and ischemic necrosis of tissues leads to subsequent fistula formation^{3,4}. Vesicovaginal fistula has a very bad impact on physical health as well as on social life of the patient.

It is a devastating condition associated with serious psychological, social and physiological problems in sufferer⁵. In developed countries with better obstetric care and facilities, pelvic and gynaecological surgery specially hysterectomy is the leading cause of fistula formation. Other rare causes of fistula formation are malignancy and pelvic irradiation⁶.

PATIENT AND METHODS

This retrospective study was carried out in

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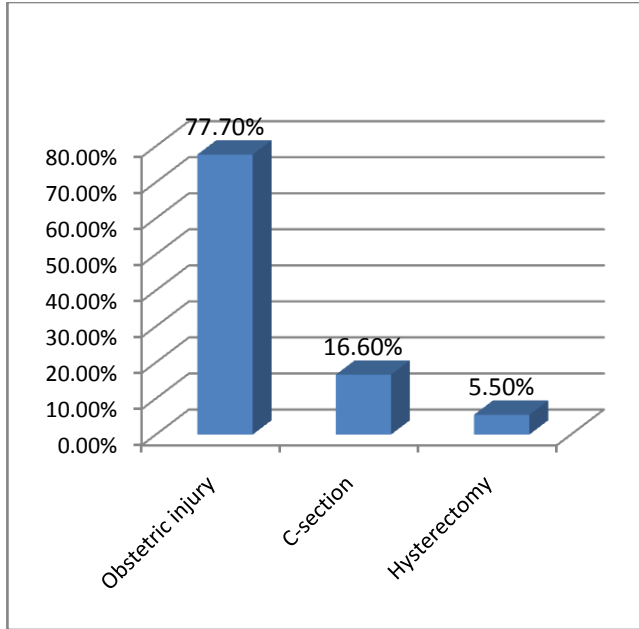
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Gynaecology and Obstetrics department of Shalamar medical and dental college Lahore from January 2014 to January 2016. All the patients who were admitted with urinary incontinence and vesicovaginal fistula were included in the study. Age, parity, socioeconomic status and residential area was noted. The cause of fistula development was identified as obstructed labor, trauma during cesarean or gynaecological surgery, malignancy or radiations. All information was entered in a predesigned proforma. The physiological and psychological effects of the condition on the women were also noted.

RESULTS

Total 18 patients with vesicovaginal fistula were included in the study. Age of patients were between 19-45 years .14 out of 18 patients 77.7%were resident of rural areas.15 cases (83.3 %) belong to poor socio economic status.

14 out of 18 patients (77.7%) develop vesicovaginal fistula after difficult and traumatic child birth.3 patients (16.6%) develop VVF after complicated cesarean section. one patient (5.5%) develops VVF after total abdominal hysterectomy. 100% of patients had problem of urinary incontinence and 100% of patients had depression and low self esteem due to the condition.



DISCUSSION

In our study we found that most of the patients with VVF were young and belong to reproductive age group. A study conducted at Maryam Abacca women and children welfare hospital Sokoto Neigeria 57% women with VVF were young⁷. Another study in Southeastern Nigeria showed 94.9% of the women of vesicovaginal fistula were of childbearing age.⁸

Our study showed most of 83.3% cases were from poor socio economic status .Different studies done in different part of world also show it is common problem in developing countries with low resources. Estimates suggest that at least 3 million women in poor countries have unrepaired fistulae and 30,000-130,000 new cases develop each year in Africa alone⁹.

Current study showed obstetric trauma due to obstructed labor is the main cause of VVF in our country. Another study done in Pakistan at Ayub teaching hospital and women and children hospital Abbottabad from 2001 to 2012 also showed obstructed labor is the main cause of VVF in 81.08% patients¹⁰. A study done in teaching hospital of Southeastern Nigeria prolonged obstructed labor was the commonest cause of VVF⁸. Wall LL also concluded in his study in Africa that in developing countries VVF was mainly caused by prolong obstructed labor⁹.

VVF had effects on the self esteem and social health of the sufferer.¹¹A study done in the Family Health Centre at Mbririt-Itam in Neigeria also showed VVF had very bad impact on women quality of life , mental, social health and after VVF repair significant

improvement in physical ,social and mental health of sufferers¹².

CONCLUSION

In developing countries lack of obstetric care in remote areas is the main cause of vesicovaginal fistula. VVF has poor effects on physical, mental and social health of women, so skilled obstetric care and improved maternity services are required for prevention of VVF.

Declaration of interest: Authors declares no conflict of interest

REFERENCES

1. Ghoniew Gamul M,Warda Hussein A.The management of genitourinary fistula in the third millennium.Arab journal of urology2014;12:97-105.
2. Capes T,Ascher Watsh C,Abdouloye I,Brodman M.Obstetric fistula in low and middle income countries.Mt Sinai j med2011;78:352-61.
3. Arrowsmith S,Hamlin EC,Wall U.Obstructed labor injury complex:Obstetric fistula formation and multifaceted morbidity of maternal birth trauma in the developing world.Obstet Gynecol Surv1996;51:568-74.
4. Begum B,Khadakar S,Rahman F.A study on outcome of VVF repair at Kumudini womens medical college Hospital.Bangladesh medical journal2011;40:18-20.
5. Wall LL.Preventing obstetric fistula in low resource countries:insight from Haddon matrix.Obstet Gynecol Surv.2012;67:111-21.
6. Kelly j. vesicovaginal and rectovaginal fistula.J R Soc Med1992;85:257-8.
7. Hassan MA,Ekele BA.Vesico vaginal fistula:Do the patients know the cause?Annal of African medicine2009;8:122-126.
8. Emmanuel O,Ifeanyichukwu D, Chinwendu A, Chijioke O, Uzoma M, Okechukw A. Preliminary outcome of the management of vesicovaginal fistula at a teaching hospital in Southeastern Nigeria.IJOG2012;16:13956.
9. Wall LL. Obstetric vesicovaginal fistula as an international public health problem Lancet 2006; 368:1201-9
10. Ayaz A, Nisa R, Anwer S, Mohammad T. Vesicovaginal fistula and rectovaginal fistula:12 years results of surgical treatment. J Ayub Med Coll Abbottabad 2012;24:25-27.
11. Hilton P.Vesicovaginal fistulae in developing countries.Int j n Obstet2003;82:285-95.
12. Umoloyoho AJ,Inyang Etoh EC,Abah GM,Abasiaattal AM,Akaiiso OE.Quality of life following successful repair of vesicovaginal fistula in Nigeria rural and remote health.Internet2011;11:1734.
13. Kabir M,Iliyasu Z,Abubakar SI,Umar UI.Medico social problems of patients with vesicovaginal fistulae in Murtala Mohammad Specialist Kano.Ann Afr Med2003;2:54-7
14. Gharoro EP,Agholor KN.Aspects of psychological problems of patients with vesicovaginal fistula.Journal of Obstetrics and Gynaecology2009;7:644-647.

