TITLE: Iatrogenic genitourinary fistulas: an 18-year retrospective review

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I am a general surgeon and live in Nairobi, Kenya. During my work with AMREF as a flying surgeon, I trained in VVF-surgery in Addis Ababa under Dr. Catherine Hamlin and later under Dr. Kees Waaldijk in Katsina, Nigeria. Since then I have collected the data of over 6000 women with VVF/RVF, operated by myself or under my supervision. I am currently a self-employed VVF-specialist, working in several countries in Africa and Asia.

ABSTRACT

INTRODUCTION

An iatrogenic fistula is a fistula resulting from surgery performed by a medical person.

Background

In this presentation we discuss fistulas in women between bladder/ureter and uterus/cervix/vagina. The operations, during which the fistula occurred, are: 1) Caesarean Section (CS), 2) CS/hysterectomy for ruptured uterus and 3) hysterectomy for gynecological reasons. There are 3 types of iatrogenic fistulas: a) uretero-(cervico)-vaginal fistulas, b) vault fistulas and c) vesico-(utero)-cervico-vaginal fistulas (VCVF).

Methods

Between June 1994 and August 2012, 5959 women were operated on for VVF/RVF and related conditions in over 40 hospitals in East Africa and Asia. The data of all 805 women with iatrogenic fistulas were analyzed.

Results

There were **273 (33,9%)** of 805 women with ureteric injuries. Most of them were repaired via a laparotomy. **181 (22,5%)** women had vault fistulas. Only 12 of them were operated via a laparotomy. **351 (43,6%)** women had a VCVF. Less than half were operated abdominally. In this series an overall **13,2%** of the women had iatrogenic fistulas. Several other data will be presented, including previous abdominal surgery, types of repair and the results.

Discussion

1) Iatrogenic fistulas form a separate group,
2) The training of medical staff performing CS and hysterectomies needs improvement,
3) Gynecologists, surgeons and urologists are able to repair iatrogenic fistulas,
4) The overall cure rate is high.