بسم الله الرحمن الرحيم

FISTULAS

Prepared by :Marium Hussein

Obstetric &gynecological nursing department

Objective

By the end of this lecture the student will be able to

- Define the fistula
- List the type of it
- Emirate the sign &symptoms
- Discuss the diagnosis
- Explain the nursing diagnosis &interventions

DEFINITION :-

- fistula is an abnormal opening between the vagina and another organ
- Usually the bladder or rectum.

Types

- **Vesicovaginal fistula.** called a bladder fistula, this opening occurs between the vagina and urinary bladder.(commonset one)
- **Ureterovaginal fistula.** This type of fistula abnormal opening develops between the vagina and the ductsof the kidneys and bladder (ureters).
- **Urethrovaginal fistula.** called a urethral fistula, the opening occurs between the vagina and the urethra.

Cont

- **Rectovaginal fistula.,** the opening is between the vagina and the lower portion of the large intestine (rectum).
- **Colovaginal fistula.** With a colovaginal fistula, the opening occurs between the vagina and colon.
- **Enterovaginal fistula.** In this type of fistula, the opening is between the small intestine and the vagina.

Vesicovaginal fistula

(VVF) is a subtype of female urogenital **fistula** □ (UGF). VVF is an abnormal fistulous tract extending between the bladder and the vagina that allows the continuous involuntary discharge of urine into the **vagina**

Etiology

Traumatic □

1- obstetric trauma □

A- Necrotic obstetric fistula due to obstructed □ labour

B- traumatic due to bladder injury □

2- surgical trauma 3- post irradiation □

4- direct trauma □

5- inflammatory (syphilis) 6- neoplastic □

Clinical manifestation(symptoms)

- Vesicovaginal fistula most often manifests as constant watery leakage per the vagina (urinary Incompetence)
- Soreness of vaulva due to continuous urine
- Psychological disturbance (depression)
- Suprapubic pain (ascending infection)

Diagnosis

1- Past history of obstructed labour ,operation ,irradiation

2- speculum examination (sims position)

3-Methylene blue

Special investigation

A- cystoscopy

B- inravenous pyeloraphy (I V P)

Urine test kidney function test

Risk Factors

1 -Induction of labour □

2- Long second stage of labour. □

surgical trauma – after total abdominal □

hysterectomy

3- direct trauma – falling on sharp objective .fracture

pelvis

4- Shoulder Dystocia □

5- Reduced birth canal size before age 18 years □

6- Female circumcision (can cause amore narrow) □

7- Foreign bodies(neglected pessary) □

8- Pelvic inflammation □

rectovaginal fistula

is an abnormal connection between the lower portion of the large intestine and rectum — and the vagina. Bowel contents can leak through the **fistula,** allowing gas or stool to pass through the vagina. A **rectovaginal**.

2- Recto vaginal fistula s&s: □

- Passage of stool through the vagina □

- Localized pain □

- Fever and leukocytosis □

- Vaginal irritation □

Leucorrhoea (increased amount of normal vaginal □ discharge)

Complications

- Uncontrolled loss of stool (fecal incontinence)
- Hygiene problems
- Recurrent vaginal or urinary tract infections
- Irritation or inflammation in the vagina, perineum or the skin around the anus
- An infected fistula that forms an abscess, a problem that can become life-threatening if not treated
- Recurrence Fistula

Menouria syndrome

Describe by Abd alfattah yosef (1957)

Means amenorrhoea with cyclic haematuria due to vasico –uterine fistula it is complication of lower segment caesarean section

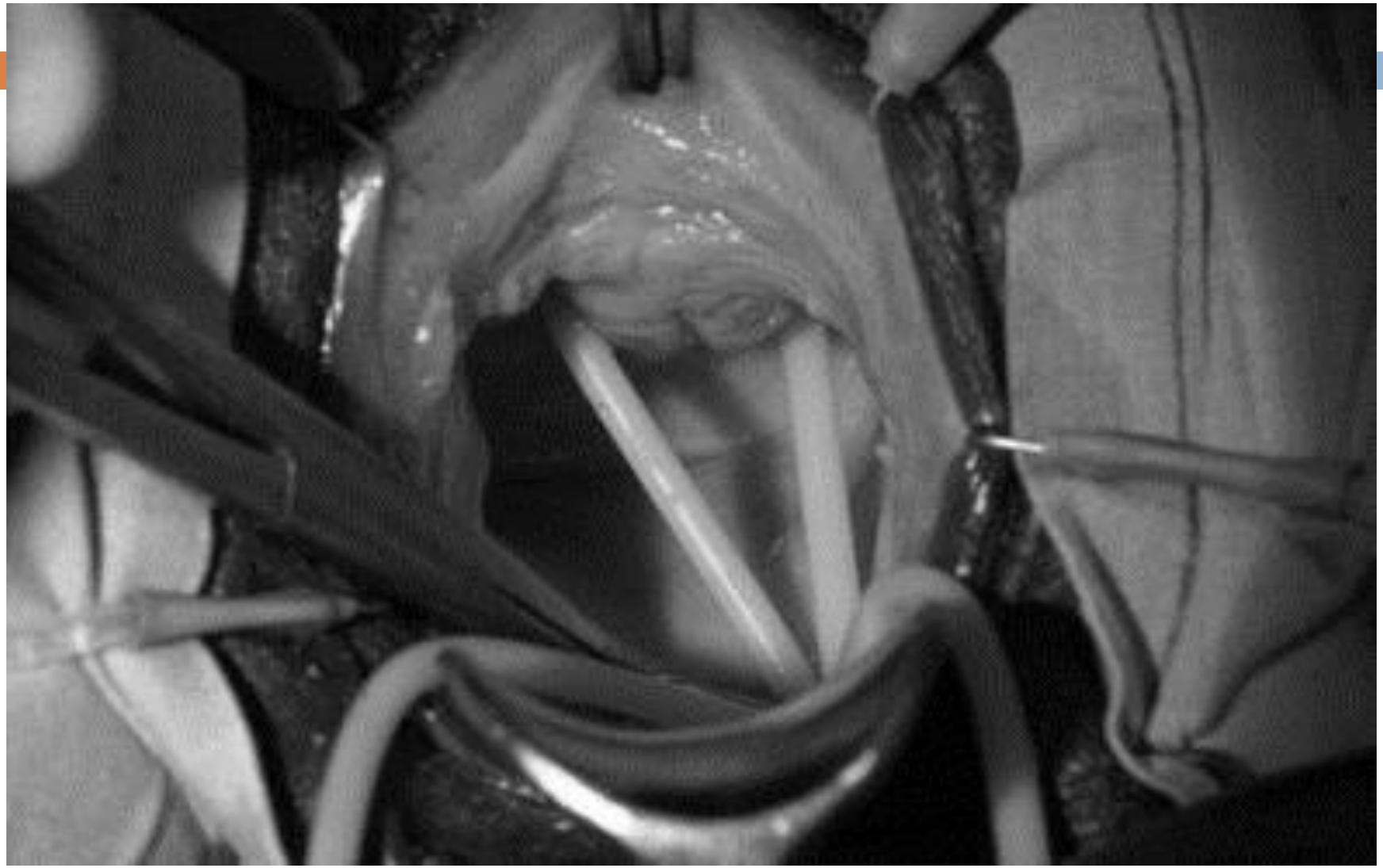
Diagnosis by

Cystoscopy

Histroscopy

Treatment abdominal closure

Fistula Examination



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Management :

- Prolonged use of bladder drainage catheter in small fistula .

- Palliative care and symptoms control

- Drainage of urine and antibiotic

- Surgical repair is standard care for non healing Fistula

- Grafts used for repair of fistula

Pre-operative care

Nursing care: □

- Explain procedure to the client □
- investigations Hb ,UG ,C.B.c □
- Fasting from midnight □
- All medication ready □
- Formal consent for surgery □
- Vital signs decommened □

Post operative nursing care :-

Post operative nursing care of the fistula patient :- □

A good operation can be returned by □ neglected . The surgeon s to ensure that nurses are know what is required .

The patient all times must be :- □

*Draining □

*Drinking □

*Drying □

Post operative nursing care :-

Drainage :-

Free drainage of urine depends on adequate catheter care . If catheter blocks , urine may pass out side .

Blocked catheter :-

This is an emergency , the symptoms and signs of blocked catheter are :-

The patient feels a full bladder

cont

2/ She is wet (duo to the leakage around the □ catheter or through the repair)

3/ Urine stop dripping □

Action must be taken immediately :- □

1\Examination the catheter . If twisted or kinked □

2/ Examine the patient .Is the palpable □

Drinking :-

Many patients may be refused to drink . They have been to drink little to reduce their wetness .

CON

Increase intake because concentrated urine predisposed to urinary infection and to accumulation of debris , which predispose to blockage .

Dryness :-

The patient must be dry

The several possible causes of wetness :-

The catheter is blocked

The repair has failed

Other post operative nursing care:-

Vaginal pads :-

Should be removed in day 1

Perineal dressing :-

Twice per day after remove pads

Mobilization

Encourage mobilization after remove of vaginal pads .

REMOVAL OF CATHETER :-

- No studies have yet been performed to determine the optimum time for removal of the bladder catheter . Most surgeons leave the catheter for 14 days after all fistula repairs , but shorter period may well be sufficient for simple cases .
- Make bladder training , by which they mean intermittent clamping and un clamping for48 hours

COT

- It is best remove catheter early in the morning and encourage the patient to pass urine frequently .

Timing of discharge :-

After remove the catheter on day 14 , we strongly recommended that the patient does not leave the hospital for at least another week

Pre discharge advise :-

Before discharge the patient and her family must receive advise to under stand why fistula occur and how it can be prevented in future .

1\ Abstinence from sexual relation ships for at least 3 months .

2\ Return for follow –up consultation :-

It is so important for surgeons to know their results ,resumption of sexual activity after follow up

con

3\Caesarean section for all future pregnancies :- □

It is essential to discuss about the family □

planning issue s , including tubal ligation if she

complete her family

Possible complications :-

1\Urinary infection :-

Un common . Could be caused by stricture with retention .

2\Stress incontinence :-

Patient can void , but is wet on standing though dry in bed . That may improve spontaneously by pelvic floor exercise

3\Stricture

Duo to post operative stenosis .Any urinary symptoms required examination of the urethra with dilator

Psychosocial damage resulting from obstetric with fistula

More devastating than the physical injury.

Divorce .

Cast out by their families..

Many treated as having received a punishment from God for sexual misbehavior.

Depression, anxiety.

Prevention:

- Avoiding obstetrical injury
- Use of instrumental delivery to decrease the risk
- Routine episiotomy is not recommended
- Family planning education.

Preventing fistula :-

1\ Up grading emergency obstetric care to prevent obstetric fistula

2\ Increase awareness at the community level about how to prevent fistula and the importance of maternal health care

3\Improve emergency obstetric fistula

Nursing process

Assessment :-

1\ Urine leak in to the vagina (urinary incontinence)

2\ An offensive or un pleasant Oder

3\ Client wetness and feeling un clean

4\ Pain

5\ Some women complain of fever ,chills ,malaise ,flank pain

Nursing diagnosis :-

1\ Risk for infection related to contamination of urinary tract

Plan :-

Avoid infection

Intervention :-

1\Practice good hygiene

2\Adequate rest and good nutrition

3\ Anti biotic as order

CON

2\ Alter urinary elimination related to fistula □

Plan :- □

Improve urinary elimination □

Inter venation :- □

1\ Urinary catheter □

2\ Increase fluid intake(check the catheter) □

3\ Monitor intake and out put □

3\ In effective individual coping related to physiologic alteration or impairment

Plan :-

Patient coping to physiologic impairment

Intervention :-

1\ Attending to the patients social and psychological needs

2\ Improve the patients self concept and self care abilities

CON

Knowledge deficit related to lack of information □

about her condition and treatment and follow up

Plan :- □

Increase awareness about condition and treatment □

and follow up

Intervention

1/Teaching the patient about causes of fistula

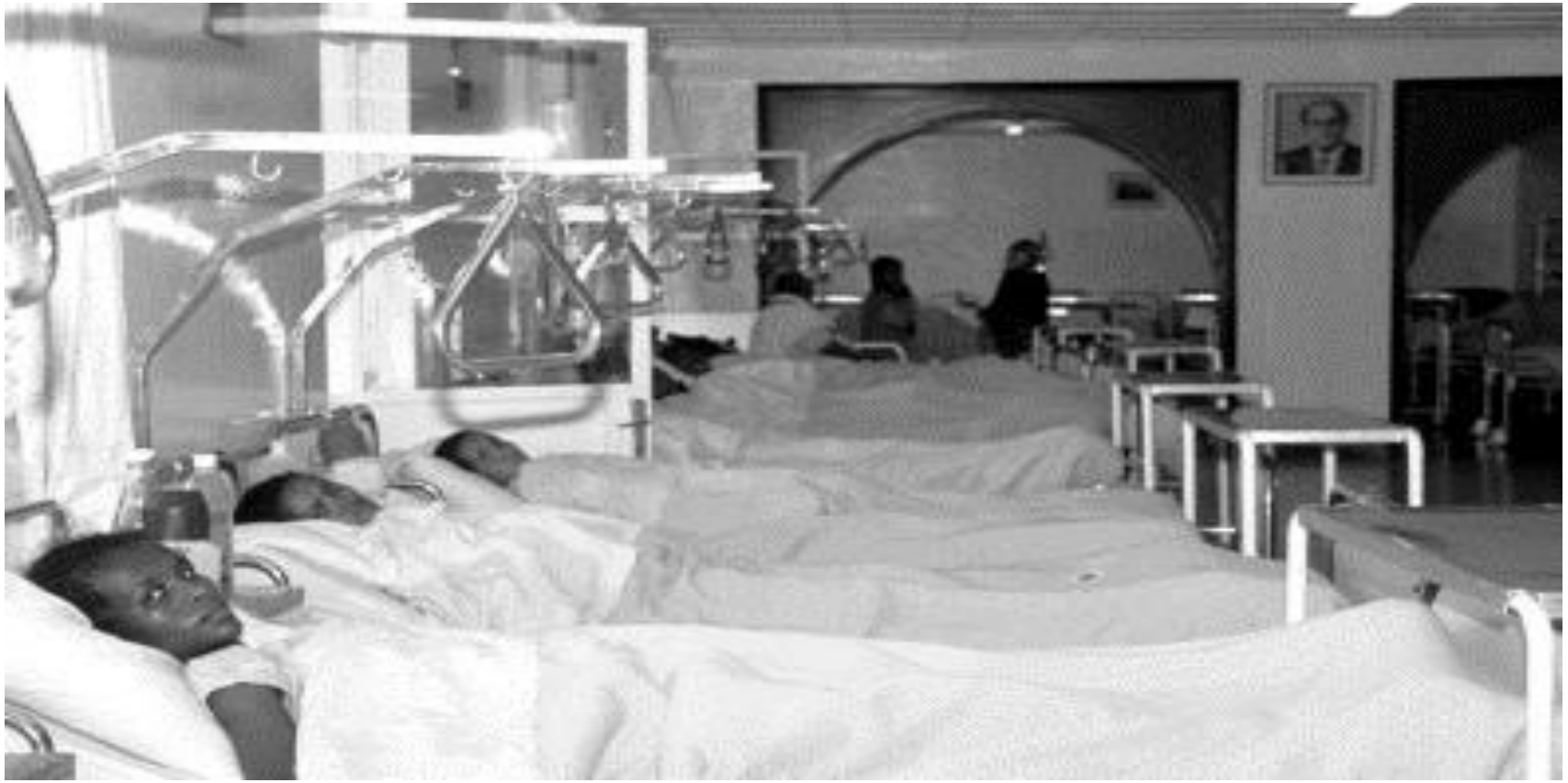
2\Continuous follow up for at least 2 years

3\ Avoid heavy work

4\ Avoid sexual activity for at least 3 months or after permission from doctor

5\ Future deliveries by cesarean section

Addis Ababa Fistula Hospital Fistula Ward.



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Rehabilitation:

- Helping women to reintegrate into society. □

- Education and training in work skills □

- Psychological support for client □

Summary

- Fistula is opening between tow organ
- Incontinence urine &fecal through fistula
- In small fistula mange by catheter if large surgical repair
- There is psychological &social effect
- After repair the patient should be counseling about family planning

References :-

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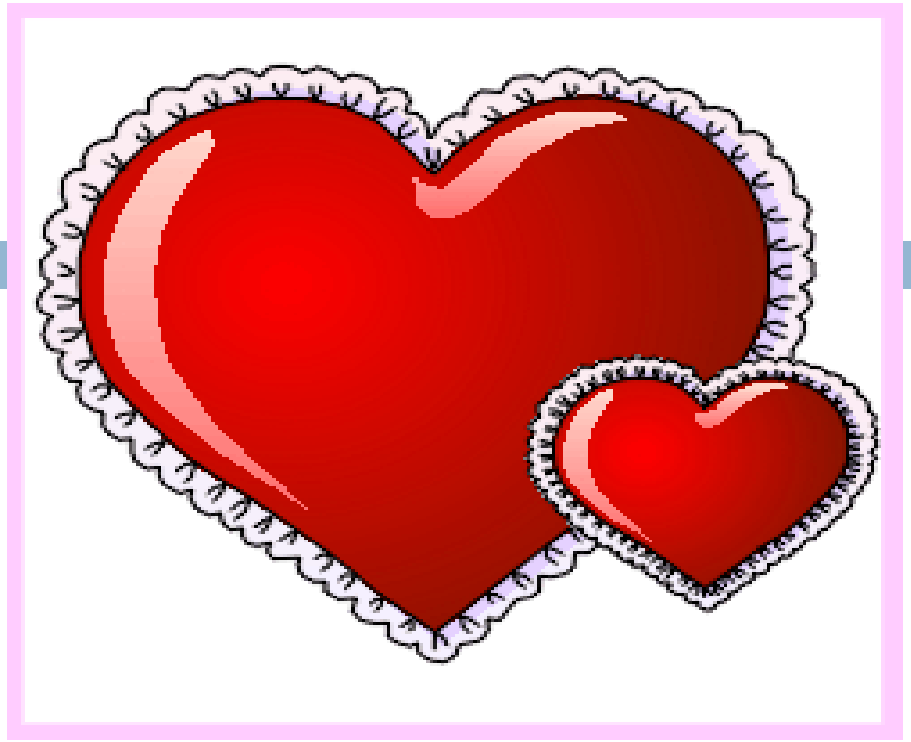

Thank You