

### 3 CONSERVATIVE MANAGEMENT OF EARLY CASES

The catheter should be retained for at least 10 days after a Caesarean section for prolonged obstructed labour. If there is urinary leakage after its removal, it should be reinserted immediately. Even on examination of the patient, the defect will probably not be visible because it will be out of sight in the region of the cervix. The patient should be kept on continuous drainage for at least 3–4 weeks. Many small fistulae will heal spontaneously if the bladder is kept empty.

After vaginal delivery, a leak of urine may indicate anything from a tiny hole to massive necrosis. The patient should be examined gently with a Sims speculum. If a large amount of slough is seen, it should be removed gently. This will probably reveal a large hole, and prolonged catheter drainage is unlikely to heal it. If a small defect is seen then 3–4 weeks' catheter drainage is essential. However, fistulae that have not healed spontaneously with drainage in 4 weeks are unlikely to do so.

Note that antibiotics have no part to play in the healing of fistulae – the cause is ischaemic necrosis, not infection.

#### Prevention at Caesarean section

In Uganda, two-thirds of patients with fistulae have had their obstructed labour relieved by Caesarean section – but too late. The remaining third have eventually delivered vaginally. In other countries, the incidence of Caesarean section may be different. For example, in Ethiopia, only 10% have had a Caesarean section because most people live in remote areas far from any hospital.

The ischaemic damage may have already occurred by the time of the Caesarean section, but the doctor can take steps to minimize any further damage. The lower segment will be very stretched and unhealthy. Remember that the bladder should always be dissected well down off the lower segment.

When the head is deeply impacted in the pelvis, it is better to get help to push up the head vaginally than to force a hand down between the head and the lower segment. This may produce vertical tears and increase the damage already done.

Tears in the lower segment can be difficult to suture, and sometime fistulae are produced when the doctor inadvertently picks up the bladder. This produces an intra-cervical fistula that can be quite a challenge to close and is not for the beginner.

## How soon can the operation be performed?

Naturally, the sooner the patient can be cured the better. The longer she is incontinent of urine, the greater is the chance that she will be abandoned. This is almost inevitable when she perceives that there is no chance of cure.

Most surgeons advise waiting at least 3 months from the injury before operating. In the early months, the surrounding tissues are oedematous and hyperaemic, making them friable and difficult to handle. By 3 months, the surrounding tissues should be sufficiently mature. In spite of this, some surgeons have been very successful in closing selected fistulae before 3 months and have strongly recommended this approach. I recommend that the beginner follow traditional advice and delay repair for 3 months. After some experience has been gained, one can make exceptions to this rule.