

FOREWORD

Maternal health is one of the few parameters in international public health that has not changed in recent times. In spite of programmes such as the Safe Motherhood Initiative, little impact has been made on maternal and reproductive health in the developing world.

Improving maternal health is the fifth Millennium Development Goal proposed by the United Nations, to be achieved by 2015. This includes a reduction in maternal mortality by three-quarters relative to 1990. There is still a long way to travel before the goal is reached.

Brian Hancock's book on the management of simple obstetric fistulae is therefore particularly welcome at this time. Even if we cannot improve maternal mortality straight away, one thing that can be done immediately is to repair the damage resulting from obstructed labour. In the past, in spite of the pioneering work of James Marion Sims in Alabama in the 19th century, women who developed a fistula were left to suffer in silence, often isolated and ostracized by family and society. From the middle of the 20th century, thanks to Reg and Catherine Hamlin in Addis Ababa, the problem has become increasingly recognized and treated successfully.

However, fistula surgery is still considered a specialist domain, and there are still far too few specialist centres to cope with the demand. In addition, the problem is largely one that occurs in rural areas as a result of inappropriate management of labour without access to medical care. Patients who develop a fistula can often ill afford either the cost of travel to a specialist centre, or the charges for accommodation and surgery.

This book shows that with appropriate selection, many fistulae can be cured locally, without sophisticated equipment or specialist surgeons. More difficult cases should be referred on, but if the recommendations made here are followed, many women will have their lives improved dramatically without needing to travel to a specialist centre.

Brian Hancock has taught and encouraged many surgeons and gynaecologists to become interested in fistula work. He is known from Ethiopia to Sierra Leone, and has set up a centre to treat injuries from childbirth in Uganda. Since an obstetric fistula is almost unheard of in developed countries, doctors in Europe and America may be unfamiliar with the different appearances and techniques of repair. This book is therefore equally useful for all doctors, whatever their background, when confronted with an obstetric fistula.

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PREFACE

This publication has been produced as a supplement to the journal *Tropical Doctor*. As many of this journal's readers are physicians, it is hoped that they will pass this publication on to their surgical colleagues, who might not have realized that fistula surgery is not always as difficult as it is commonly perceived.

Almost every African country and other poor countries have thousands of silent sufferers with vesico-vaginal fistula. Fistula surgery does not belong to any one specialty. Anyone with good surgical skills and knowledge of pelvic anatomy can learn to repair the easier cases.

This publication is particularly directed at the postgraduate obstetric and gynaecology student, because practical aspects of fistula management are often omitted from their training.

It is very difficult to find a place for formal training in fistula surgery, and in practice many well-motivated doctors, in either government or independent hospitals, have taught themselves using the scanty teaching material available. It is hoped that this publication will be the stimulus for more doctors to take up fistula surgery, if only for the simpler cases. Small independent hospitals often provide the ideal setting for the practice of fistula repair.

It is hard to imagine any surgery, when successful, that is more rewarding for the patient and surgeon. To give a young woman a new start in life using basic surgical skills has its own very special rewards.

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