**JOB AID:**

**DIAGNOSIS OF OBSTETRIC FISTULA**

Woman presenting with leakage of urine at primary health center

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does she leak urine continuously?</td>
<td><strong>MORE</strong> likely to be due to Obstetric fistula</td>
<td><strong>MORE</strong> likely to be due to other causes such as stress incontinence</td>
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<tr>
<td>Did the leakage begin soon after childbirth?</td>
<td><strong>MORE</strong> likely to be due to Obstetric fistula</td>
<td><strong>LESS</strong> likely to be due to Obstetric fistula; <strong>MORE</strong> likely due to stress incontinence</td>
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<tr>
<td>Does urine pass through urethral opening with suprapubic pressure?</td>
<td><strong>LESS</strong> likely to be due to Obstetric fistula</td>
<td><strong>MORE</strong> likely to be due to Obstetric fistula</td>
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<tr>
<td>Perform careful pelvic exam with speculum: is an opening visible on the wall of the vagina? Palpate: can any opening(s) be felt with a finger?</td>
<td><strong>DIAGNOSE</strong> Obstetric fistula</td>
<td><strong>LESS</strong> likely to be due to Obstetric fistula</td>
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<tr>
<td>Inject diluted methylene blue dye through foley catheter into bladder – does the dye stain a gauze placed in the vagina?</td>
<td><strong>DIAGNOSE</strong> Obstetric fistula</td>
<td>Consider referral for examination under anaesthesia if urine leakage persists</td>
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<tr>
<td>Is the client less than 4 weeks postpartum?</td>
<td><strong>This is an Obstetric fistula which MAY rarely heal without surgery – gently debride any necrotic tissue, sitz bath for perineal care, foley catheter x 4 weeks with weekly reassessment, encourage 4 liters fluid intake daily, Recommend surgery if still leaking after 4 weeks.</strong></td>
<td><strong>MORE</strong> likely to be Obstetric fistula requiring surgical repair</td>
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</table>
1. **Describe fistula; is there more than one fistula visible? Is it more than 2 cm in size? Does it involve the urethra? Is there extensive vaginal scarring present?**

2. **Is there also stool in the vagina or does the woman complain of being unable to defecate normally through the rectum?**

3. **Does the client also have foot drop or hip contractures?**

If **YES** to any of these questions, likely to need more complex surgery or extensive preparation for surgery and rehabilitation – **REFER** for first repair where specialist available.

If **NO** to all of these questions – simple Obstetric fistula – prepare for repair.

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**Preparing for Obstetric Fistula Repair:**

**NUTRITION**
High protein diet, iron/folate supplements

**LAB SCREENING**
Blood type and Hgb, urine microscopy, stool for parasites

**TREATMENT**
Treat infection if necessary

**HEALTH AND HYGIENE**
Perineal care 2x day, encourage fluid intake of at least 4 liters water per day, discuss family planning needs

**COUNSELING**
Will need catheter for at least 2 weeks after surgery, family planning, HIV and hygiene counseling. Inform clients to refrain from penetrative sexual relations for 3 months, and that even after surgery, some women may be wet. Emphasize importance of early antenatal care, skilled attendance and the potential of C/S delivery for any future pregnancies.

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**References**