

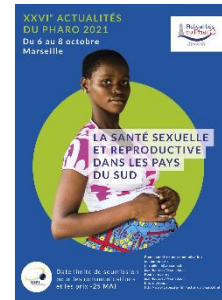
## Actualités du Pharo 2021 – Session 4

### Management of obstetric vesico-vaginal fistulas

Keywords: vesico-vaginal fistula, recto-vaginal fistula, urinary incontinence, reconstructive surgery procedures

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The author, who has more than three decades of experience with obstetric fistulas (OF), recalls the principles of surgical management of OF secondary to prolonged labour (classically more than two days), the main cause of OF in poor countries.

A clinical classification allows these obstetric fistulas to be divided into three groups of increasing difficulty. If the basic technique is simple, the difficulties depend on the tissue lesions (sclerosis), the location of the fistula, the associated lesions (sphincter damage, associated fistulas of the anorectal tract in one third of cases). While group I FOs can be successfully treated (less than 20%) in a single operation, severe, complex group II or III FOs require two or more operations to achieve recovery or improvement. Quality of post-operative care, clinical and surgical research will improve the overall outcome, which is still far from being the case under current conditions. Prevention (emergency obstetric care, human resources) is possible since this dramatic consequence of dystocia has practically disappeared in rich countries.