**JOB AID:**

**DIAGNOSIS OF OBSTETRIC FISTULA**

**Woman presenting with leakage of urine at primary health center**

- **Does she leak urine continuously?**
  - **YES** MORE likely to be due to Obstetric fistula
  - **NO** MORE likely to be due to other causes such as stress incontinence

- **Did the leakage begin soon after childbirth? Did she have prolonged labor and/or a stillbirth?**
  - **YES** MORE likely to be due to Obstetric fistula
  - **NO** LESS likely to be due to Obstetric fistula; MORE likely due to stress incontinence

- **Does urine pass through urethral opening with suprapubic pressure?**
  - **YES** LESS likely to be due to Obstetric fistula
  - **NO** MORE likely to be due to Obstetric fistula

- **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?**
  - **YES** DIAGNOSE Obstetric fistula
  - **NO** LESS likely to be due to Obstetric fistula

- **Inject diluted methylene blue dye through Foley catheter into bladder – does the dye stain a gauze placed in the vagina?**
  - **YES** DIAGNOSE Obstetric fistula
  - **NO** Consider referral for examination under anaesthesia if urine leakage persists

- **Is the client less than 4 weeks postpartum?**
  - **YES** 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.
  - **NO** MORE likely to be Obstetric fistula requiring surgical repair
### Preparing for Obstetric Fistula Repair:

<table>
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<tr>
<th>NUTRITION</th>
<th>HEALTH AND HYGIENE</th>
<th>LAB SCREENING</th>
<th>COUNSELING</th>
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<td>High protein diet, iron/folate supplements</td>
<td>Perineal care 2x day, encourage fluid intake of at least 4 liters water per day, discuss family planning needs</td>
<td>Blood type and Hgb, urine microscopy, stool for parasites</td>
<td>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.</td>
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**TRENTMENT**
Treat infection if necessary

### References