Identification of Current Practices in Fistula Treatment: A qualitative review

Purpose

Fistula Care, a project managed by EngenderHealth and supported by USAID, is collaborating with in-country partners to explore knowledge gaps regarding care for women living with fistula. Before proceeding with the development of any studies to address any gaps, it is useful to take a look at some of the current practices in order to formulate future research questions. Findings from subsequent research could then be used to inform policy, practice and evidence-based programming. By informing us of your practices, you help us to design the most efficient protocols for research that we hope will in turn help you to give the best care possible to women with fistula.

Informed Consent

This study will gather information on current practices in the care and treatment of women who have fistula. This questionnaire includes three sections: 1) use of prophylactic antibiotics 2) role of catheterization in fistula management; and 3) management of stress incontinence following fistula repair. It will take you about 45 minutes to answer the questions.

The study seeks only to describe the current state of fistula care in the three areas described above. Our selection of respondents for the study is designed to obtain as broad a spectrum as possible of fistula care providers. This information will not be used for individual peer-review. Individual respondents are not accountable in any way for the quality their responses. We pledge to keep individual responses in the strictest confidence. We will not identify individuals or sites in our summary of responses. The individual responses will be known only to EngenderHealth staff and consultants involved in the study and will not be shared with anyone else.

Please contact Dr. Steven Arrowsmith if you have any questions or concerns about the information in the consent section.

By entering your name here, you certify that you have read, understand, and agree to the information above:

EngenderHealth

440 9th Ave

New York, New York 1001 USA

Instructions for Completion of Questionnaire

The questionnaire is divided into three sections. Please answer each question based on your current practices. There are no correct or incorrect responses. Each question will contain an instruction to either check only one response, or to check all that apply. Please comply with these instructions. For form fields asking for comments, you are generally restricted to a response of 300 characters, so please be concise.

When you are finished with the form, which is supplied as a Word document, please save and attach it to an email addressed to Dr. Steven Arrowsmith [arrow@wfmic.org] by Feb 20, 2009. If you do not have email, please return the completed questionnaire in a sealed envelope to the Fistula Care/EngenderHealth staff person in country.

Thank you for your participation in this study!

Questionnaire:

Part I. The Use of Prophylactic Antibiotics

1. **What is the source of the antibiotics you prescribe in genital fistula care**? **(Check one)**
   a. ☐ Hospital pharmacy
   b. ☐ Patient/family purchase from local pharmacies
   c. Other/ comment:

2. **What determines the availability of antibiotics at your institution?** (Check the most important)
   a. ☐ Your Ministry of Health's essential drug list
   b. ☐ Hospital formulary set by administration
   c. ☐ Market factors: drug availability and hospital budget
   d. ☐ What patients/families can find in local market
   e. Other/ comment:

3. **Which of the following antibiotics are usually available for pelvic surgery at your institution**? (Check all that apply)
   a. ☐ Aminoglycosides (e.g. gentamycin/tobramycin)
   b. ☐ Quinolones (e.g. ciprofloxacin)
   c. ☐ Second generation cephalosporines (e.g. cefuroxime)
   d. ☐ Third generation cephalosporines (ceftriaxone)
   e. ☐ "Rescue" antibiotics for multi-resistant organisms (e.g. inipenem)
   f. Other/ comment:

4. **I use prophylactic antibiotics: (Check one)**
   a. ☐ For every fistula case
   b. ☐ For selected fistula cases
   c. ☐ Never

EngenderHealth

440 9th Ave

New York, New York 1001 USA

5. **If you use antibiotic prophylaxis in selected cases, what types of cases would you include?** (Check all that apply):
   a. ☐ Patients with medical conditions causing increased risk of infection (diabetes, HIV, poor nutritional status etc.)
   b. ☐ Patients with “difficult” fistulas (expect long surgery, complex dissection, etc)
   c. ☐ Patients who will receive a flap.
   d. ☐ Patients with “double fistulae” (VVF and RVF).
   e. ☐ I don’t use prophylactic antibiotics
   f. Other/ comment:

6. **If you use prophylactic antibiotics, which do you generally use?** Check all that apply:
   a. ☐ Aminoglycosides (e.g. gentamycin/tobramycin)
   b. ☐ Quinolones (e.g. ciprofloxacin)
   c. ☐ Second generation cephalosporines (e.g. cefuroxime)
   d. ☐ Third generation cephalosporines (ceftriaxone)
   e. ☐ “Rescue” antibiotics for multi-resistant organisms (e.g. inipenem)
   f. Other/ comment:

7. **As a routine, I start prophylactic antibiotics: (Check one)**
   a. ☐ On the ward before surgery
   b. ☐ In a holding area before surgery
   c. ☐ In the operating room before surgery
   d. ☐ In the operating room during surgery
   e. ☐ After surgery
   f. ☐ I don’t use prophylactic antibiotics

8. **I continue prophylactic antibiotics: (Check one)**
   a. ☐ I give only one dose
   b. ☐ For 24 hours
   c. ☐ For more than 24 hours
   d. ☐ I don’t use prophylactic antibiotics
   e. Other/ comment:

EngenderHealth

440 9th Ave

New York, New York 1001 USA

9. **My choice of prophylactic antibiotic depends upon: <u>(Check one)</u>**
    - **a.** ☐ I have a routine choice for all fistula cases
    - **b.** ☐ I have a strategy depending on the particulars of an individual case (e.g. one drug for simple fistula; another regimen for complex fistula)
    - **c.** ☐ I make an individual decision for each case, not associated with complexity
    - **d.** ☐ I must use whatever happens to be available
    - e. ☐ I don't use prophylactic antibiotics
    - f. Other/ comment:

10. **The most important factor in my choice of prophylactic antibiotics is: <u>(Check one)</u>**
    - **a.** ☐ Availability
    - **b.** ☐ Recommendations of medical literature
    - **c.** ☐ My training in VVF surgery
    - d. ☐ Personal choice
    - e. ☐ Cost
    - f. ☐ I don't use prophylactic antibiotics
    - **g.** Other/ comment:

11. **If you do not use prophylactic antibiotics, the reason is:** (Check all that apply)
    - **a.** ☐ Antibiotics are simply not available
    - **b.** ☐ Lack of evidence of benefit in the literature
    - **c.** ☐ Personal experience
    - **d.** ☐ Cost to patient
    - **e.** Other/ comment:
    - **f.** ☐ I do use prophylactic antibiotics

EngenderHealth

440 9th Ave

New York, New York 1001 USA

12. **My patients receive topical antibiotics/antiseptics** in the form of a shower, sitz bath, or douche **before surgery**: **(Check one)**
    a. ☐ Never
    b. ☐ Sometimes
    c. ☐ Always

13. **My patients receive topical antibiotic/antiseptic lavage during surgery** (irrigation directly in the wound or in the bladder). **(Check one)**
    a. ☐ Never
    b. ☐ Sometimes
    c. ☐ Always

14. Over the past year, approximately   % of my surgical patients received prophylactic antibiotics **(please enter a number, not a range).**

15. **Are there any other comments that you would like to make about antibiotic use**?

EngenderHealth

440 9th Ave

New York, New York 1001 USA

Part II: Stress Incontinence after Fistula Repair

1. **How do you diagnose stress incontinence after fistula repair? (Check one)**
   a. ☐ By history and physical examination without dye test
   b. ☐ By history and physical exam including dye test
   c. ☐ By urodynamic studies

2. **How do you treat stress incontinence after fistula repair at your facility?** Please check all that apply:
   a. Non-surgical therapy:
      i. ☐ Pelvic floor exercises
      ii. ☐ Bladder Training
      iii. ☐ Anticholinergic medications (buscopan, oxybutinin, etc.)
      iv. ☐ Urethral plugs
      v. ☐ Peri-urethral injection (Autologous fat, collagen, microspheres)
      vi. Other/comment:
   b. Surgical Therapy:
      i. ☐ Pubovaginal sling surgery
      ii. ☐ Bladder neck suspension
      iii. ☐ Vaginal tape procedure: TVT
      iv. ☐ Vaginal tape procedure: Obdurator sling
      v. Other/comment:

3. **If you checked any surgical therapies for stress urinary incontinence in #2b, would you be willing to respond to a separate brief questionnaire about surgery for stress incontinence? (Check one)**
   a. ☐ Yes
   b. ☐ No

4. **During fistula repair, I do the following in order to reduce the risk of postoperative stress urinary incontinence** (check all that apply):
   a. ☐ Bulbocavernosus sling (Browning)
   b. ☐ Medial thigh fasciocutanteous flaps
   c. ☐ Urethral lengthening
   d. ☐ Bladder neck suspension
   e. Other/comment:

5. **Which factors do you believe are important predictors of postoperative stress incontinence?**

   (Rank in order of importance, 1-8)

   Urethral damage
   Urethral or juxta-urethral position of the fistula
   Circumferential configuration of fistula
   Loss of Bladder Capacity
   Presence of prolapse
   Degree of vaginal scarring
   Length of anterior vagina
   Length of urethra

6. **How to do you manage patients who have failed surgical treatment for stress incontinence?**
((Check all that apply.)
   a. ☐ Counseling
   b. ☐ Urethral plugs
   c. ☐ Long-term pelvic floor exercises
   d. ☐ Urinary diversion
   e. ☐ Other:

7. **I do urinary diversion procedures for fistula at my facility**. **(Check one)**
   a. ☐ Yes
   b. ☐ No

EngenderHealth

440 9th Ave

New York, New York 1001 USA

8. **If your answer to #7. Was "Yes", would you be willing to respond to a separate brief questionnaire about urinary diversion? <u>(Check one)</u>**
   a. ☐ Yes
   b. ☐ No

9. **I would estimate that I see approximately women** (please fill in the blank with a number) **for fistula repair each year**

10. **In broad terms, I would estimate the incidence of significant stress urinary incontinence for my patients after fistula repair to be approximately %.** (Please fill in the blank with a percentage, not a range) By significant, we mean that the incontinence was bothersome enough that the patient returned to seek more treatment.

11. **I would estimate that, at my facility, the number of women who have stress incontinence and fail treatment annually is approximately .** (Please fill in the blank with a number)

12. **In reporting results of fistula repair, I favor an "anatomic" definition of success. That is, if the fistula defect is closed, the surgery was a success. <u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

13. **In reporting results of a fistula repair, I favor a "functional" definition of success. That is, the surgery is successful only if the patient reports being dry. <u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

14. **I feel that, in general, urinary leakage from stress incontinence is not as bothersome to my patients as leakage from the fistula itself. <u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

EngenderHealth

440 9th Ave

New York, New York 1001 USA

15. **I routinely counsel patients preoperatively about the possibility of stress urinary incontinence after fistula repair.** **<u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

16. **If a patient has features that I feel predict that she will have severe stress urinary incontinence after fistula repair, I will consider not doing fistula repair.** **<u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

17. **My formal surgical training included instruction in the surgical treatment of stress urinary incontinence.** **<u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

18. **My formal surgical training included instruction in urinary diversion procedures.** **<u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

19. **Please enter any other comments or observations regarding stress urinary incontinence after fistula repair here:**

EngenderHealth

440 9th Ave

New York, New York 1001 USA

Part III: <u>The Role of Catheterization in Fistula Care</u>

1. **How are you supplied with urinary catheters? Check all that apply:**
   a. ☐ Hospital purchases locally
   b. ☐ Patient purchases locally
   c. ☐ Purchased outside country
   d. ☐ Donated
   e. Other/Comment:

2. **Over the past six months, have you experienced "stock-outs" affecting your choice of catheter?** **(Check one)**
   a. ☐ Yes
   b. ☐ No

3. **My ideal choice of catheter for routine urinary fistula repair is:**
   a. French size: (Please enter a number from 8-26F)
   b. Type: **(Check one)**
      i. ☐ Standard foley catheter
      ii. ☐ Straight catheter without balloon
      iii. ☐ Specialty catheter
   c. Composition: **(Check one)**
      i. ☐ Latex
      ii. ☐ Silicone
      iii. ☐ Doesn't matter

4. There is adequate stock of catheters where I work to allow me to choose the style and size I prefer: **(Check one)**
   a. ☐ Always
   b. ☐ Sometimes
   c. ☐ Never

5. **The routine for catheter drainage at your facility is:** **(Check one)**
   a. ☐ Closed drainage (catheter attached to closed drainage bag)
   b. ☐ Open drainage (catheter drains into basin, bottle, or bucket)

6. **Which statement best describes your routine for duration of postoperative catheter drainage**? **<u>(Check one)</u>**
    a. ☐ Barring complications, the catheter is always left in for a prescribed number of days (Example: I always leave the catheter for 14 days)
    b. ☐ Duration of drainage depends upon on the character of the fistula and repair (Example: I leave the catheter for 10 days on simple VVF's, 21 for difficult ones)
    c. ☐ I approach each case individually with respect to duration of catheter drainage

7. **Please fill in the blanks: (the descriptive terms below are subjective)**
    a. For a "simple" fistula, I leave the catheter for days
    b. For a "large" fistula, I leave the catheter for days
    c. For a "difficult" fistula, I leave the catheter for days

8. **In order to anchor the catheter in place, I use:** (Check one and/or enter a comment)
    a. ☐ The catheter balloon only
    b. ☐ The catheter balloon and tape
    c. ☐ The catheter balloon and suture
    d. ☐ Tape alone
    e. ☐ Suture alone
    f. Other (please comment):

9. **At the time the catheter is removed, do you first perform a dye test? <u>(Check one)</u>**
    a. ☐ Always
    b. ☐ Sometimes
    c. ☐ Never
    d. Comment:

10. **Before the catheter is removed, do you begin a program of bladder training by clamping the catheter?** (Check 1 and/or enter a comment)
    a. ☐ Always
    b. ☐ Sometimes
    c. ☐ Never
    d. Comment:

EngenderHealth

440 9th Ave

New York, New York 1001 USA

11. **After the catheter is removed, do you begin a program of bladder training?** (Check one and/or enter a comment)
   - **a.** ☐ Always
   - **b.** ☐ Sometimes
   - **c.** ☐ Never
   - **d.** Comment:

12. **After the catheter is removed, I reinsert it for: <u>(Check one)</u>**
   - a. ☐ Persistent fistula (dye test positive)
   - b. ☐ Stress urinary incontinence (dye test negative)
   - c. ☐ Urinary urge incontinence (dye test negative)

13. **Do you teach intermittent self-catheterization for patients who are unable to urinate? <u>(Check one)</u>**
   - a. ☐ Yes
   - b. ☐ Sometimes
   - c. ☐ No

14. **If the catheter becomes blocked: (Check all that apply)**
   - a. ☐ The nursing staff are authorized to flush the catheter without calling the doctor.
   - b. ☐ The nursing staff are authorized to flush and then replace the catheter if necessary without calling the doctor.
   - c. ☐ Only doctors may flush the catheter.
   - d. ☐ Only doctors may replace the catheter.
   - e. ☐ The catheter must be changed in the operating theater:
   - f. ☐ Other trained staff (aides, etc) are authorized to flush the catheter.
   - g. ☐ Other trained staff (aides, etc) are authorized to change the catheter.

15. **Some fistula surgeons use catheter as primary treatment for small and/or "new" fistulas.**
   - a. I estimate that I use this approach in approximately % of all my fistula cases (please enter a number, not a range).
   - b. While waiting for the fistula to close, I will leave the catheter in place up to weeks.
   - c. Comments on the catheter as primary fistula treatment:

EngenderHealth

440 9th Ave

New York, New York 1001 USA

16. **My patients remain on bed rest until the catheter is removed:** **<u>(Check one)</u>**
    a. ☐ Always
    b. ☐ Sometimes
    c. ☐ Never
17. I sometimes discharge patients with the catheter still in place: **<u>(Check one)</u>**
    a. ☐ Yes
    b. ☐ No

18. Any other comments on catheter management?

Identification of Current Practices in Fistula Treatment: A qualitative review

EngenderHealth

440 9th Ave

New York, New York 1001 USA