Urethrocutaneous fistula Cases

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Outline

• ZAZIC consortium background
• AE Surveillance system
• Identifying urethrocutaneous fistulas as a problem
• Fistula case details
Background of ZAZIC consortium

• One of the partners assisting Zimbabwe Ministry of Health & Child Care (MOHCC) with scale up of VMMC

• ZAZIC consortium:
  • I-TECH
  • Zimbabwe Association of Church-Related Hospitals (ZACH)
  • Zimbabwe Community Health Intervention Research (ZiCHIRe)

• Funded by PEPFAR through CDC I-TECH Co-Ag

• 242 776 MCs since 2013 up to end Aug 2017,

• Safe VMMC -quality services, AE identification, management and prevention

• 5 cases of urethrocutaneous fistulas in the program
AE surveillance system

- Community
- Rural Health Clinic
- District/ Mission hospital
- Provincial Medical Director
- MOHCC HQ,
- CDC and PEPFAR

ZAZIC AE review meetings
Support & Supervision visits (SSV)
Community dialogues

District AE review meetings

National AE Review Committee Meeting

Recommendations, CDC SSV
Identifying fistulas as a problem

- Five cases reported through February 2017
- One healed, 4 active with a longstanding case with 5 unsuccessful repairs at a cost of $18,000
- Managed by government consultants, direct referral
- AE cases discussed at National AE Review Committee meetings
- Meeting held with Urologists & Gen Surgeons-fistulas difficult to manage and prevention key
- PI consulted CDC on options of managing cases and extent of the problem in other programs
<table>
<thead>
<tr>
<th>Client</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Case 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>22</td>
<td>16</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Procedure</td>
<td>FG</td>
<td>FG</td>
<td>DS</td>
<td>DS</td>
<td>DS</td>
</tr>
<tr>
<td>*Provider Experience</td>
<td>Dr</td>
<td>Dr</td>
<td>Dr</td>
<td>Dr</td>
<td>Nurse</td>
</tr>
<tr>
<td>Date of VMMC:</td>
<td>12'-08-13</td>
<td>24'-04-14</td>
<td>24-02-2015</td>
<td>21'-09-16</td>
<td>17'-02-17</td>
</tr>
<tr>
<td>Days to diagnosis after operation</td>
<td>14 days</td>
<td>10 days</td>
<td>15 days</td>
<td>42 days</td>
<td>18 days</td>
</tr>
<tr>
<td>Outcome and Current Status</td>
<td>Open. Options are repeat repair by simple closure or to do a skin graft possibly with flap.</td>
<td>Open. Bladder stone removed in March 2017, fistula repair deferred</td>
<td>Healed completely without any disability.</td>
<td>Healed for 5 months before opening</td>
<td>Open</td>
</tr>
</tbody>
</table>
Next steps

- Providing care under expertise of trained urologists
- Joint reviews by two urologists (VMMC consultants) under arrangement
- Considered external consultation, but decided to rely on in-country urologists with high level of expertise and need to anticipate long term care in country
- Strengthen post-operative wound care for young men & surgical technique
- CDC and WHO engaged in broader investigation in response to these reports
Questions

Thank You