

Out of the shadows and 6000 reasons to celebrate: An update from FIGO's fistula surgery training initiative

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Abstract

Obstetric fistula is a devastating childbirth injury caused by unrelieved obstructed labor. Obstetric fistula leads to chronic incontinence and, in most cases, significant physical and emotional suffering. The condition continues to blight the lives of 1–2 million women in low-resource settings, with 50 000–100 000 new cases each year adding to the backlog. A trained, skilled fistula surgeon is essential to repair an obstetric fistula; however, owing to a global shortage of these surgeons, few women are able to receive life-restoring treatment. In 2011, to address the treatment gap, FIGO and partners released the Global Competency-Based Fistula Surgery Training Manual, the first standardized curriculum to train fistula surgeons. To increase the number of fistula surgeons, the FIGO Fistula Surgery Training Initiative was launched in 2012, and FIGO Fellows started to enter the program to train as fistula surgeons. Following a funding boost in 2014, the initiative has grown considerably. With 52 fellows involved and a new Expert Advisory Group in place, the program is achieving major milestones, with a record-breaking number of fistula repairs performed by FIGO Fellows in 2017, bringing the total number of repairs since the start of the project to more than 6000.

1 | INTRODUCTION

The International Federation of Gynecology and Obstetrics (FIGO) has a critical mandate to improve women's health and to make a meaningful contribution to the global development agenda and achieving the Sustainable Development Goals. At the heart of this, FIGO plays a crucial role in maternal/neonatal health by addressing obstetric fistula, a life-shattering birth injury caused by prolonged, obstructed labor. Obstetric fistula affects the poorest, most disadvantaged women in low-resource settings, and in more than 90% of patients, the unrelieved, obstructed labor not only causes the fistula—leading to chronic, uncontrollable leaking of urine and/or feces—it also tragically leads to delivery of a stillborn neonate.¹

Without access to a trained, skilled fistula surgeon to repair the injury, a woman with an obstetric fistula is condemned to being incontinent for the rest of her life. In the vast majority of cases, this inevitably leads to stigmatization and exclusion, causing unimaginable physical and emotional suffering, as well as a calamitous decline into social and economic hardship.²

Obstetric fistula can be prevented when functioning maternal health services—including emergency obstetric care—are in place. Sadly, the condition continues to devastate the lives of some 50 000–100 000 women in low-income settings every year, adding to the existing backlog of 1–2 million patients worldwide³ due to an insufficient number of trained, competent fistula surgeons.

2 | DEVELOPING THE FIGO FISTULA SURGERY TRAINING INITIATIVE

In 2011, having recognized obstetric fistula as a neglected public health and human rights issue⁴ requiring greatly accelerated efforts because—alarmingly—it is estimated that only one woman in 50 is able to access treatment,⁵ the FIGO and Partners Global Competency-Based Fistula Surgery Training Manual⁶ was released. This followed numerous stakeholder meetings led by the FIGO Fistula Committee—a dedicated group of fistula surgeons and experts. This revolutionary new training manual was a notable achievement

because it provided, for the first time, an evidence-based, standardized tool to train fistula surgeons.

In 2012, with the training manual and strategic partnerships in place, the FIGO Fistula Surgery Training Initiative was launched, an ambitious project aimed at greatly increasing the number of fistula surgeons in Africa and Asia in order to provide quality treatment to significantly more fistula-affected women and to bridge the fistula treatment gap. From this time, and complying strictly with standardized selection criteria, “FIGO Fellows” (trainee fistula surgeons) have been progressively admitted to the training program from fistula-affected countries. In partnership with hospital management teams, established training centers, and Ministries of Health, 11 Fellows from five countries joined the program in the first 2 years.

3 | 2014—SHIFTING UP A GEAR AND MOVING FORWARD

In 2014, after steady initial progress, a generous funding boost was provided by Fistula Foundation (San Jose, CA, USA); this enabled FIGO to recruit two full-time staff to scale up activities. The training initiative has since grown substantially and there are now 52 Fellows originating from 19 high-burden countries enrolled in the training program to become fistula surgeons.

The standardized approach of the training program allows Fellows to develop their skills methodically and—guided by the training manual—to progress through three ascending levels of competency in fistula surgery. This is achieved by means of a series of training placements at selected training centers, interspersed with expert coaching visits by a FIGO trainer that take place in a Fellow’s home environment. The expert visits are a fundamental part of the training continuum for fistula surgeons, they not only strengthen the Fellow’s surgical capacity, but also ensure the quality and functioning of their associated fistula facilities.

Almost all Fellows on the program are full-time clinicians, including obstetrician/gynecologists, general surgeons, urologists, or urogynecologists. Further, approximately 75% of Fellows are the only fistula surgeon in the facility where they treat patients with fistula, with no on-site supervision by an experienced fistula surgeon or urologist to help build their skills. Remembering that FIGO Fellows are “trainee fistula surgeons,” this is a sobering statistic that gives, not only an indication of the dimension of the treatment gap, but also demonstrates three pervasive and confounding conundrums in fistula treatment. First, the severe shortage of fistula surgeons, even in settings of high prevalence; second, the obstacles Fellows face when trying to build their fistula surgery skills; and finally—most importantly—the difficulties a patient with a fistula inevitably encounters in finding a fistula surgeon. Moreover, finding a trained, competent fistula surgeon is often an even greater challenge.

In addition to their clinical role, some Fellows have major administration and academic functions, such as director/head of their own hospital, senior lecturers in local medical faculties, or coordination posts with Ministries of Health; yet these particular

Fellows are amongst the highest achievers on the program in terms of progression as fistula surgeons, number of repairs performed, and success rates. Without exception, the one unifying bond of the FIGO Fellow community is that they all have a strong commitment to helping women with fistula. However, owing to their busy hospital roles and responsibilities, the vast majority of Fellows provide fistula treatment as an integral—yet limited—part of their broader clinical workload.

Consequently, how a FIGO Fellow is able to contribute to (and progress in) fistula-treatment work in their home environment is largely shaped by their individual circumstances. These circumstances are not static and, for many, they are likely to change over time. Further, because no two individuals’ circumstances are the same, a tailored, flexible, and often creative approach is essential for the coaching visits, which can take place in a Fellow’s own facility, in a neighboring center, during an outreach camp, or through a combination of these. The complexities of organizing coaching visits—often in very challenging contexts—should not be underestimated. Such visits require meticulous planning and coordination by FIGO staff and necessitate full support from multiple partners on the ground, including Fellow(s), the trainer, and authorities, as well as nursing, operating theatre, and outreach teams.

Patient safety is the central and most important principle of the training program and this is constantly emphasized to all Fellows from the first day of training. Under no circumstances—not even in an effort to increase repair numbers—should a Fellow ever attempt a repair beyond their present level of competency (if unsupervised), nor should they ever consider manipulating repair data to strengthen personal numbers/results. Along with training placements in recognized centers, the on-site mentoring of an expert visit provides a perfect opportunity to build—safely—a Fellow’s surgical expertise. In turn, this enables a Fellow not only to gradually—and safely—perform more fistula repairs; it also allows each Fellow to—safely—treat increasingly complex cases over time. This sits squarely within the aims of the program: to provide quality treatment to significantly more fistula-affected women and to help bridge the fistula treatment gap.

A Fellow certification mechanism for fistula surgery has also been established. The shared responsibility currently lies between the head trainer of an acknowledged training center and FIGO. To date, more than 40 Fellows have attained the “Standard” level of competency, many of whom are now working towards/approaching “Advanced” level; 10 Fellows have attained Advanced level, of whom at least two are approaching “Expert” level.

In parallel to mentoring and coaching, a comprehensive monitoring and evaluation system has been developed, with a recent in-depth Fellow survey and regular data collections tracking Fellow progress and program impact. As the Initiative has expanded, a more sophisticated password-protected surgical database (Kaizen ePortfolio; Fry, London, UK) has been set up, allowing Fellows and trainers to submit data directly. This includes training and coaching assessment forms, and quarterly Fellow data collections containing repair numbers, surgical outcomes, adverse events, and factors that positively/

negatively affect the Fellow's fistula work. In response to emerging trends, and giving great scope and flexibility, the database can be swiftly adjusted to delve deeper into key issues, such as challenges relating to treatment and conservative management of fresh vesicovaginal fistula cases.

To continuously strengthen the accelerating initiative, every effort is made to weave the lessons learned—for example successful patient recruitment mechanisms—into the fabric of the program to reinforce the fistula surgeon training process. To bolster Fellow recruitment, and also as a result of lessons learned, the Fellow selection criteria have been thoroughly revised. Furthermore, opinions are now actively sought from established fistula surgeons on the ground, not only as a pivotal part of Fellow selection, but also at every step of their subsequent journey as trainee fistula surgeons. This is essential to ensure that only the best candidates enter the program; those who have “the hands and the heart” to become fistula surgeons and, moreover, who will continue this crucial work in the long term. The word “heart” in the previous phrase is particularly relevant as a significant part of fistula treatment is providing patient-centered, holistic care for some of the most destitute and marginalized women on the planet. Along with exacting and often very difficult surgical repair, human connection and interaction are critical components of the recovery process. Furthermore, in a very uneven global landscape, with countless competing health needs and finite resources, such feedback loops are vital to make certain—as far as is possible—that every precious funding dollar for training fistula surgeons is used optimally.

As well as training fistula surgeons, FIGO recognizes the vital need to train broader teams to support fistula activities so that high quality and comprehensive care can be made more easily accessible to women with obstetric fistula. Consequently, multidisciplinary fistula-care teams from various countries are being increasingly accepted onto the program to undergo team training in selected training centers. Recently, such teams have originated from Yemen, Ghana, and the Democratic Republic of the Congo, and—along with the fistula surgeon—have comprised ward and theatre nurses, psychosocial support staff, and physiotherapists. FIGO continues to receive requests for team training from numerous high-need countries and, in collaboration with partners, this element of the program will be greatly expanded in the future. In doing so, it is hoped that other cadres of supporting professionals, such as patient recruitment, rehabilitation, and nutrition specialists, will be included and further reinforce the program's holistic focus.

4 | 2017—A GROUND-BREAKING YEAR AND 6000 REASONS TO CELEBRATE

For the Initiative, 2017 was a momentous year, with major programmatic milestones achieved, and two landmark events to garner additional expert support for the multifaceted training program, which has grown considerably from its early days, not only in terms of size, but also in terms of complexity.

The first event was the creation of the FIGO Expert Advisory Group (EAG) of the training initiative. The EAG is a focused body, made up of fistula surgeons from established training centers, FIGO trainers, key members of the FIGO Fistula Committee—including the Chair (AR)—and Fistula project staff. The EAG now provides expert guidance and consensus within the expanding program. This involves addressing previously unresolved issues, such as removing Fellows from the project if they do not meet training standards, have fallen out of communication and are not submitting repair data, or those whose personal or professional circumstances have changed. For these and similar instances, an agreed removal procedure has been established by the EAG, who provide the best possible platform to make such decisions. The EAG also gives expert input on the broader initiative, including Fellow progression, surgical outcome tracking, and refinement of practices and protocols. The development of new training resources will also be a key role of the EAG. In 2017, FIGO was delighted to co-fund the production of five innovative new training films by a leading fistula surgeon (AB, Deputy Chair of the FIGO Fistula Committee and EAG member) on surgical techniques for different types of fistula, incorporating a revolutionary new procedure for patients previously deemed incurable. Revision of the training curriculum and training manual are also priority areas for the future.

To reinforce the number of trainers providing coaching visits, the second landmark event was a productive training-the-trainer meeting in direct collaboration with Hamlin Fistula Ethiopia (Addis Ababa, Ethiopia) and the EAG, and kindly hosted in the Addis Ababa Fistula Hospital (Addis Ababa, Ethiopia). During the meeting, the structured Competency-Based Training Program was presented and, as a result, seven new experienced fistula surgeons joined the program as trainers.

The initiative also reached unprecedented new heights in 2017, with a record-breaking 2406 fistula repairs—safely—performed by FIGO Fellows during the 12-month period alone, bringing the total since the start of the project, to more than 6000 repairs, with a success rate (fistula closed and patient continent) of 82%. This is indeed an outstanding achievement. What makes this result all the more significant, however, is that these 6000 repairs have been completed by trainee fistula surgeons who are accomplished and busy clinicians in their own field, often restricted by their limited—yet growing—fistula repair skills, but always adhering strictly to the underpinning patient-safety principle of the training program.

In response to the serious fistula equipment gap facing many Fellows in their home contexts, 2017 also saw the development of an exciting new partnership between FIGO and Medical Aid International (Bedford, UK), to start supplying much needed—high-quality and fully appropriate—fistula instruments to Fellows. In addition, a pioneering “Fistula Equipment Alliance” has been set up in agreement with MAI to generate bulk orders with interested partners in order to reduce prices for all and therefore make high quality, fit-for-purpose fistula equipment increasingly accessible in the future to stakeholders on the ground providing fistula treatment services.

5 | CONCLUSION

No-one ever claimed that training fistula surgeons was going to be easy, and while there are no quick fixes in bridging the treatment gap, the FIGO Fistula Surgery Training Initiative is rising to the challenge and making a meaningful contribution to the global movement. Without the collaboration of partners at all levels, notably the committed FIGO Fellows and trainers who do remarkable work, often in very tough circumstances to help women with fistula, the achievements of recent years would not have been possible. The program will concentrate on training new Fellows from neglected high-need countries while continuing to build the skills of existing Fellows, developing more training materials, furthering fistula terminology, collecting data, and incorporating lessons learned to ensure a uniform best practice in fistula surgery. This will undoubtedly help to—safely—transform the lives of some of the most vulnerable, hardest to reach women on the planet, and will have a game-changing impact on the reduction and elimination of obstetric fistula.

Further information on the project and The FIGO Fistula Surgery Training Initiative Newsletter is available at <https://www.figo.org/fistula-training-initiative>.

AUTHOR CONTRIBUTIONS

The conception and development of the article was led by GS, with contributions from LT, AB, and AR. GS wrote and revised the manuscript, with contributions to the revision of the article from LT, AB, and AR.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest.

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