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A GFMER programme

Tanguiéta, Benin



Mission report by Dr
Charles-Henry Rochat
3 to 15 April 2023

Saint Jean de Dieu de Tanguiéta Hospital, North Benin



**NEW :
FIND OUT MORE ABOUT THE MISSION IN 5
CAPSULES BY SCANNING THE QR CODE**



PREAMBLE

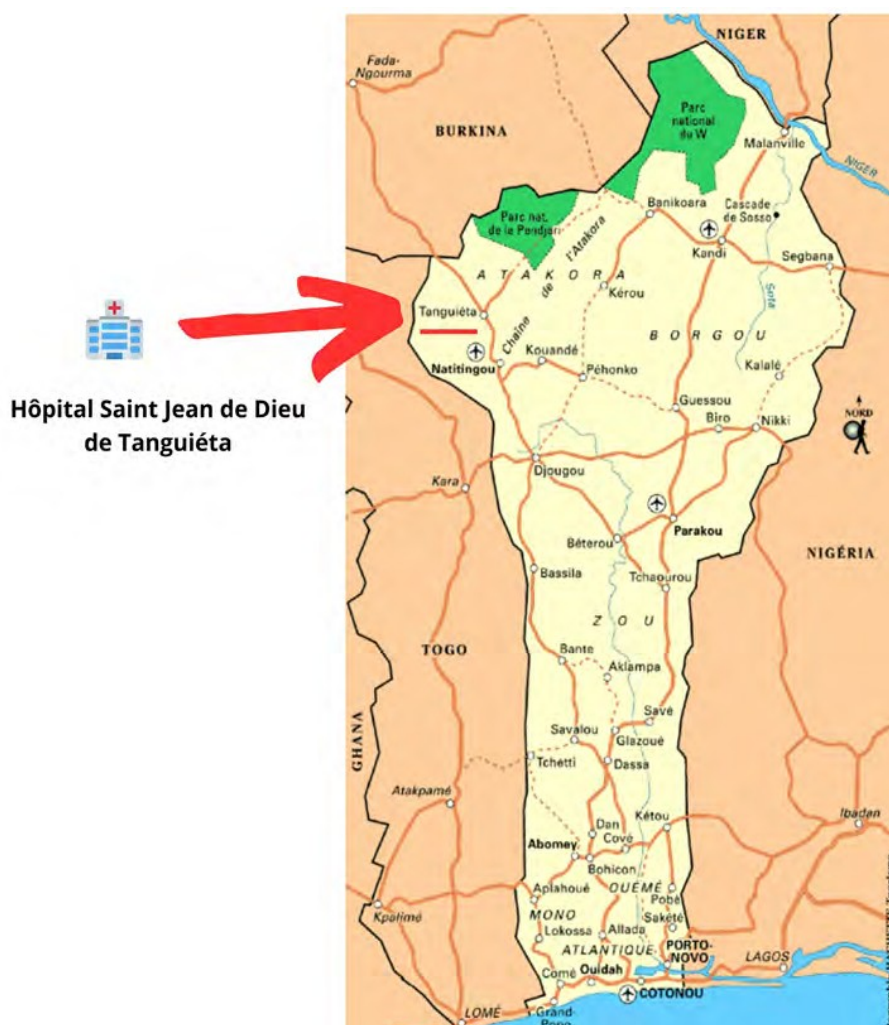
For the past 40 years, Dr Charles-Henry Rochat has devoted one month a year to humanitarian work. First as a surgeon with the ICRC in war zones, then from 1993 with the Hospital Brothers of Saint John of God in Africa through Brother Florent, a religious surgeon to whom he taught endoscopic urological operations. It was in Africa that he discovered the tragedy of women suffering from obstetric fistulas. As early as 1996, Dr Rochat developed a model for the comprehensive care of these patients, the Tanguiéta model, named after the hospital in northern Benin that he visited again this year.



Dr Charles-Henry Rochat surrounded by patients operated on during the surgical mission - April 2023



The main thrust of the model is to organise surgical workshops where patients recruited and monitored by partner NGOs are operated on free of charge by expert surgeons who pass on their knowledge in the spirit of companionship. In recent years, social and economic reintegration has been stepped up thanks to the commitment of the Claudine Talon Foundation, the First Lady who has fully embraced the cause of women with genitourinary fistulas.





WHAT IS OBSTETRIC FISTULA?

When childbirth goes badly, a caesarean section is an absolute necessity, but when the patient does not have access to one for reasons of distance, lack of means of transport, ignorance and false beliefs, a dramatic situation arises. The child trapped in the mother's womb dies, the tissues of the uterus and vagina are destroyed and the woman who survives loses her urine day and night. The pain, shame, rejection and curse follow. However, reconstructive operations enable these women to regain their dignity and their place in society.



Adama from the NGO ESSOR examining a patient in her hut



THE DIFFICULTIES OF OUR PROGRAMME

Insecurity on the borders forced us to interrupt our partnership with Sentinelles, which recruited patients in Burkina Faso to bring them to Tanguiéta, and since 2019 we have lost a very good partnership of more than 10 years. The border with Burkina Faso and northern Benin, 60 kilometres from Tanguiéta Hospital, remains a major problem today because of incursions by jihadists. Both last year and this year we didn't leave the hospital during the entire mission.

The covid 19 pandemic has also had a major impact on the Tanguiéta Hospital's finances, with the cessation of many specialist missions and a drop in income-generating consultations. For the past 3 years, patients have been reluctant to visit the hospital, and only the most seriously ill come to emergency, often as a last resort. It is the charism of Saint John of God to care for the poorest. However, each hospital has its own realities and the need to maintain quality in terms of human resources and equipment.

THE POSITIVES

The management of obstetric fistulas in Benin has improved enormously since the involvement of the First Lady and the Ministry of Health, with whom we work closely. This has led to a reduction in the number of new cases and very good results from repair operations. Our activities have been extended to include the management of other maternal health problems, the development of telemedicine and, in 2023, laparoscopic surgery.



COURSE OF THE MISSION

Cases were selected by the gynaecology and general surgery departments. Patients with obstetric fistulas were recruited by various partner NGOs, including ESSOR, with whom we have been working for 15 years.

21 cases of obstetric fistula and/or perineal tear

6 cases of urogenital prolapse

6 cases of complex urethral stenosis in men

1 case of prostatic hypertrophy



Wednesday morning staff meetings for all the hospital's doctors



TRAINING & SUPPORT

A mission to provide free surgery for women with obstetric fistula (OF) took place at the Hôpital Saint Jean de Dieu in Tanguiéta, thanks to a partnership between the Ministry of Health, the Geneva Foundation for Medical Training and Research (GFMER) and its Fistula Group programme, and the Claudine Talon Foundation.

Cases of male urology have also been treated.

Training

This mission provided an introduction to the surgical repair of obstetric fistulas and complex cases of urethral strictures.

It was led by Professors Charles - Henry RoCHAT and James Peabody, GFMER experts in fistula surgery, and Dr Renaud Aholou, gynaecologist-obstetrician and referent for the management of FO at Hôpital Saint Jean de Dieu in Tanguiéta.

Expertise and management

Prof. Charles - Henry RoCHAT / urologist, GFMER (Switzerland)

Prof. James Peabody / urologist (USA)

Dr Renaud Aholou / gynaecologist - obstetrician
Tanguiéta Hospital (Benin)

Dr Jean de Dieu Yunga Foma / gynaecologist - obstetrician (DRC)

Nadine Piatowski / instrumentalist (Switzerland)

Doctors training in gynaecology (Cotonou)

Dr Patien Byeka Salumu / DES 4 in gynaecology and obstetrics.

Doctors training in urology (Cotonou)

Dr Guy Kikwaya / DES 2 in urology

Dr Michel Armand Mfokoue Njundi / DES 2 in urology

Doctors resident at the Saint Jean de Dieu Hospital in Tanguiéta

Dr Sarkis- Cédric Aikobinou / general practitioner

Dr Lorian Guedehounsou / general practitioner



OBSTETRIC FISTULA

It is the poorest women who suffer from obstetric fistulas because they do not have access to prenatal consultations or timely caesarean sections.

Obstructed labour, a major cause of maternal mortality in poor countries

Obstetric fistula is one of the major causes of maternal morbidity among the world's poor. For too long it was wrongly regarded as a fatality, but it is only in the last twenty years or so that it has attracted attention and that prevention and treatment programmes have been launched in various countries, mainly in Africa and Asia. Dr Denis Mukvege was awarded the Nobel Peace Prize in 2018 for defending these forgotten women.

Obstetric fistula is a lesion that occurs following obstructed labour, when the baby's head compresses the tissues of the vagina and bladder for days. The child rarely survives, and when it is eventually extracted, the necrosis is severe.

The crushed tissue causes a cavity to form between the vagina and the bladder (sometimes with the rectum). For those who survive this disastrous birth, they lose urine day and night. Rejected by their husbands and families, stigmatised by society, they live outcast lives, victims of cultural prejudice, reclusive and ashamed. As if they were guilty.

Fistula, a pathology considered shameful

It is the poorest women, often very young, who suffer from a combination of handicaps, illiteracy, ancestral beliefs, a lack of everything and a lack of prenatal consultations that would enable them to anticipate future difficulties.



Nadine Piatkowski, operating theatre nurse technician, 20 years of assignments in Tanguiéta



PROLAPSE UROGENITALS

In developing countries, it is common to find patients who have had multiple deliveries with severe prolapse. This is a prolapse of the uterus outside the vagina. These patients experience a great deal of discomfort, the tissues are eroded and can become infected. Ultimately, this prolapse causes the bladder to overturn, which can lead to blockage of the ureters and kidney failure. According to WHO recommendations, obstetric fistula management programmes should also include a component for severe prolapse. Fistula Group has included these patients in its missions since 2015, operating them under the same conditions as fistulas, i.e. free of charge for patients and reimbursement of all hospital costs.



Dr Jim Peabody and Dr Guy Kikwaya



MALE UROLOGY

The Fistula Group urology team is also used to treating complex cases of male urology, which allows both patients in difficult situations to be relieved of their ailments and urologists attending the surgical workshops to complete their training.

This year, 6 cases of complex urethral stenosis were recruited for this mission. Most of these cases involved pelvic fractures caused by road traffic accidents with rupture of the urethra.

The results were satisfactory given the complexity of the lesions.

One patient underwent video-assisted endoscopic resection of the prostate.



Doctors Rochat, Yunga Foma and Peabody
mission report 1 - 15 april 2023



THE FIRST LAPAROSCOPY IN TANGUIÉTA

Laparoscopy has become a reality at the Tanguiéta Zone Hospital. This is an operating technique that enables surgery to be carried out with the stomach closed, i.e. without large incisions. An optic is introduced through the navel. CO₂ is blown into the abdominal cavity to create a space (pneumoperitoneum) allowing panoramic vision. The instruments are introduced into the abdomen through small 5 mm holes.

During the mission, the first laparoscopy was performed to treat a case of peritonitis.



1st laparoscopic operation in Tanguiéta!



UROLOGY EQUIPMENT AND THE DEVELOPMENT OF ENDOSCOPIC SURGERY

In Tanguiéta

In 2022, during various meetings with the doctors at Hôpital Saint Jean de Dieu in Tanguiéta, it was decided to help them develop a laparoscopy and hysteroscopy programme. Dr Gayito, Dr Aholou and Dr Azakapa, a general surgeon, a gynaecologist and a paediatric surgeon respectively, all have experience of laparoscopy.

Laparoscopy requires CO₂, which until now has been a limiting factor. This gas is now produced in Cotonou. This should solve the supply problems.

In Cotonou

In 1998, GFMER signed a collaboration protocol with the university urology department of Cotonou (Benin).

This partnership is still in force. Fistula Group supports Prof. Josue Avakoudjo's department and provides equipment.



1st laparoscopic operation in Tanguiéta in April 2023



POST-OPERATIVE FOLLOW-UP AND RESULTS

Post-operative monitoring is very important in order to avoid complications, typically a blocked urinary catheter, which could compromise the long repair work. Wound monitoring is also important.

Although all the patients had simple postoperative care, we unfortunately had a few cases of wound suppuration which prolonged the hospital stay.

Results of operations				
DIAGNOSTICS	NUMBER OF CASES	SUCCESSFUL REPAIR	SUCCESSFUL REPAIR WITH INCONTINENCE	FAILURES
OBSTETRIC FISTULAS AND/OR PERINEAL TEARS	21	18	2	1
UROGENITAL PROLAPSE	6	6		
COMPLEX URETHRAL STENOSIS IN MEN	6	4		2
PROSTATIC HYPERTROPHY	1	1		

Excellent fistula healing results during this mission (>90% success rate).
Intermediate results for complicated cases of urethral stenosis in men (65% successful).



SUPPORT PROGRAMME FOR SPECIALIST DOCTORS

The specialist doctors who agree to stay and work in Tanguiéta are sacrificing their careers and the advantages they could have had if they had stayed in an urban environment or in a more secure area.

Tanguiéta is on the edge of the area "formally advised against" by the authorities.

For over 15 years, St Jean de Dieu Hospital has benefited from the financial support of GFMER - Fistula Group for the training of senior doctors.



Neonatology department



TANGUIÉTA SOON TO HAVE A NEW EMERGENCY BUILDING

The hospital is currently benefiting from a plan to improve its facilities so that they are more attractive to both doctors and patients, including new adult and paediatric emergency departments, a dental surgery and a new hospital clinic. a new sterilisation unit for instruments, and a refurbishment of the clinic. There is also a need to invest in a new electrical rectifier.



Extension work



Patient at Tanguiéta Hospital



TEAM



Prof Jim Peabody,
urologist Detroit USA



Nadine Piatkowski,
instrumentalist,
technical advisor,
France



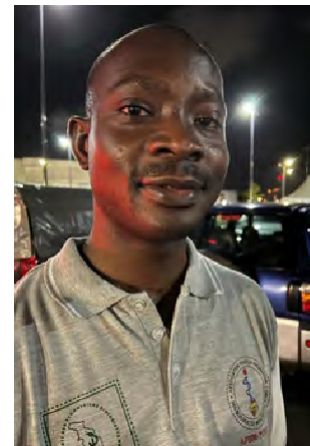
Dr Renaud
Aholou, Medical
Director and Chief
Medical Officer of
the Tanguiéta
Maternity Hospital



Prof Charles-Henry
Rochat, Head of
Mission, Geneva



Dr Yunga Foma,
obstetric fistula focal
point for Benin



Brother Parfait,
Director of Tanguiéta
Hospital



MISSION SUMMARY

In Tanguiéta

- Routine fistula surgery by Dr Renaud Aholou and the organisation of specialised missions reserved for complex cases, attended by national and international experts.
- Enhanced management of male urology cases (prostate operations, urethral strictures and urinary calculi).
- Setting up a laparoscopy platform for general surgery, gynaecology and paediatric surgery, as well as for the development of operative hysteroscopy (gynaecology).
- Support for hospital specialists in providing clinical supervision.
- Maintaining training grants and involving grant holders in missions.
- Financial support for the creation of a new sterilisation unit in the operating theatre, the renovation of the clinic building and the promotion of the hospital at regional level.

In Cotonou

- Strengthening cooperation with the CNHU (Centre National Hospitalier Universitaire) in Cotonou (gynaecology and urology).
- Maintaining links with the Ministry of Health and the Claudine Tallon Foundation.



MEETINGS AND DISCUSSIONS DURING THE MISSION

Cotonou :

Meeting with Professor José Avakoudjo, Head of Department of Urology and Dean of the Faculty of Medicine. We visit his department, where Doctor Rochat has a teaching post. The visit to the department was attended by the Professor Mathieu Ogoudjobi, Focal Point for the Ministry of Health's Obstetric Fistula programme. We exchange with all the doctors in the department. (photo on page 22 / visit to the urology department of Cotonou)

Meeting with the Minister of Health, Dr Benjamin Hounkpatin. The Minister is a trained gynaecologist. cologist and obstetrician, and was a regular visitor to the Hôpital de Tanguiéta.

Meeting with Mrs Pounami Doko-Toko and Mrs Florence Penson from the Claudine Talon Foundation (FCT). Collaboration with FCT is a major component of our model for the comprehensive management of obstetric fistula.

Meeting with the teachers René-Xavier Perrin and Sosthène Adisso. These two professors of gynaecology are very long-standing friends of Doctor Rochat, and have both been guests in Geneva.



Djougou :

Meeting with Pascal Urvoas, Director of the Hospital of the Order of Malta, a member of AMCES (Association des Œuvres Médicales Privées Confessionnelles et Sociales au Bénin).

Natitingou :

Visiting a patient who has undergone multiple operations who is now cured and showing great courage and resilience. Doctor Rochat's wife, Isabel, had become very close to him.
of her during a mission in 2021.
(Photo on page 23)

We also met with all operating theatre during an evening sponsored by GFMER/Fistulagroup.

Meet Brother Hugues, Provincial Togo/Benin as well as with the entire Community of Hospital.

Tanguiéta :

Numerous meetings with senior doctors and Brother Parfait, Director of the Hospital. This led to the development of a strategy for the development and visibility of the Hospital.



Visit to the Cotonou urology department in the presence of Prof. Josue Avakoudjo, Dean of the Faculty, and Prof. Mathieu Ogoudjobi, obstetric fistula focal point.



Isabel and Charles-Henry Roachat visit a patient who has come a long way on the road to recovery.



A PROGRAMME RUN BY GFMER, A PUBLIC INTEREST FOUNDATION

Fistula group is a programme of the Geneva Foundation for Medical Education and Research (GFMER).

GFMER is a non-profit organisation set up in 2002 to promote and develop training and research programmes in the field of health. It works in close collaboration with the World Health Organisation (WHO).

The Foundation and its partners have launched a series of distance learning/online courses on sexual and reproductive health research.

Among the various free online courses, the one entitled "Obstetric Fistula" has already been taken by more than 1,000 students, who have received a certificate after completing it. have completed the exams.

GFMER, in collaboration with the Oxford Maternal and Perinatal Health Institute (OMPHI), launched a training course in 2020 on the impact of COVID-19 during pregnancy, childbirth and the neonatal period. This training course is in response to the current COVID-19 pandemic, which has had a direct and indirect negative impact on the health of mothers and their babies.

In 2020, GFMER began developing a public health course on cancer in the context of universal health coverage.

GFMER has established a solid partnership with a number of governmental and non-governmental organisations and universities to exchange information and expertise at an international level.

The assistance efforts made in many countries and the programmes set up by GFMER help to improve the reproductive and sexual health of populations in need.

200 health professionals from
54 countries attended the
health training programme
sexual and reproductive health of
adolescents

125 health professionals from
38 countries took part in the
family planning training programme

125 healthcare professionals from
39 countries took part in the
training programme on research
methodology and the development
of research protocols.



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The Pharos Trust Foundation

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Photos by Charles-Henry Rochat and Nicolas Cleuet
Report written by Sophie Barenne and Charles-Henry Rochat





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Patient at Tanguiéta Hospital ©Nicolas Cleuet

RESTORE DIGNITY TO ALL WOMEN

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