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A GFMER program

Tanguiéta, Benin

Mission report by Dr Charles-Henry Rochat
March 2024

Saint Jean de Dieu de Tanguiéta Hospital, North Benin

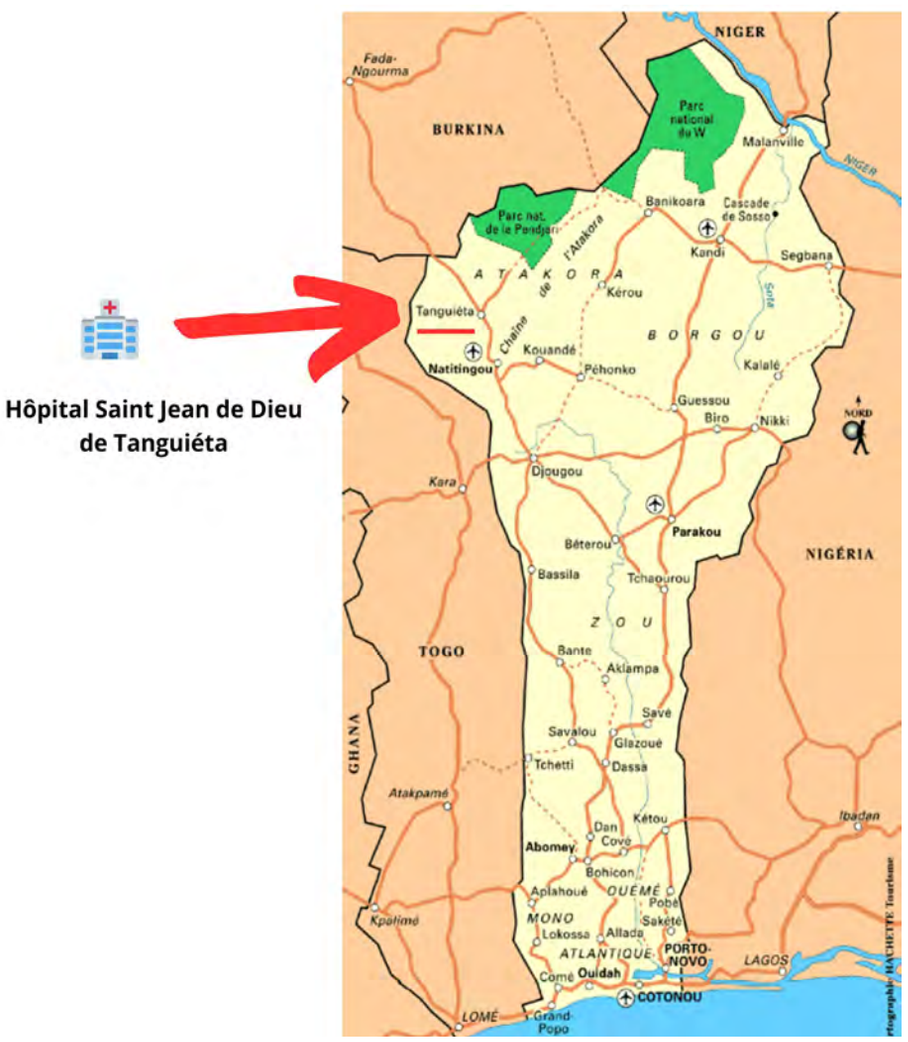
Follow the mission in 4 capsules by scanning the QR code

Introduction

This year marks my 30th mission to Tanguiéta, the first dating back to 1994, when I travelled from Afagnan in Togo to Tanguiéta in Benin with Brother Florent. I had met him in 1993 when he was looking for a urologist to train him in endoscopic prostate surgery. I often say that it was on that occasion that he asked me to operate on two patients suffering from obstetric fistulas. The story of these women, whose delivery had turned into a disaster due to a lack of access to a caesarean section, shocked me and aroused in me not only great compassion but also an interest in unravelling the mystery of these very particular lesions. It was also a question of finding the key to repairing them. It was really in 1996 that we organised specific missions, surgical campaigns, to bring together patients with fistulas and operate on them.

These are complex operations involving the repair of tissues that have been destroyed by the prolonged compression of the child's head, blocked in the pelvis. At the time of the operation, it is necessary to anticipate the mechanism of urinary continence, the musculature of which has often disappeared during this dystocic delivery. It is when the child is unable to pass through the natural birth canal due to its position, the mother's anatomy, and other factors that would trigger an emergency caesarean section in developed countries.

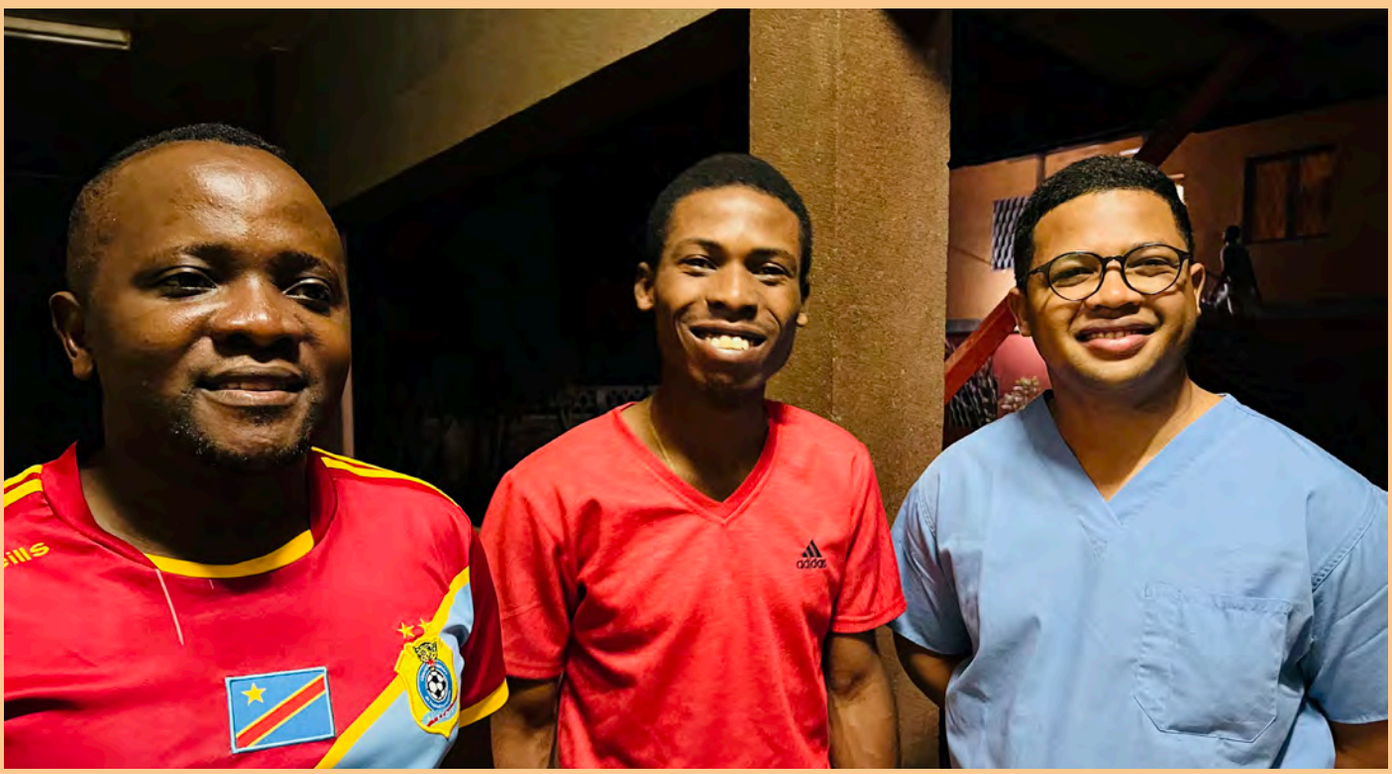
Over the years, I have developed a comprehensive care model, from screening to social reintegration, including treatment and training, not forgetting prevention and awareness. More than a hundred doctors, mainly gynaecologists but also urologists, have passed through our surgical workshops and some of them have become trainers.



Structure of the March 2024 mission

The on-site mission was led by Dr Renaud AHOLOU, head of the maternity unit and medical director of Tanguiéta Hospital. He was responsible for examining the patients and preparing the files and the operating schedule. He was also responsible for allocating the operators and assistants, trying not to offend anyone, which is not always easy.

Dr Renaud Aholou



Dr Kikawa, M Po et Randriantsalama

Doctor Jean de Dieu FOMA YUNGA, national focal point for the Fistula programme in Benin, spent a few days with us. Dr Gilbert FASSINOU and Dr Imelda OUAKE, hospital practitioners at the Cotonou university centre, in gynaecology and urology respectively, stayed for the whole of the mission.

A large number of doctors specialising at different levels of training took part in the interventions.

As for the «foreign» team, I was accompanied by Professor James O. PEABODY from Detroit, USA, who has been taking part in our workshops since 2007.

Also with me was Dr Martin Randriantsalama, a GFMER fellow in his 4th year of specialisation in Urology in Dakar. I had invited Professor Abdulaye BOBO DIALLO, a urologist in Conakry, to join us but he had to cancel his participation due to a sudden general strike in Guinea. In addition to Doctor Martin RANDRIANTSALAMA, two other urologists in training in Cotonou, who are also GFMER scholarship holders, were able to obtain leave to join the mission.

PATIENT RECRUITMENT

Most of the patients came from the South, recruited and accompanied by the Claudine TALON Foundation (FCT). They were housed in the FCT's training and rehabilitation centre. Between the patients and those accompanying them, there were more than 51 people. In the Tanguiéta health zone, recruitment was routine throughout the year and patients were operated on progressively by Dr AHOLOU. Only a few particularly complicated cases were called for this mission.

Team from the Claudine Talon Foundation who supports patients before and after their operation

PATIENT TYPOLOGY

A total of 32 women underwent surgery

23 Vesico-vaginal fistulas (and an associated recto-vaginal fistula)

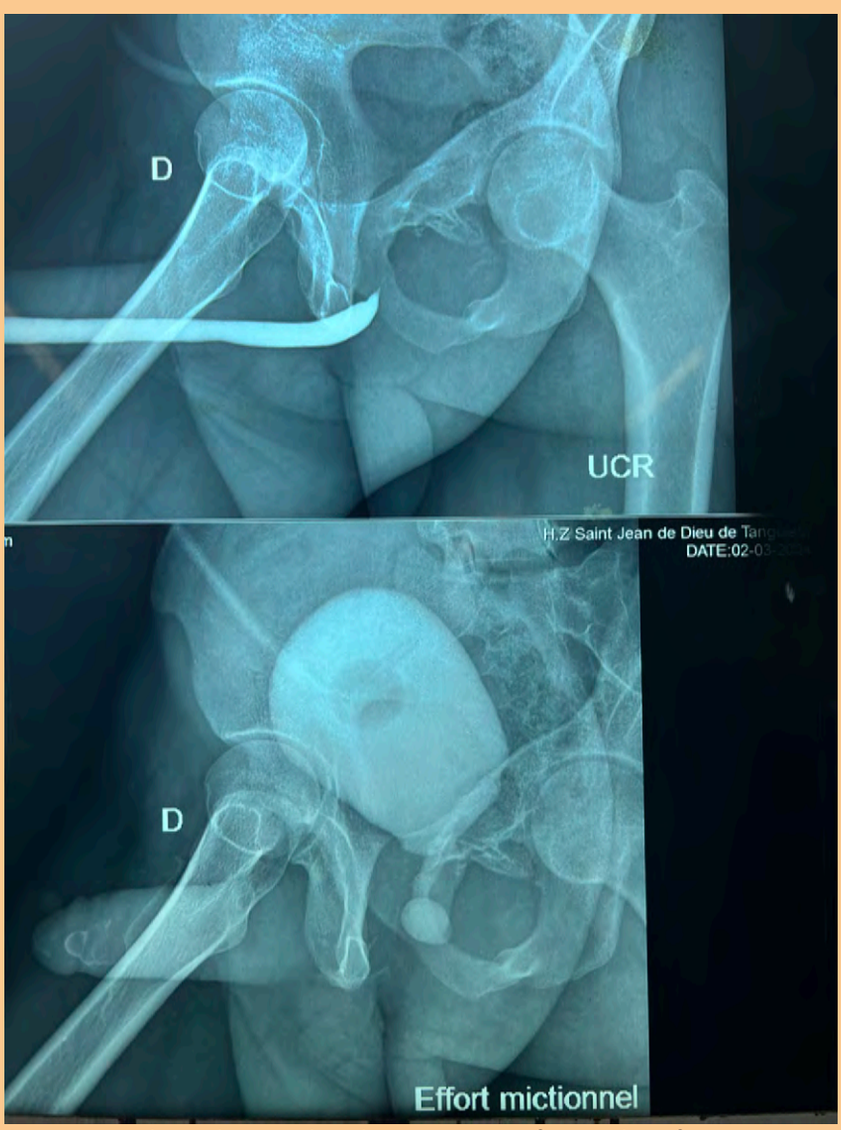
1 Stress urinary incontinence

8 Urogenital prolapse

NB: 8 out of 23 patients (34%) had iatrogenic fistulas following caesarean section or hysterectomy. As far as prolapses are concerned, these are patients who suffer from a major descent of the uterus, often externalized, and whose discomfort justifies their inclusion on the list of women who benefit from entirely free care provided during missions. **This is one of the strong points of the model we have developed: the lowering of all financial barriers.**

What about general urology?

In the early years of our involvement at Tanguiéta Hospital, we were confronted with numerous cases of urethral stenosis in men. These cases can be infectious, iatrogenic or, more often than not, caused by rupture of the urethra in a road accident with a shattered pelvis. These men are condemned to live with a cystostomy tube, i.e. one that exits between the navel and the pubis. Here too we have adapted techniques that have produced excellent results, making us to some extent a reference centre for these delicate operations, on a par with fistula surgery.



Interrupted urethra under the prostate after pelvic fracture

PATIENT TYPOLOGY

A total of 10 men with urethral strictures underwent open surgery.

8 End- to-end anastomosis

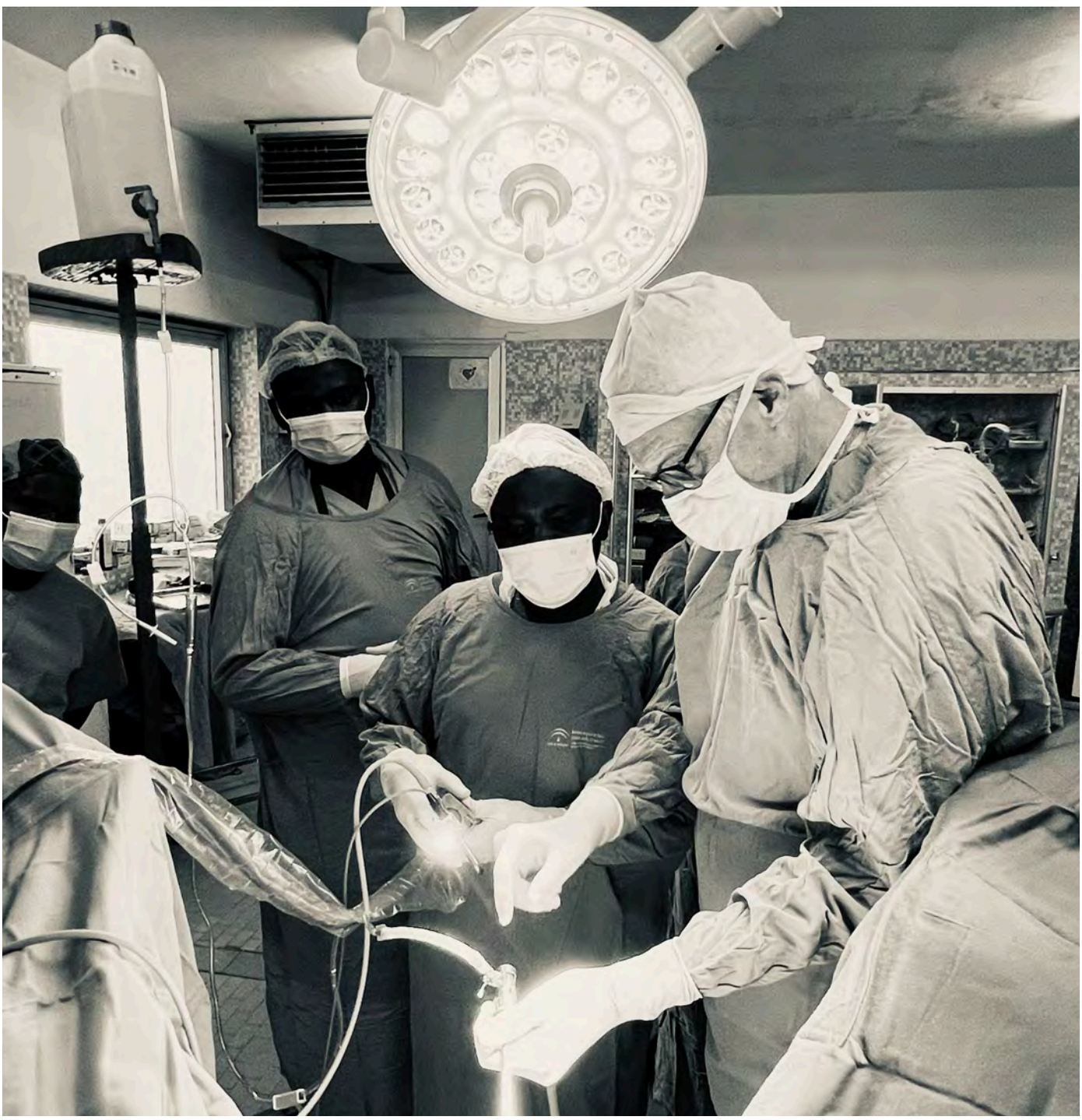
1 Urethroplasty using a rectal mucosa flap

1 Cystostomy

I would remind you that it all began in 1993 when I taught endoscopic prostate surgery to Brother Florent, and that it is important to ensure the next generation takes over. Dr René GAYITO, Head of Surgery, has now taken up the torch of endoscopic resection. He has performed 2 endoscopic resections of the prostate with us, and this was an opportunity to check out the technical facilities.

We are responsible for maintaining all the equipment we have introduced, and this year we regretted the absence of Nadine PIATKOWSKI, our loyal instrument nurse and technical assistant for the past 20 years, who was unable to attend due to a scheduling conflict.

ENDOSCOPIC SURGERY

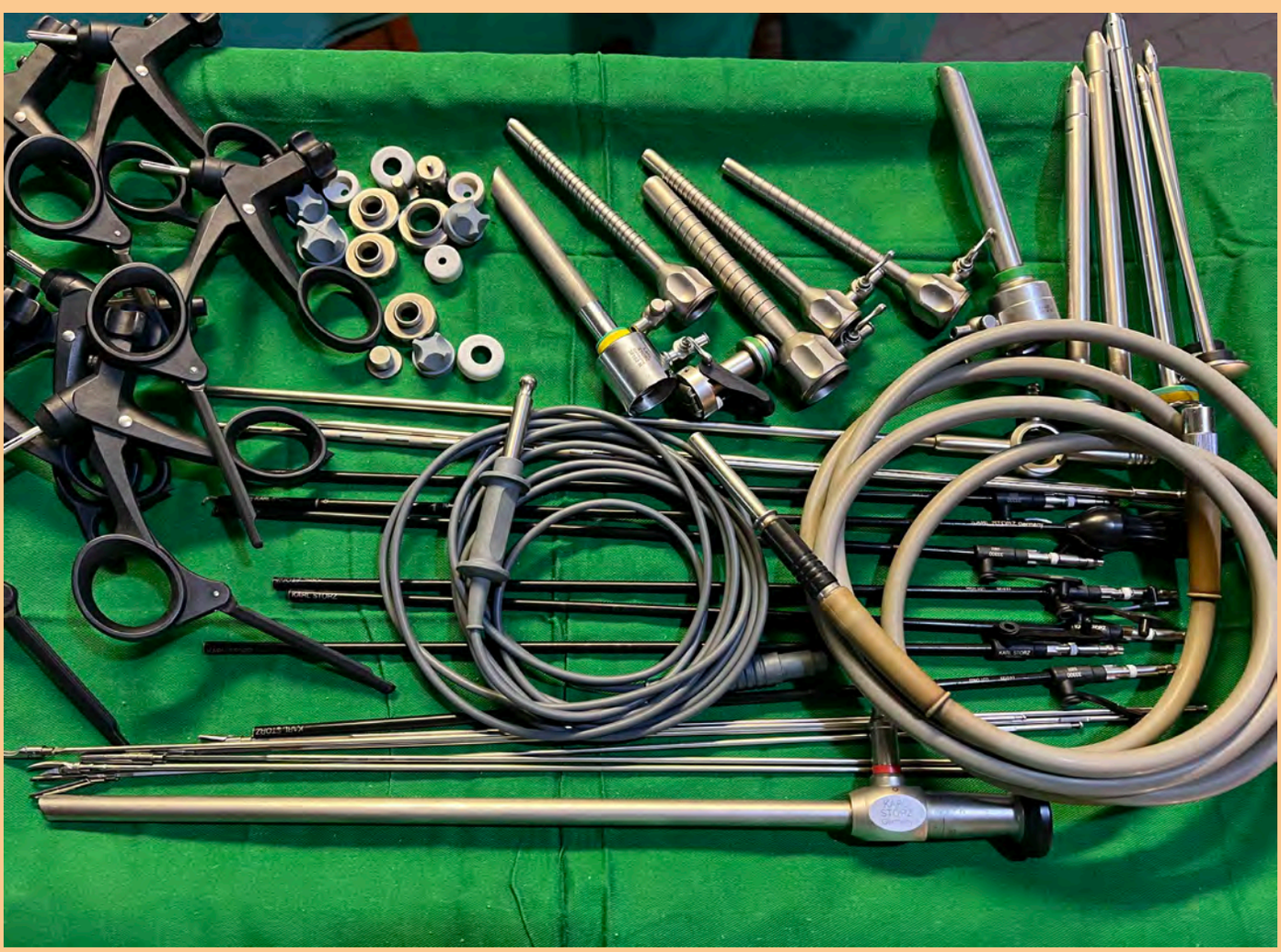


Dr Peabody supervises an endoscopic prostate resection

Laparoscopy

Laparoscopy has developed well since we introduced it during the April 2023 mission, with Italian teams coming in to perfect the training of the 3 senior doctors who perform it (Gynaecology, General Surgery and Paediatric Surgery).

At the end of the mission, we reviewed all the equipment to see what needed to be added or replaced. We identified the need for a second endoscope to create a second laparoscopy tray.



Laparoscopic surgery platform

Progress at the hospital

At the end of 2022, the Topaze, IF and GFMER Foundations agreed to finance a certified audit of Tanguiéta Hospital in order to improve governance. This was carried out for the years 2021 to 2023. The aim was to put in place management procedures to improve the institution's performance. Follow-up to the audit recommendations was included in the initial budget. However, there is a reality on the ground linked to the poverty of the population around Tanguiéta, which means that many indigent people seek treatment without being able to contribute to the cost of hospitalisation. The vocation of the hospital, and therefore of the Order of the Hospitaller Brothers of Saint John of God, means that the most destitute are not left out in the cold, so it is the Indigents' Fund that has to step in when the time comes to settle the bill. The 3 foundations mentioned above also contributed equally to the renovation of the Operating Theatre Sterilisation Unit, the work on which is now complete.

New instrument sterilisation facility

Grants and post-graduate education

Supervisory grants contribute to the post-graduate teaching provided by the specialist doctors, whose team should soon include an anaesthetist.

Weekly staff meeting

In conclusion

This mission ended on 12 March with the last prolapse operations. As usual, the operating days were very full, but thanks to everyone's commitment, no patient had to be postponed. It was Doctor Renaud AHOLOU who completed the list of operations after our departure, with all the skill we know him to be capable of.
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The final outcome of all the operations will be the subject of an overall analysis of the activity of 2024, but experience suggests that we can expect over 80% good results for fistula operations and over 85% for urethral repairs. A total of 45 patients have been treated.

Frère Florent, Dr Aholou et Dr Gayito

Acknowledgements

Our thanks go to our loyal donors and friends. Written by Charles-Henry ROCHAT on behalf of the surgical team of the March 2024 mission.

Dr Charles-Henry Rochat, Specialist in operative urology.

Outside

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Patient at Tanguiéta Hospital ©Nicolas Cleuet

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Public interest foundation

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