

9th ISOFs
Conference
International Society of Obstetric Fistula Surgeons

End Fistula by
Quality Care

9 to 13 December 2024 | Bangladesh

Conference Proceedings



Obstetrics and Gynecological
Society of Bangladesh



Female Pelvic Medicine & Reconstructive
Surgery Society of Bangladesh



Bangladesh Association of
Urological Surgeons



Proceedings for the

9th ISOFS Conference

End Fistula by Quality Care

9 to 13 December 2024

Bangladesh China Friendship Conference Center (BCFCC)

Organized by:

The International Society of Obstetric Fistula Surgeons (ISOFS)

In collaboration with:

Obstetric and Gynaecological Society of Bangladesh (OGSB)
MAMM's Institute of Fistula and Women's Health (MIFWOH)
Female Pelvic Medicine & Reconstructive Surgery Society of Bangladesh (FPMRSSB)
Bangladesh Association of Urological Surgeons

The United Nations Population Fund (UNFPA) Bangladesh
Fistula Foundation
USAID MOMENTUM
The International Federation of Gynecology and Obstetrics (FIGO)
The Islamic Development Bank (IsDB)
icddr,b

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Acknowledgement



A few years ago, motivated by the actions of our predecessors in the fight against obstetric fistula, and particularly encouraged by one of our greatest masters, Dr Steven Arrowsmith, to whom I pay a vibrant tribute, I decided to do my bit to build a world without obstetric fistula. Joining ISOFS was a great opportunity to even more believe that, together, we can always strive to meet the expectations of our sisters, daughters and mothers who are dying in silence, always waiting for a spark to reintroduce them into the world of the living.

Two years ago, you placed your trust in my modest person to fill the position of ISOFS Executive Secretary. Believe me, it has been an honour and a privilege to serve you, and for that I am grateful. Admittedly, it hasn't been an easy task, and perhaps many of you are left with a thirst to see your expectations fulfilled. However, I can tell you that challenges have been met to ensure that ISOFS continues to grow and fulfil its mission, which is, to promote the highest standards for obstetric fistula care for women in a safe, effective and ethical manner.

Thank you.

Dr Itengré Ouédraogo

Executive Secretary, ISOFS

I would like to take this opportunity to salute the professionalism and commitment of the members of the Executive Committee, led by Prof. Sayeba Akhter, who has been particularly concerned with the organization and formulation of strategies to ensure that ISOFS can effectively play its role.

I would also like to pay tribute to our technical and financial partners who, over and above their financial support, encourage surgeons to strive for excellence in the quality of care we offer women.

There are certainly challenges ahead if we are ever to live in a world where no woman with obstetric fistula goes without care, but I'm confident that ISOFS continues to be in good hands, and that the zeal and commitment of each and every surgeon, together with the policies, strategies and guidelines that ISOFS, its partners and governments are putting in place, will enable us to overcome these challenges.

For a world without obstetric fistula, let's commit.

Foreward



Prof. Sayeba Akhter
President
ISOFS

International Society of Obstetric Fistula Surgeons (ISOFS) came into existence with the vision of a world where women will be able to give birth free from fistula. ISOFS as an organization fights not only against a disease but also against the social injustice to women. So, the spectrum of its activities ranges from the prevention of fistula to its treatment followed by rehabilitation and reintegration of the victims in society.

As a founding member of ISOFS and a part of the first executive committee, I have had the privilege of serving in different roles over the years and experiencing the diverse work being done by ISOFS around the globe. But at the same time, I also realized that the policies & actions need to be more focused and coordinated if we want to achieve the goal of eliminating obstetric fistula by 2030. So, during my tenure of the last 2 years, I have tried to combine regional efforts by enhancing the exchange of knowledge and experiences among different regions. The activities were not merely confined to organizing biennial conferences but also extended to having executive meetings frequently using virtual platforms & celebrating international day to end obstetric fistula with regional breakout sessions that allowed members to address local challenges and progress made. Surgical workshops were arranged in different countries including Bangladesh and Mozambique to enhance surgical skills. Some important executive & administrative issues materialized like opening an official bank account of ISOFS and starting an administrative office. To know the actual caseload and for the sake of proper documentation and reporting an initiative to develop a "Fistula Registry" has been taken that will help in generating evidence, performing research works and refashioning actions according to the situations. Considering the need for reviewed action plan, a breakthrough step has been taken to design the "ISOFS strategy" which will help to guide the activities of ISOFS towards reaching the goal of SDG.

This year the 9th International Conference of ISOFS is happening in the face of the challenge of only 6 remaining years to achieve the goal! The entire fistula fraternity will be gathering at Dhaka, Bangladesh with the same mission-that is to end fistula by 2030. This year the slogan of the UN on international day to end obstetric fistula is "20 years on progress but not enough! Act now to end fistula by 2030!". It is time to put maximum effort to end fistula. The task seems difficult due to the backlog of cases as well as new cases happening, particularly of iatrogenic fistula. Considering the scenario, this year's theme has rightly been chosen- "End fistula by quality care". Be it obstetric or iatrogenic, fistula elimination will not be possible.

Acronyms

AdSEARCH	Advancing Sexual and Reproductive Health and Rights
BICC	Bangabandhu International Conference Centre
CFS	Campus Franco-Seneglais
DMCH	Dhaka Medical College and Hospital
DRC	Democratic Republic of Congo
FIGO	The International Federation of Gynecology and Obstetrics
FPMRSSB	Female Pelvic Medicine & Reconstructive Surgery Society of Bangladesh
IOFWG	International Obstetric Fistula Working Group
IsDB	The Islamic Development Bank (IsDB)
ISOFS	International Society of Obstetric Fistula Surgeons
OGSB	Obstetric and Gynaecological Society of Bangladesh
MIFWOH	MAMM's Institute of Fistula and Women's Health
OT	Operation Theatre
PFRD	Persistent fistula-related disorder
WAHO	West African Health Organisation

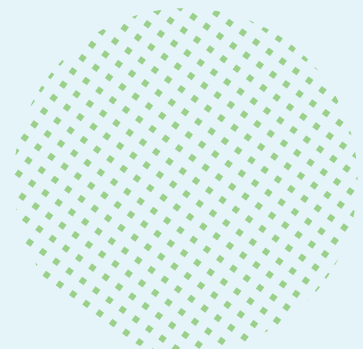


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The International Society of Obstetric Fistula Surgeons (ISOFS)

Sustaining Humanity's Hope, Healing and Dignity

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The International Society of Obstetric Fistula Surgeons (ISOFS) is the leading international professional body for those engaged at the forefront of the prevention, treatment and rehabilitation of women with fistula. It is the platform, where all fistula surgeons, organizations and personals committed to working for obstetric fistula around the globe, stand together with the goal of making the world fistula-free.

It was formed in 2007 by prominent fistula surgeons working in Africa and Asia, resulting from the insufficient number of expert fistula surgeons relative to the more than two million obstetric fistula patients worldwide. ISOFS started with a few dedicated fistula surgeons, and at present has more than 300 members worldwide with representation in all continents.

ISOFS's mission is to promote the highest standards of obstetric fistula care for women in a safe, effective, ethical manner, and advance knowledge in fistula and other health-related problems.


To realize this mission ISOFS works in cooperation with national and international healthcare providers, academic centers, educators, organizations and individuals with the necessary expertise in obstetric fistula and commitment to improving the quality of life for women.

ISOFS Objectives are to:

- Ensure a high standard of obstetric fistula care services
- Play an advisory role in treatment, prevention, rehab and research
- Promote professional standards and interests of its members
- Advocate and promote ethical practices in fistula care
- Arrange training in obstetric fistula care
- Promote friendship and mutual learning among its members through scientific meetings
- Strengthen relationships with partner organisations
- Raise awareness about the prevention and cure of obstetric fistula

The 9th ISOFS International Conference 2024

The ISOFS International conference is held every two years in different host countries. These conferences promote the highest standard of obstetric fistula care accessible to women in a safe, effective, and ethical manner; promote collaboration between communities, health professionals and health systems and improve knowledge in basic and clinical research of obstetric fistulas observing ethical patterns and guidelines.



In December 2024, the 9th International Society of Obstetric Fistula Surgeons (ISOFS) Conference, themed "End Fistula by Quality Care," commenced with a series of impactful speeches and discussions. Held in Dhaka, Bangladesh, the conference brought together experts, researchers, and advocates dedicated to eliminating obstetric fistula globally with 97 delegates from 31 countries. The conference included a two-day pre-conference surgical workshop on 9 and 10 December at OGSB & IRCH. Following that, the International Fistula Working Group Meeting took place on 11 December at the Bangladesh China Friendship Conference Center (BCFCC). Finally, on 12 and 13 December the in-person conference took place at BCFCC. The event was designed to foster collaboration between communities and health systems and to enhance knowledge on basic and clinical obstetric fistula research, program & intervention, best practices, ethical standards and guidelines.

The ISOFS conferences over the years

2007

Ethiopia

2008

Kenya

2010

Senegal

2012

Bangladesh

2014

Uganda

2016

Nigeria

2018

Nepal

2022

Mozambique

9th ISOFS
Conference

International Society of Obstetric Fistula Surgeons



2024 | The 9th ISOFS Conference
Bangladesh



430+

Conference
Participants



85+

International
Participants

345+

National
Participants



24

Countries participated from
Africa, Asia, Europe and North America



33

Total
sessions

3

Plenary
Sessions

6

Update
Sessions

6

Paper Presentation
Sessions

3

Regional
Sessions



13

Sessions on panel
discussions, policy,
experts' and round-table
discussion, memorial
lectures, debate etc

82

Total
Abstracts
Received

27

Oral
Presentations

23

Poster
Presentations

The Program

The 9th International ISOFS Conference

9 – 13 December 2024
Dhaka, Bangladesh

Conference Theme:
End Fistula by Quality Care

Subthemes:

- Fistula and Pelvic Reconstructive Surgery
- New FIGO ISOFS Fistula Classification
- Safe Surgery and Fistula Prevention
- Rehabilitation and Reintegration
- Diagnose and Treat Patients with Irreparable Fistula
- Fistula Surgery on the way to Reach every Fistula Patient
- Ethics in Fistula
- Fistula Prevention
- Fistula Documentation and Reporting
- Persistent fistula-related disorder (PFRD)
- ISOFS Strategy

9 & 10 December

The Pre-Congress Workshop

OGSB Hospital & IRCH, Mirpur, Dhaka

08:00 AM – 09:00 AM: **Inaugural Session**

09:00 AM – 02:00 PM: **Live Fistula Surgeries**

11 Dec

The International Fistula Working Group Meeting

OGSB Hospital & IRCH, Mirpur, Dhaka

Bangladesh China Friendship Conference Center (BCFCC) , Dhaka

12 Dec

Scientific Conference of ISOFS 2024 (Day 1)

Bangladesh China Friendship Conference Center (BCFCC) , Dhaka

07:30 AM – 08:30 AM: **Executive Committee Meeting**

08:00 AM – 05:30 PM: **Panel, Plenary and Breakout Sessions**

06:00 PM – 8:00 PM: **Inauguration, Dinner and Networking**

13 Dec

Scientific Conference of ISOFS 2024 (Day 2)

Bangladesh China Friendship Conference Center (BCFCC) , Dhaka

08:00 AM – 01:00 PM: **Panel, Plenary, Roundtable and Breakout Sessions**

02:00 PM – 02:30 PM: **Valedictory and Closing**

02:30 PM – 04:30 PM: **AGM and Election**

04:30 PM – 05:30 PM: **Executive Committee Meeting**





Pre-Congress Workshop

9 & 10 December 2024 | Day 1 & 2

OGSB Hospital & IRCH, Mirpur, Dhaka

The 9th International Conference of the Society of Obstetric Fistula Surgeons (ISOFS) commenced with a dynamic pre-congress workshop on 9 December 2024 in Dhaka, Bangladesh. The event was inaugurated by Prof. Sayeba Akhter, President of ISOFS, who delivered a compelling welcome address,

emphasizing the conference's mission to advance global efforts in fistula prevention, treatment, and rehabilitation²¹¹. Over 75 foreign and national delegates attended the session in person, reflecting the global commitment to addressing obstetric fistula as a critical maternal health challenge.

Welcome Address

Prof. Sayeba Akhter

President, ISOFS

Remarks

Prof. Anowara Begum

Past President, OGSB &
Vice Chairman, OGSB Fistula Foundation

Dr Fekade Ayenchew Aklilu

Fistula Surgeon

Dr Itengre Ouedraogo

Secretary General, ISOFS

Prof. Shahla Khatun

Chairman, OGSB Fistula Foundation

Prof. Sameena Chowdhury

Vice Chairman, OGSB Fistula Foundation

Prof. Farhana Dewan

President, OGSB

Vote of Thanks

Prof. Muna Shalima Jahan

Dhaka Medical College and Hospital

The 12 successful live surgeries were performed by **Dr Fekade Ayenchew Aklilu**, **Prof. Anowara Begum**, **Prof. Sayeba Akhter** and **Prof. Fahmida Zabin**, and were telecasted live as more than 10 participants from the Democratic Republic of the Congo joined online. The surgeries included a variety of cases like Vault, Juxta cervical fistula, Ureteric fistula, Urethrovaginal fistula, complete perineal tear etc. The following day focused on post-repair incontinence and novel techniques like Fascial Lata sling and vaginal reconstruction with labia minora graft were demonstrated. All the patients gone through the surgeries were from Dhaka Medical College and Hospital (DMCH) and MAMM's Institute of Fistula and Women's Health, Dhaka. The Operation Theatre (OT) moderators were **Prof. Gulshan Ara** and **Prof. Muna Salima Jahan** on the first day and **Prof. Iffat Ara** and **Dr Musarrat Sultana** on the second day.

Renata Ltd. sponsored the audio-visual and surgery equipment, and Acme Laboratories Ltd, Square Pharmaceuticals PLC and Renata Ltd sponsored the sessions' refreshments.





International Obstetric Fistula Working Group (IOFWG) Meeting

11 December 2024 | Day 3

Bangladesh China Friendship Conference Center (BCFCC) , Dhaka

The IOFWG convened, to discuss the draft Global Roadmap to End Fistula by 2030 under the theme "Driving Change - Shaping the Future of Obstetric Fistula Prevention and Response." The session opened with a welcome address by Masaki Watabe, emphasizing the importance of collective global efforts in tackling obstetric fistula. In their goodwill messages, Prof. Sayeba Akhter, followed with remarks on the critical role of partnerships in advancing the fight against

fistula; Erin Mielke stressed the importance of sustainable strategies to achieve long-term impact; Vandana Tripathi highlighted the role of innovative approaches in improving outcomes; Gillian Slinger spoke on the impact of surgeon training and how it contributes to enhancing the quality of care; and Dr Ayman Abdelmohsen, reaffirmed UNFPA's commitment to the Campaign to End Fistula.

Moderator

Bridget Asiamah

Technical Specialist, Fistula, Sexual and Reproductive Health Branch, Technical Division, UNFPA
Coordinator of Global Campaign to End Fistula

Session Chair

Prof. Serigne Magueye Gueye, MD

General Director, Campus franco-senegalais (CFS)
President, Regional Council for Health Professional Education, West African Health Organisation (WAHO),
Professor of Surgery/Urology, Cheikh Anta Diop University

Welcome Address

Masaki Watabe

Country Representative, UNFPA Bangladesh

Goodwill Messages

Dr Ayeman Abdelmohsen

Chief, Sexual and Reproductive Health and Rights, UNFPA

Prof. Sayeba Akhter

President, ISOFS

Erin Mielke

Senior Family Planning/Reproductive Health Advisor, USAID's Office of Population, Health and Nutrition

Gillian Slinger

Lead, Fistula Surgery Training Initiative, FIGO

Vandana Tripathi

Director, USAID's MOMENTUM Safe Surgery in Family Planning and Obstetrics

The key discussions of the meeting included an overview of the 2024 IOFWG objectives with updates on the global Campaign to End Fistula and detailed the roadmap's five pillars: Health systems strengthening, Community engagement, Advocacy and partnerships, Data and research, and resource mobilization. Bridget Asiamah's presentation emphasized the importance of leveraging digital innovation and sustainable funding. A deeply moving segment featured Rikta Begum, a fistula survivor, who shared her journey from suffering to recovery and reintegration with the help of UNFPA's rehabilitation programs, highlighting the significance of holistic care. Catherine Breen Kamkong, SRHR Advisor, UNFPA Asia, concluded the session by addressing the regional context. She outlined the prevalence of obstetric fistula across Asia-Pacific, where over 208,000 women are estimated to live with the condition. Her remarks emphasized the need to strengthen skilled birth attendance, expand access to emergency obstetric care, and mobilize resources in underserved areas. The roadmap's five pillars were discussed extensively, focusing on health systems strengthening, community engagement, advocacy, data and evidence, and resource mobilization. Cross-cutting themes of digitalization and innovation were emphasized to enhance efficiency in care delivery. The session concluded by underlining the shared commitment to ending obstetric fistula by 2030, with actionable recommendations to improve maternal healthcare quality, expand training for midwives and birth attendants, and foster regional and global partnerships for impactful outcomes.



The Scientific Conference of **ISOFS 2024**

12 & 13 December 2024 | Day 4 & 5

Bangladesh China Friendship Conference Center (BCFCC) , Dhaka



Opening Ceremony



The Chief Advisor to the Interim Government of Bangladesh

Prof. Muhammad Yunus, formally inaugurated the conference. In his address, he praised Bangladesh's progress in maternal health while acknowledging existing challenges. Prof. Yunus highlighted the country's commitment to the World Health Organization's mandate to eliminate fistula by 2030, emphasizing the critical role of such gatherings

in fostering knowledge exchange and strengthening collective action.

The opening ceremony commenced with a warm welcome from **Professor Farhana Dewan**, President of OGSB. She acknowledged the presence of delegates from home and abroad and highlighted OGSB's ongoing efforts to prevent and treat fistula cases in collaboration with the government and development partners.



This gathering is a remarkable convergence of global experts, all united in their dedication to serving the most disadvantaged among us. Let us continue to foster collaboration to ensure a future where no woman suffers from obstetric fistula."

- **Prof. Muhammad Yunus**

Dr Beatrice Ambauen, Scientific Secretary of ISOFS during the session, introduced the diverse program delegation. She emphasized the unique opportunity provided by the conference to share knowledge, strengthen collaborations, and inspire actions toward a world free of obstetric fistula.

Dr Itengré Ouédraogo, Executive Secretary of ISOFS, reinforced the ISOFS's vision of a world without fistula. He acknowledged the contributions of technical and financial partners while calling for continued collaboration to drive innovation and improve care delivery.

Together, we can foster innovation and ensure that every woman affected by fistula receives the care and dignity she deserves"

- **Dr Itengré Ouédraogo**

Bridget Asiamah from UNFPA reaffirmed their goal to end fistula by 2030 through innovative prevention and rehabilitation strategies. Erin Mielke from USAID highlighted the importance of collective efforts, while Dr Vibhavendra Raghuyamshi, from UNFPA and Lindsey Pollaczek from the Fistula Foundation stressed the need for sustainable interventions. Representatives from FIGO outlined their guidelines and goals, focusing on equipping skilled surgeons to enhance surgical outcomes.

Dr Md. Sarwar Bari, Secretary of Medical Education and Family Welfare, shared insights into the government's initiatives, including curriculum updates and the enhancement of grassroots maternal care services. He acknowledged the contributions of development partners and



Dr Beatrice Ambauen



Dr Itengré Ouédraogo



Bridget Asiamah



Dr Md. Sarwar Bari

NGOs, noting the significant improvements in antenatal and postnatal care at the community level.

Prof. Nazmul Hossain, Director General of the Directorate General of Medical Education, Ministry of Health and Family Welfare, called fistula a curse that impacts thousands of women. He expressed gratitude for the collaboration between gynecologists and urologists in combating this challenge and underscored the importance of unity in achieving progress.



Prof. Sayeba Akter, President of ISOFS delivered a compelling address emphasizing the value of partnerships and collective action in advancing the fight against fistula. She underscored the importance of evidence-based approaches and highlighted ISOFS's commitment to fostering global collaboration.



Prof. Dr Md. Sayedur Rahman, Honorable Special Assistant, Ministry of Health and Family Welfare, expressed the government's commitment to incorporating the Dhaka Declaration's key points into national health strategies. He stressed the need to prioritize actionable measures and ensure sustainable integration of these initiatives into the healthcare system, creating an inclusive framework for all women.



Our vision is to transform these recommendations into national interventions that are inclusive and accessible to all. Together, we can create a healthcare framework that moves us closer to eradicating fistula in our country,"

- **Prof. Dr Md. Sayedur Rahman**

At the vote of thanks, **Prof. Mohammad Shafiqul Rahman** from the Bangladesh Association of Urological Surgeons expressed heartfelt gratitude to all participants and partners. He commended their unwavering dedication to this noble cause.



ISOFS Dhaka Declaration

The ISOFS Dhaka Declaration was a significant highlight of the 9th International Society of Obstetric Fistula Surgeons (ISOFS) Conference, held in Dhaka, Bangladesh. **Prof. Sayeba Akter**, President of ISOFS, read out the declaration during the inaugural session, emphasizing the collective commitment of fistula surgeons and global partners to eliminating obstetric fistula by 2030.

1. Prevention of obstetric fistula through accessible, affordable and high-quality maternal healthcare. Prevention of surgical iatrogenic fistula through training of providers in appropriate and safe surgery including recognition and repair of organ injuries intraoperatively.
2. Raising Awareness and Education in communities and their leaders about the causes, symptoms, risks and treatment of female genital fistula.
3. Prompt and Accurate Diagnosis in facilities and communities to ensure early recognition and timely treatment of every new female genital fistula, including early catheterization.
4. Reach every patient suffering from an existing fistula and give appropriate counselling and motivation to access needed treatment and support to improve her quality of life. This also includes women with fistula who cannot get repaired.
5. Offer high-quality fistula repair in established fistula centres in peripheral as well as central hospitals done by appropriately trained fistula surgeons.
6. Give high-quality training to sufficient numbers of new fistula surgeons and ongoing training to all fistula surgeons.
7. Patient-centred and multidisciplinary approach to offer holistic treatment, respecting cultural, emotional, and personal preferences and keeping to ethical principles.
8. Besides surgery offer psychosocial support and counselling to restore the dignity and mental health of these women as well as appropriate rehabilitation to facilitate reintegration into the local community.
9. Data Collection and Research for the generation of evidence.

The declaration serves as a call to action for policymakers, professional societies, and healthcare providers to intensify efforts, foster collaboration, and achieve the Sustainable Development Goals (SDGs) 3 and 5.

12 & 13 December 2024

Plenary Sessions

12 December

End Fistula, where we are in 2024: Achievements & Challenges



The first plenary hosted representative from Global Campaign to End Fistula emphasised why a global roadmap is needed to accelerate

to end of fistula within 2030, the development status of the global roadmap, the five pillars of the roadmap and the step-by-step way forward to have the roll out

globally, regionally and nationally by mid-2025. On behalf of UNFPA Bangladesh and MAMM's Institute of Fistula and Women's Health, the representatives shared respective interventions to change the landscape to end obstetric fistula in Bangladesh and proposed approaches for the coming days. In the end, the representative of the Fistula Foundation presented the collaborative network approach to improve access to fistula treatment, particularly in the Democratic Republic of Congo (DRC) and the future directions.

12 December

Training in Fistula Surgery



This session focused on the importance of structured training programs in fistula surgery, emphasizing the need for standardized curricula and hands-on learning opportunities. The session was chaired by Dr Zannatul Ferdous, Prof. Md Abdul Halim, and Dr Fekade Ayenachew, featuring distinguished speakers such as Prof. Igor Vaz (Focus Fistula Foundation), Prof. Serigne Magueye, Gillian Slinger, Head,

FIGO Fistula Surgery Initiative, and Lilli Trautvetter, Project Manager, FIGO Fistula Surgery Initiative. Prof. Igor Vaz and Prof. Serigne Magueye Gueye highlighted the importance of experienced fistula surgeons as primary trainers, ensuring the highest standards of surgical education. Gillian Slinger and Lilli Trautvetter from FIGO showcased their Fistula Surgery Training Initiative, which integrates live surgical demonstrations, graphic training videos, and hybrid learning models to adapt to

post-pandemic challenges. The session addressed systemic issues in fistula campaigns, such as the tendency to prioritize simple cases over complex ones, leading to underreporting of complicated cases and inadequate follow-up care. Speakers emphasized the need for comprehensive data collection and long-term patient tracking to improve surgical outcomes and address recurring challenges. The discussion underscored the role of multidisciplinary training, including pre- and post-operative

care, psychosocial support, and patient communication, as seen in resources. Partnerships with NGOs, civil society, and international organizations were highlighted as essential for addressing hidden cases, raising awareness, and ensuring sustained funding for fistula programs.

Speakers called for a dual focus on prevention strategies and reintegration programs to address the root causes of obstetric fistula and support survivors in rebuilding their lives.

13 December

Rehabilitation and Reintegration



The third plenary session was chaired by Prof. Latifa Shamsuddin, Bridget Asiamah, Dr Lyeme Efem, and Prof. Fatema, with moderation by Dr Sadia Khan. The session featured presentations addressing holistic care and social reintegration for obstetric fistula survivors. Dr Itengré Ouedraogo discussed the comparative outcomes of two

fistula service models in Burkina Faso, while Bridget Asiamah highlighted the need for rights-based accountability to end fistula by 2030. Abdulazeez Jumare emphasized resource mapping for a comprehensive care approach, and Dr Habiba Corodhia Mohamed shared the "Heal, Empower, Restore" model for physical, emotional, and

economic recovery. The session reinforced the critical role of rehabilitation and integration in achieving the global goal of eradicating obstetric fistula. Speakers highlighted that, alongside severe physical trauma such as VVF/RVF and pelvic floor damage, patients often endure profound psychological and socioeconomic impacts, including rejection by their families and disrupted educational and economic aspirations. In many developing regions, inconsistent healthcare services lead to piecemeal care, a lack of comprehensive reintegration programs that address physical, psychosocial, and economic needs. Itengré Ouedraogo presented data showing better outcomes in dedicated fistula centres compared to multispecialty medical centres.

Breakout Sessions

Oral Presentations



12 December

Epidemiology

Trends of obstetric vesico-vaginal fistula and anal sphincter injuries in rural southwestern Uganda: A Case study of Kagando Hospital

Presenter: **Dr Baluku Asanairi**

The presentation highlights that ano-sphincter injuries are now more prevalent than vesicovaginal fistulas (VFs) at Kagando Hospital, Uganda. The trend indicates that ano-sphincter

injuries have been increasing over the years, emphasizing the need for targeted interventions to address this rising obstetric complication.

Sociodemographic and Clinical Characteristics of Urinary Tract Fistula Patients Treated at Aberdeen Women's Centre, Freetown, Sierra Leone

Presenter: **Dr Awol Yemane**

Legesse

Chairperson:

Prof. Mossammat Dilruba Akter
Prof. Malay Kanti Chakraborty
Christine Edwards

Dr Legesse explained that obstetric fistula, a debilitating childbirth injury caused by prolonged or unattended labor, remains underreported in Sierra Leone. His study highlights the sociodemographic and clinical characteristics of urinary tract fistula patients treated at Aberdeen Women's Centre,

Freetown, Sierra Leone.

Mass Campaigns for Obstetric Fistula Detection: An Effective Strategy for Reaching Undiagnosed Women in Bangladesh

Presenter: **Dr. Animesh Biswas**

The presentation emphasized that mass campaigns are an effective strategy for detecting undiagnosed obstetric fistula cases in Bangladesh. These campaigns help identify affected women in remote areas, raise awareness, and facilitate access to treatment. He highlighted the importance of community engagement and outreach programs in ensuring that more women receive timely medical

intervention.

Knowledge and attitudes of pregnant women towards obstetric fistula

Presenter: **Dr Haroun Saïd ACHE**

Dr ACHE's study highlights gaps in knowledge and misconceptions among pregnant women regarding obstetric fistula, which contribute to delays in seeking care. The findings emphasize the need for targeted education and awareness programs to promote early intervention and prevention. Strengthening community outreach and antenatal counselling can play a crucial role in reducing the incidence of fistula.

Prevalence and Factors

Associated with Divorce Among Fistula Patients in Zambia

Presenter: **Dr. Aubrey Shanzi**

Dr Shanzi's study highlights that 21.6% of fistula patients at Mansa General Hospital experience divorce. Key factors associated with divorce include parity (number of births), the duration of living with fistula, and the province of residence. These findings emphasize the social burden of fistula and the need for rehabilitation programs to support affected women.

12 December

Voice of Women (Iatrogenic Fistula)

Chairpersons:

Prof. Mariam Faruqui

Prof. Setara Binte Kasem

Eugene Kaunda



Iatrogenic Female Fistula

Presenter: **Dr NAFIOU IDI**

Dr Nafiou Idi discussed the growing concern of iatrogenic female fistula, emphasizing the role of surgical procedures as a primary cause. She highlighted that iatrogenic fistulas often result from complications during childbirth, particularly cesarean sections, hysterectomies, and other pelvic surgeries.

Changing Trends in Genitourinary Fistula: A Retrospective Study at KWMCH, Bangladesh

Presenter: **Prof. Bilkis Begum**

Prof. Bilkis Begum highlighted that a decreasing trend in obstetric genitourinary fistula indicates improvements in maternal care in Bangladesh, but the rising incidence of iatrogenic fistula is alarming, necessitating the identification of causative

factors and the implementation of effective countermeasures.

Post-Traumatic Stress Disorder Symptoms among Women Undergoing Female Genital Fistula Repair in Uganda

Presenter: **Dr Fred Kirya**

Dr Fred Kirya's presentation addressed the psychological impact of female genital fistula on women in Uganda, focusing on Post-Traumatic Stress Disorder (PTSD) symptoms experienced by patients undergoing fistula repair. He highlighted that many women not only face physical health challenges but also psychosocial trauma, including anxiety, depression, and fear, often stemming from the prolonged suffering and stigma associated with fistula.

Rising Trends of Iatrogenic Female Genitourinary Fistulae

in Uganda.

Presenter: **Dr Byamukama Onesmus**

Dr Byamukama Onesmus presented findings on the rising incidence of iatrogenic female genitourinary fistulae in Uganda, emphasizing that iatrogenic causes now account for 32.4% of all genitourinary fistula cases.

Evaluation of Patient-Centred Care in the Ugandan Fistula Care Context

Presenter: **Dr Susan Obore Abiar**

Dr Obore advocates for a multidisciplinary approach that not only aims for clinical success but also ensures the long-term well-being and dignity of patients, facilitating their reintegration into family and community life.

12 December

Management of Fistula

Chairpersons: **Prof. Ratu Rumana Binte Rahman**
Prof. Fatema Ashraf
Alison El Ayadi



Sociodemographic Profiles and Management Outcomes of Fistula Patients in a Secondary Health Facility, Northeast, Nigeria: An Annual Review

Presenter: **Dr Mohammed Garba Buwa**

The presentation provided an overlook on sociodemographic profiles and management outcomes of fistula patients in a secondary health facility in Northeast Nigeria.

Fistula continues to be a significant social and physiological challenge, with 85% of cases resulting from obstructive causes. The high proportion of primiparous women aligns with other African studies that identify first-time mothers as particularly vulnerable to obstetric fistula. Based on these findings, he recommended that future research employ longitudinal designs and that healthcare strategies focus on enhancing provider capacity, education, employment opportunities, and access to surgical and rehabilitative services.

Complex Genitourinary Fistula Evaluation and Management

Presenter: **Dr Selim Morshed**

He outlined how advanced diagnostic imaging and meticulous preoperative planning are crucial for accurately mapping fistula tracts and determining the best surgical strategies. His discussion highlighted that

successful repair often depends on integrating both urological and gynecological expertise, which can mitigate the risk of recurrence.

Root Cause Analysis and Innovative Management Approaches for Ureterovaginal Fistula: Insights from a Tertiary Care Center in Bangladesh

Presenter: **Dr Hasina Akhter**

Her findings emphasise the complex interplay of factors leading to this condition, highlighting the need for meticulous diagnostic evaluation and personalized treatment plans. She strongly recommends structured subspecialty training, such as that offered by BCPS or similar institutions, to ensure trainee doctors receive comprehensive, supervised experience in benign gynaecology. Additionally, she advocates for training-of-the-trainer programs to continuously upgrade skills and maintain evidence-based practices among healthcare providers. Ultimately, Dr Akhter underscores the importance of having well-trained assistant doctors to support surgeons, which is crucial for improving patient outcomes and preventing future cases.

Evaluation of Genitourinary Fistula: How do we do it?

Presenter: **Dr Md. Al Mamun**

Dr Md. Al Mamun highlighted the social and medical burden of genitourinary fistula. He emphasized that proper evaluation is key to successful surgery. Clinical history, physical exams, and imaging help in precise diagnosis. Accurate assessment ensures the best surgical approach and lowers recurrence risks. Standardized evaluation improves outcomes and recovery.

Treatment outcomes of genitourinary fistula in "Referral centre for management of female genitourinary fistula" in Rangpur medical college hospital - a single-center experience

Presenter: **Dr Md. Mahmood Hasan**

Dr Md. Mahmood Hasan shared insights from Rangpur Medical College Hospital's experience in managing genitourinary fistula. He emphasized the effectiveness of the conservative method in selected cases, reducing the need for surgical intervention. His findings suggest that early diagnosis and non-surgical approaches can improve healing outcomes. The study highlights the importance of patient selection and timely intervention in fistula management.



13 December

Mixed bag

Chairpersons:

Prof. Nargis Fatema Shuma

Prof. Afroza Kutubi

Dr Belquis al Sayied

Global availability of reintegration and rehabilitation programming for female genital fistula: results from a landscape assessment of organizations

Presenter: **Dr Alison El Ayadi**

Dr Alison El Ayadi conducted a comprehensive landscape assessment of global reintegration and rehabilitation programs for women affected by female genital fistula. Her scoping review identified a variety of services provided alongside surgical treatment, including psychosocial support, skills training, and community reintegration initiatives. However, the availability and quality of these programs vary significantly across

regions, highlighting the need for standardized, evidence-based approaches to effectively address the complex needs of fistula survivors.

Domingos From Identification to Healing: An Integrated Approach to Fistula Management In Zambezia Province, Mozambique (2018-2021)

Presenter: **Dr Ausenda Maria**

Dr Ausenda Maria Domingos presented an integrated approach to fistula management in Zambezia Province, Mozambique, covering the period from 2018 to 2021. Mozambique has implemented strategies to address obstetric fistula, including

surgical repair campaigns. However, challenges such as the sustainability of these campaigns and the need for a more institutionalized approach have been identified. Additionally, studies have estimated the mean unit cost of fistula repair in Mozambique, highlighting the financial considerations in providing these essential services.

Outcome of reconstruction of vagina by pudendal thigh flaps

Presenter: **Dr Shariff Asfia Rahman**

The speaker discussed the outcomes of vaginal reconstruction using pudendal thigh flaps, emphasizing its crucial role in post-surgical recovery. The

procedure promotes effective wound healing, allowing smoother post-operative radiotherapy and chemotherapy. Additionally, reconstruction restores the pelvic floor, preventing complications like herniation and small bowel fistula. Beyond physical recovery, the surgery aims to re-establish body image and sexual function, improving overall quality of life.

Empowering Fistula Survivors: Evidence from Rehabilitation and Reintegration Initiatives in Bangladesh

Presenter: **Dr Animesh Biswas**

Serving as a Technical Officer at UNFPA the presenter highlighted the critical need for holistic support for fistula-affected women. He shared the heart-breaking case of an

adolescent girl married at 13, who developed obstetric fistula during childbirth at 14, emphasizing the deep-rooted societal issues leading to this condition. His presentation showcased UNFPA Bangladesh's efforts in not just providing medical treatment but also social reintegration, economic empowerment, and psychological support for survivors.

13 December

Mixed bag

Learning and Way Forward for Female Genital Fistula Care in Bangladesh

Presenter: **Dr Nrinmoy Biswas**

Dr Nrinmoy Biswas, in his presentation on Learning and Way Forward for Female Genital Fistula Care in Bangladesh, highlighted the important work being done by the Hope Foundation Hospital in Cox's Bazar. He emphasized the

devastating impact of obstetric fistula, particularly in regions like sub-Saharan Africa and Asia, where factors such as early marriage, inadequate antenatal care, and maternal complications contribute significantly to the condition.

Dr Biswas shared that the Hope Foundation Hospital, located in Ramu sub-district, is a private facility specializing in maternity

care and fistula surgery. Notably, the hospital is serving both the host community and the Rohingya refugees, providing essential fistula management services to individuals referred from nearby refugee camps.

Clinical Review of 50 cases of Vesico-Vaginal Fistula at National Fistula Center, Dhaka Medical College Hospital

Chairpersons: **Prof. Nahid Islam Yesmin**
Prof. Masuda Begum
Prof. Hasina Afroze



Presenter: **Prof. Utpala Mazumder**

In her presentation Prof. Utpala Mazumder shared the clinical journeys of three women suffering from Vesico-vaginal Fistula (VVF), shedding light on the varying causes and impacts of the condition. Prof. Mazumder emphasized that while VVF has various etiologies, healthcare

providers must recognize and treat the condition promptly to prevent long-term physical and psychological suffering.

Inevitable bladder injury in PAS disorder

Presenter: **Dr Nusrat Hossain**

Dr Nusrat Hossain's presentation on Inevitable Bladder Injury in Placenta Accreta Spectrum (PAS) Disorder focused on ultrasound

findings crucial for diagnosing bladder injury in PAS cases. She highlighted the loss of the hyperechoic band between the uterine serosa and bladder lumen on 2D Gray Scale, and the presence of uterovesical hypervascularity on 2D Color Doppler, both of which suggest the likelihood of bladder injury due to PAS.

13 December

Mixed bag

Chairpersons:

Prof. Akhterunnesa Parveen
Prof. Afzalunnesa Chowdhury
Dr Ambereen Sleemi

A Friendly Approach to Repair Third- and Fourth-Degree Perineal Tears

Presenter: **Prof. Rowshon Ara Khanom**

The presentation emphasized the advantages of continuous suturing in distributing tension evenly along the suture line, preventing ischemia and gap formation. She also highlighted that full-thickness suturing of the anal mucosa is the

safest method due to its friable nature, and a systematic review showed no significant differences in long-term outcomes like perineal pain, dyspareunia, and incontinence between two sphincter repair techniques.

Trends in Absolute Maternal Mortality (MM) in Afghanistan and Fistula Treatment at the Cure Hospital in Kabul (2005 – 2024)

Presenter: **Dr Yousuf Khan Karimi**

Dr Yousuf Khan Karimi's presentation highlighted the persistently high maternal mortality and morbidity rates in Afghanistan, particularly when compared to the surrounding region. He emphasized the rising trend of iatrogenic fistula cases, noting concerns about the quality and accessibility of reproductive health services in the country,



which continue to be significant challenges.

Incidence and characteristics of patients with surgical fistula compared to obstetric fistula at LAMB hospital from 2011 to 2023

Presenter: **Dr Beatrice Ambauen**

The presentation on the incidence

and characteristics of surgical versus obstetric fistula at LAMB Hospital highlighted a concerning trend: while the number of obstetric fistulas is decreasing in Bangladesh, the incidence of iatrogenic surgical fistulas has risen over the last 12 years, primarily due to total abdominal hysterectomy procedures. The presentation emphasized that many of these

surgeries are performed in private clinics, where improper indications, poor surgical techniques, and failure to recognize urinary tract injuries contribute to the increasing number of surgical fistulas.



Advocacy on Public Awareness

Chairpersons:

Prof. Saleha Begum Chowdhury

Prof. Maliha

Dr Beatrice Ambauen

Panellists:

Dr Abu Sayed Hassan

SRH Specialist, UNFPA

Dr Md. Saklayen Russel

Journalist and Doctor

Barrister Rashna Islam

Lawyer

Mrs. Khushi Parvin

Social Worker

Dr Abdun Noor Tushar

Media person & Social Activist

Dr Samsul Ahsan

Psychologists

Dr Fauzia Moslem

Women Activist

Ferdousi

Fistula Survivor

Muzahid Shubo

Journalist

The Round Table Discussion on Advocacy and Public Awareness brought together a diverse panel of experts from various fields, each highlighting the critical role of advocacy in raising awareness about obstetric fistula. Muzahid Shubo, stressed the responsibility of media and the importance of training for journalists to raise awareness

and work together toward ending fistula by 2030. Dr Abu Sayed Hassan, stressed the importance of integrating reproductive health education into community outreach to prevent fistula and ensure timely care. Dr Md. Saklayen Russel, emphasized the power of media in spreading awareness and advocating for policy change, pointing out

how storytelling can transform public perception. Barrister Rashna Islam highlighted the importance of legal frameworks to protect women's rights and provide legal recourse for survivors of fistula, while Mrs. Khushi Parvin, discussed the necessity of grassroots engagement to empower women and ensure they have access to critical

services. Dr Abdun Noor Tushar emphasized the role of social media in mobilizing public support and influencing policy decisions. Dr Samsul Ahsan underlined the psychological trauma faced by fistula survivors and

the importance of mental health support in the healing process. Women's rights advocate Dr Fauzia Moslem focused on gender equality and the need for a societal shift to address the root causes of fistula, such as early marriage

and lack of education. Mrs Ferdousi, a fistula survivor, shared her personal journey, providing powerful testimony on the importance of community support and survivor advocacy in overcoming stigma.





Design, Development and Demonstration of a hospital-based register for fistula management in Bangladesh

Presenter: **Dr Ahmed Ehsanur Rahman**

The presentation addressed the need for improved fistula management documentation in Bangladesh. Obstetric fistula carries severe consequences, including incontinence, health issues, and social isolation. Existing health registers in Bangladesh offer limited or no specific information on fistula management. While the DHIS2 system includes some fistula-related variables, reporting is often inaccurate

due to the lack of a structured register. The proposed solution is to introduce a standardized hospital-based register for inpatient fistula management. The objective was to develop and implement this standardized register. The development methodology involved desk reviews, expert consultations, and Delphi surveys to list and prioritize variables. Through this process, 352 variables were

initially identified, narrowed down to 107 for the Delphi survey, and finally, 47 variables were prioritized for the register. These prioritized variables cover patient information, fistula history, examination, diagnosis, management, post-operative care, and discharge/referral details. The next step involves testing the paper-based register in selected hospitals to evaluate its implementation based on WHO outcome variables.

Chairpersons:

Prof. Sayeba Akhter

Prof. Farhana Dewan

Panellists:

Dr Md. Azizul Alam

Bridget Asiamah

Prof. Anowara Begum

Prof. Iffat Ara





12 December

Fistula Classifications

The Fistula Classification Conundrum: Why is reaching consensus quite impossible?

Presenter: **Serigne Magueye
Gueye**

The speaker emphasized the complexity of fistula classification and why global consensus remains elusive. He highlighted the need for a practical, universally acceptable system.

Importance of Classifications?

Presenter: **Prof. Sayeba Akhter**

The speaker emphasized that proper classification is crucial to planning treatment and enhancing surgical outcomes. It also supports data collection and research.

Update of Classification

Presenter: **Rachel pope**

The speaker shared updates on refining fistula classifications to align with clinical realities. She advocated for flexibility and regular revisions.

Chairpersons: **Prof. Shamsunnahar Begum**
Prof. Sabera Khatun
Yousuf Khan Karimi

How to implement the fistula Classification

Presenter: **Prof. Farhana Dewan**

The speaker Focused on how to implement classification systems effectively in clinical settings. Training and standardization were emphasized as essential steps.



12 December

Fistula Prevention

Promotion of Midwifery Care

Presenter: **Prof. Shersha sayed**

Prof. Shersha Sayed emphasized the crucial role of trained, skilled, and competent midwives in maternal healthcare. He highlighted that quality midwifery care can prevent obstetric fistula, promote Family Planning (FP), and reduce unnecessary C-sections (LSCS). Strengthening midwifery services is key to lowering maternal mortality and improving overall maternal health. His conclusion stressed the need for investment in midwifery education and training to enhance safe childbirth practices.

Eradication of Genitor-Urinary Fistula, a Sustainable Approach

Presenter: **Prof. Dr Md. Shahidul Islam**

Prof. Dr Md. Shahidul Islam emphasized the need for a

sustainable approach to eradicating genitourinary fistula. He highlighted that most training programs are centered in the capital, making it difficult for peripheral healthcare providers to participate. Many doctors in remote areas are less inclined to join due to professional commitments and financial constraints, as fistula surgery is not seen as economically viable. He stressed the importance of decentralizing training programs and providing incentives.

Quality Maternal Health Care: A key to Preventing Obstetrics Fistula

Presenter: **Dr Emdadul Hoque**

Dr Emdadul Hoque emphasized that quality maternal healthcare is key to preventing obstetric fistula. He highlighted that fistula is largely preventable through delayed first pregnancy, stopping

Chairpersons:

Prof. Rashida Begum

Prof. Taufiqua Hussain

Prof. Mohan Chandra Regmi

harmful traditional practices, and ensuring timely access to obstetric care. Strengthening maternal health services can significantly reduce fistula cases and improve women's overall well-being.

Hamlin Fistula Ethiopia Establishing the current state of Obstetric Fistula in a district

Presenter: **Dr Tasfaye Mamo**

Dr Tasfaye Mamo highlighted the work of Hamlin Fistula Ethiopia in restoring the health and dignity of women affected by obstetric fistula. He emphasized that fistula remains a preventable yet devastating childbirth injury, particularly in underserved districts. The organization focuses on treatment, rehabilitation, and prevention, ensuring that survivors receive holistic care. His presentation underscored the need for sustainable healthcare solutions to eliminate obstetric fistula.



12 December

Fistula Surgery

Optimizing Vesicovaginal Fistula Repair: Key Techniques for Transvaginal Success

Presenter: **Dr Md. Mezbahul
Moker Rabin**

Dr Md. Mezbahul Moker Rabin presented key techniques for optimizing transvaginal repair of vesicovaginal fistula, emphasizing minimal invasiveness, precision, and improved patient recovery outcomes based on his experience at Rangpur Medical

College Hospital.

Vaginal Agenesis: Our experience with Sigmoid Vaginoplasty

Presenter: **Dr Jahangir Kabir**

Dr Jahangir Kabir shared clinical experience with sigmoid vaginoplasty for managing vaginal agenesis, highlighting its effectiveness in restoring vaginal function and improving quality of life.

Chairpersons: **Prof. Gulshan Ara
Prof. Rashida Khanom
Prof. Neaz T Parveen**

Treatment of Urogenital Fistulas Using the High Suprapubic Route at the University Hospital of Abeche

Presenter: **Dr Vadandi**

The presenter discussed the high suprapubic surgical approach for treating complex urogenital fistulas at the University Hospital of Abeche, demonstrating its success in difficult cases.



13 December

Post Repair Incontinence

Update on Diagnostic Criteria and Grading for Fistula Deemed Inoperable in Jos Nigeria

Presenter: **Dr Sunday Lengmang**

Dr Lengmang presented updated diagnostic criteria and grading systems developed at the Evangel Vesico-Vaginal Fistula Center in Jos, Nigeria. These tools are designed to accurately identify and categorize inoperable fistula cases, facilitating more effective treatment planning and patient counseling. His work underscores the importance of standardized assessments in managing complex fistula cases.

Long-term outcomes of patients treated with fascia lata sling for urine incontinence post vesico-vaginal fistula repair in Zambia

Presenter: **Dr Eugene Kaunda**

Dr Kaunda shared findings on the long-term effectiveness of fascia lata sling procedures for managing urinary incontinence following vesico-vaginal fistula repair in Zambia. The study demonstrated promising results, indicating that this technique offers a viable solution for persistent incontinence in resource-limited settings.

Updates from a longitudinal study of post-repair breakdown and recurrence of female genital fistula in Uganda

Presenter: **Prof. Justus K. Barageine**

Prof. Barageine provided updates from a longitudinal study in Uganda focusing on post-repair breakdown and recurrence of female genital fistula. The research emphasized the critical need for sustained follow-up care

Chairpersons:

Prof. Laila Arjumand Banu

Prof. Sartaz Begum

Dr Iyeme Efem

and identified factors contributing to recurrence, aiming to inform strategies that enhance surgical outcomes and prevent fistula relapse.

Holistic Collaborative Obstetric Fistula Center Project. Labé, Guinea Conakry

Presenter: **Dr Kindy Diallo**

Dr Diallo presented the Holistic Collaborative Obstetric Fistula Center Project in Labé, Guinea. This initiative integrates surgical treatment with psychosocial support and community reintegration efforts, addressing the multifaceted challenges faced by fistula survivors and promoting comprehensive healing and social acceptance.



13 December

PFRD and Diversion

Chairpersons: **Prof. S.A Khan**
Prof. Hassanuzzaman
Prof. Rowshon Ara Begum

When to Use Diversion Option for Patients in Africa

Presenter: **Dr Igor Vas**

Dr Vas highlighted key factors in deciding when to use diversion, including patient health, the severity of the fistula, and available resources. The session focused on the importance of understanding when diversion is the most suitable option to improve patient outcomes and quality of life, particularly in resource-limited settings where access to advanced care may be restricted.

An approach to formulate a guideline for the detection of incurable fistula in a tertiary fistula

treatment facility in Bangladesh: A pilot study

Presenter: **Dr Tahsin Islam**

Dr Tahsin Islam presented her pilot study on formulating a guideline for the detection of incurable fistula in a tertiary treatment facility in Bangladesh. The study aimed to address the challenges in diagnosing incurable fistulas, such as limitations in skills, resources, and the absence of a universal guideline. The study objectives focused on screening for suspected incurable cases, analyzing their characteristics, and developing a comprehensive diagnostic guideline to aid in proper management. The study, conducted at MAMM'S Institute of Fistula and Women's Health,

involved a cross-sectional observational design and aimed to improve diagnostic accuracy for complex cases of fistula, ultimately enhancing treatment outcomes.

Female genital fistulas deemed incurred

Presenter: **Dr Abdoulaye Idrissa**

Dr Abdoulaye Idrissa addressed the topic of female genital fistulas that are deemed incurable. He highlighted the challenges in diagnosing and managing severe or complex fistulas, especially those that cannot be repaired through conventional surgical methods.



13 December

Fistula Surgery in Different Approaches

Chairpersons: **Prof. Jannatul Ferdous**
Dr Itengre

Trans vesical Approach in VVF Cases: Analysis of 71 Cases

Presenter: **Prof. Iffat Ara**

Prof. Iffat Ara presented an analysis of 71 cases of vesicovaginal fistula (VVF) managed using the transvesical approach. She highlighted that in developing countries, 70% of VVF cases are caused by obstetric fistula, primarily due to ischemia or trauma from prolonged obstructed labor. Ischemia occurs when the bladder base is compressed between the fetal head and symphysis pubis, leading to tissue necrosis. In contrast, gynecological causes are more common in developed countries, with post-surgical fistula occurring most frequently after radical hysterectomy for cervical cancer and least commonly after vaginal hysterectomy for prolapse.

Comparative Study of Open vs. Laparoscopic Post-Hysterectomy VVF Repair

Presenter: **Dr Humayun Kabir Kallol**

Dr Humayun Kabir Kallol explained that while both approaches yield similar success rates in closing high VVF, the laparoscopic method offers significant advantages, including a shorter duration of intra-abdominal drain usage and reduced hospital stays.

KEES Peritoneal Neovagina Creation for the Management of Vaginal Agenesis

Presenter: **Dr Baburam Dixit Thapa**

Dr Baburam Dixit Thapa presented KEES peritoneal

neovagina creation as an effective technique for managing vaginal agenesis. He emphasized that the procedure can be performed per vaginam under spinal anesthesia, making it a minimally invasive and cost-effective option.

Characteristics Associated with Unsuccessful Obstetric-Related Vesicovaginal Fistula Closure

Presenter: **Dr Amadou Issa Abdou**

Dr Amadou Issa Abdou examined the factors linked to unsuccessful obstetric-related vesicovaginal fistula closure. He identified key characteristics such as larger fistula size, extensive tissue damage, and severe fibrosis that contribute to poor surgical outcomes.



12 December 2024

Ethics in Fistula

Presenter: **Prof. Sayeba Akhter**

Prof. Sayeba Akhter highlighted historical and ongoing ethical concerns in fistula care, referencing the controversial legacy of 19th-century surgeon James Marion Sims, who performed painful surgeries on enslaved women without

anesthesia. She emphasized the ethical rights of fistula patients, including the right to understand their condition and treatment options, to receive free and standard care, to be treated with compassion and

respect, to avoid exploitation, and to refuse procedures they do not fully understand or consent to. Her talk called for an ethical, patient-centered approach in all aspects of fistula care.

Chairpersons:

National Prof. Shahla Khatun

Prof. Anowara Begum

Prof. Dr Serigne Magueye Gueye





12 December 2024

Latrogenic Fistula is a Negligence

Judges:

Prof. Kohinoor Begum

Prof. Shafiqur Rahman

Prof. Rayhana Awal Sumi

For the Motion

Team members: **Prof. Muna Shalima Jahan**
Dr Tahsin Islam
Dr Tanvir Ahmed Chowdhury

- Iatrogenic fistula results from surgical errors, making it a clear case of medical negligence.
- Proper training, adherence to surgical protocols, and post-operative care can prevent most cases.
- Healthcare professionals must be held accountable to ensure patient safety and reduce avoidable complications.

Against the Motion

Team members: **Prof. Rashida Khanom**
Dr Mirza Asaduzzaman
Dr Hasina Sadia

- Not all iatrogenic fistulas result from negligence; some occur despite following best medical practices.
- Complex surgeries, patient conditions, and unforeseen complications can contribute to fistula formation.
- Instead of blaming surgeons, the focus should be on improving medical training and hospital infrastructure.





Chairpersons: **Prof. Shamsun Nahar Hena**
Prof. Ferdousi Islam Lipi
Ishbel Campbell

Panellist: **SA'AD IDRIS**
Prof. Tabassum Parveen
Holly E Richter
Prof. Shahin Rahman
Prof. Fatema Rahman Pinky
Dr Biniyam Sirak Mammo
Prof. Mala Banik

Safe Obstetrics

Keynote Presentation on Safe Obstetrics & Respectful Maternal Care

Presenter: **Prof. SK Zinnat Ara Nasreen**

Prof. SK Zinnat Ara Nasreen emphasized that Respectful Maternal Care (RMC) is not only essential to quality healthcare but also a fundamental human right—upholding autonomy, dignity, informed decision-making, and individual preferences. She stressed that achieving the global goal of reducing maternal mortality to fewer than 70 deaths per 100,000

live births by 2030 requires RMC as a cornerstone strategy. Standard elements of RMC include freedom from abuse, informed consent, privacy, respectful communication, a safe care environment, and justice. Prof. Nasreen called for system-wide accountability and commitment to embed these principles into all maternal healthcare services.



Chairpersons: **Prof. Rowshon Ara Khanum**
Prof. Rahima Begum
Abdulahi Yusuf Mohammad

Panellist: **Prof. Kiswar Sultana**
Dr John Omboga
Prof. Sikha Rani Saha
Erin Mielke
Prof. Nur Sayeeda
Dr Ambereen Sleemi

Safe Gynecology

Keynote Presentation on Safe Gynecology

Presenter: **Prof. Salma Rouf**

The keynote on Safe Gynecology emphasized the high risk of iatrogenic urological injuries during gynecological and obstetric surgeries, which account for nearly 50% of such complications. It highlighted the importance of understanding ureteral anatomy, common injury

sites, and mechanisms like ligation, thermal damage, and transection. The speaker stressed that safe surgical practices, intraoperative awareness, and multidisciplinary teamwork are essential to prevent injuries, reduce patient suffering, and avoid medico-legal issues.



Chairpersons: **Prof. Sameena Chowdhury**
Prof. Kamrun Nessa Runa
Lindsey Pollaczek

Panellist: **Prof. Begum Nasrin**
Prof. Mohan Chandra Regmi
Prof. Shereen Farhad Siddiq
Dr Sadiya Nasir
Dr Liza Chowdhury (Maj. Gen)
Prof. Shamim Fatema Nargis
Dr Gabriel Ganyaglo
Prof. Irin Parvin Alam

Holistic Approach for Fistula Surgery

Keynote Presentation on Holistic Approach for Fistula Surgery: Awareness in the Society

Presenter: **Prof. Nurun Nahar Khanam**

Prof. Khanam highlighted that while traditional fistula care has focused primarily on prevention, surgical treatment, and facility-based delivery, a truly effective response must adopt a holistic, patient-centered approach. Women suffering from fistula often face deep-rooted stigma, discrimination, gender-based violence (GBV), and co-morbidities such as foot drop and poor mental health, leading to isolation and loss of socio-economic

opportunities. She stressed that a holistic fistula care model addresses not only surgical repair but also the comprehensive physical, emotional, and social needs of patients. She emphasized that awareness in society, inter-departmental collaboration, and family and community support are vital for ensuring dignity, recovery, and reintegration of fistula survivors into society.



Chairpersons: **Prof. Nazlima Nargis**
Prof. Dilruba Zeba
Prof. Barageine Justus Kafunjo

Quality of Life (QOL) and Social Integration Post-Repair Versus Living with Female Genital Fistula (FGF): 7 Years Evidence from Northern Bangladesh

Presenter: **Stacy Saha**

Stacy Saha discussed how successful repair of female genital fistula significantly enhances quality of life and facilitates social reintegration. She emphasized the importance of future research to assess additional factors such as depression, anxiety, support systems, and opportunities for income generation to further support this vulnerable population.

Quality of Life of Obstetric Fistula Patients Before and After Surgical Repair at Jimma University Medical Center, Southwest Ethiopia

Presenter: **Zerihun Asefa Hordofa**

Zerihun Asefa Hordofa presented findings that show the overall quality of life of obstetric fistula patients significantly improved after successful surgical repair. While all domains of quality of life showed significant improvement, the psychological domain demonstrated slight improvement.



Regional Opportunities and Challenges in Ending through Quality Care in West and Central Africa

This session focused on the context-specific challenges and emerging opportunities in eliminating obstetric fistula across Central and West Africa. Speakers highlighted barriers such as limited access to skilled

Chairpersons:

Elhadji Issoufou Mahaman Tassiou
Prof. Zannat

Facilitators:

Dr Clovis Ourtching
Dr Abdoulaye Idrissa

healthcare, inadequate training for fistula surgeons, and persistent socio-cultural factors. At the same time, they shared regional efforts to strengthen health systems, scale up quality surgical care, and promote community

awareness. The session called for enhanced collaboration, investment in local capacity, and integration of respectful maternal care to accelerate progress toward ending fistula in the region.

Regional Opportunities and Challenges in Ending through Quality Care in East and Southern Africa

Chairpersons:

Dr Kirya Fred
Habiba Corodhia Mohamed

Facilitators:

Dr Lenny Starforth
Dr Hillary Mabeya



This session focused on the context-specific challenges and emerging opportunities in eliminating obstetric fistula across East and Western Africa. Speakers highlighted barriers such as limited access to skilled healthcare,

inadequate training for fistula surgeons, and persistent socio-cultural factors. At the same time, they shared regional efforts to strengthen health systems, scale up quality surgical care, and promote community

awareness. The session called for enhanced collaboration, investment in local capacity, and integration of respectful maternal care to accelerate progress toward ending fistula in the region.

Regional Opportunities and Challenges in Ending through Quality Care in South Asia and Middle East

Chairpersons:
Alice Emasu
Dr Shershah Syed
Prof. Parul Jahan

Facilitators:
Prof. Fahmida Zabin
Dr Iqbal Nagi

Prof. Fahmida Zabin discussed the opportunities and challenges in ending obstetric fistula in South Asia through quality care. She emphasized the need for strengthening regional healthcare systems, improving access to skilled birth attendants, and expanding fistula treatment and prevention programs. Despite progress, challenges such as limited healthcare infrastructure, social stigma,

and economic barriers persist. She highlighted the importance of regional collaboration and policy support to achieve sustainable fistula eradication.

Dr Iqbal Nagi highlighted the severe challenges in managing obstetric fistula in Yemen, where only two fistula surgeons serve the entire country. He emphasized the lack of government support,

war-related destruction, and absence of proper infrastructure and data as major obstacles. Many affected women, an estimated 3,000–4,000 patients, do not seek treatment due to fear and social stigma. The crisis underscores the urgent need for international support, improved healthcare facilities, and awareness programs.





End Obstetric Fistula by 2030

Panelist: **Dr Iyeme Efem**
Dr Dewan Mohammad Emdad Haque
Dr Md. Rizwanur Rahman
Felix Helgesson
Dr Vibhavendra Singh Raghuvanshi

Catherine Breen Kamkong
Prof. Dr Farhana Dewan
Prof. Dr Fahmida Zabin
Mahfuz Mishu

This policy session underscored the urgent need for coordinated, multisectoral action to end obstetric fistula by 2030. Key messages included the importance of strengthening health systems, ensuring respectful and ethical

maternal care, and improving access to fistula prevention, treatment, and reintegration services, especially for vulnerable and marginalized populations. Panellists emphasized the value of collaboration across governments, NGOs,

international agencies, and communities, supported by robust data, policy commitment, and sustained resource mobilization. Ending fistula is not only a medical goal—it is a matter of justice, dignity, and human rights.





Chairpersons: **Prof. M. A. Salam**
Prof. Fawzia Hossain
Dr Musa Isa

Goodwill Message

Dr Raneer Thakur delivered a heartfelt goodwill video message, reaffirming global solidarity and the shared commitment to ending obstetric fistula through collaborative action and compassion.

End of Fistula: Thoughts of RCOG

Dr Hasan Shehata, representing the Royal College of Obstetricians and Gynaecologists (RCOG), he emphasized the importance of global partnerships, clinical excellence, and continuous advocacy to achieve the goal of a fistula-free world.

Implantation of Ureter through Vaginal Route

Dr Fekade Ayenachew Aklilu from FIGO presented an advanced surgical technique involving ureteral implantation via the vaginal route, showcasing innovative approaches to complex fistula management and surgical skill development.





MAMMS'S Celebration of 12 Years Fistula Journey

Chairpersons: **Prof. Md. Jahangir Kabir**
Prof. Abu Jafor
Dr Morshedul Azam

Chief Guest: **Prof. T.A .Chowdhury**
National Prof. Shahla Khatun
Prof. A.B. Bhuiyan
Prof. Latifa Shamsuddin

Special Guest: **Prof. Anowara Begum**
Prof. Fazlur Rahman
Lindsey Pollaczek

Keynote
 Speech: **Prof. Sayeba Akhter**

The session celebrated 12 years of MAMM'S journey in addressing obstetric fistula, highlighting significant milestones and ongoing efforts to support women affected by fistula. Chaired by esteemed professors and experts in the field, the session featured a keynote speech by Prof. Sayeba Akhter, offering insights

into the progress made and the challenges ahead in fistula care.

National and international experts, acknowledged the advancements in fistula treatment and prevention. Fistula survivors shared their personal experiences, shedding light on the emotional and physical

challenges they overcame, reinforcing the importance of community support and medical care in their recovery journey. This session served as a testament to the progress made in improving fistula care, raising awareness, and fostering collaboration to end obstetric fistula by 2030.



Poster Presentation

Judges: **Prof. Taufiqua Hussain**
Prof. Iffat Ara
Prof. Ratu Rumana Binte Rahman
Prof. Shahi Farzana Tasmin
Prof. Malay Kanti Chakraborty
Prof. Shahin Rahman
Prof. Samsad Jahan
Prof. Farhat Hossain

Poster list:

Fistula-related stigma severity by among Ugandan women undergoing fistula surgery.

[Dr Alison M. El Ayadi](#)

Prevalence of Anaemia Among Women with Urinary Incontinence in National Obstetric Fistula Centre Babbar Raga Katsina

[Dr Isa Usman Mani](#)

Pattern of Presentation of Urinary Incontinence in National Obstetric Fistula Centre, Katsina Nigeria

[Dr Isa Usman Mani](#)

Surgical Management of a Vesicovaginal Fistula with prolapse-case report

[Dr Sirajum Munira](#)

Putting Women's Voices at the Heart of the Quality-of-Life Conversation: Building A Novel Quality of Life Tool to Transform Measurable Data and Improve Insights into Obstetric Fistula

[Dr Susi Neher](#)

Outcomes of Fistula Repair surgeries in adolescent girl

[Dr Jenipher Mijere](#)

A Rare Complication: Large Bladder Stones in a Patient with Vesicovaginal Fistula (VVF), Extracted Trans-vaginally- A Case Report

[Dr Ikanke Mathias Udoh](#)

Bladder stone and recurrence of vesicovaginal fistula on partially removed ureteral stent : a case report

[Dr Clovis Ourtchingh](#)

Novel Use of the Rectus Abdominus Flap in Complex Fistula Repair

[Jeffrey Wilkinson](#)

Iatrogenic female fistula

[Nafiou Idi](#)

Obstetric Fistula survivor case report

[Dr Iqbal Mohammed Nagi](#)

How we organize the female genital fistula (FGF) repair camp in Niger

[Nafiou Idi](#)

Long-Term Effects of Obstetric Fistula on The Overall Quality Of Life Among Survivors Who Had Undergone Obstetric Fistula Repair, Central Gondar Zone, Northwest Ethiopia, A Community-Based Study

[Aster Berhe](#)

Awareness Of Obstetric Fistula and Its Associated Factors Among Reproductive-Age Group Women in Bench Sheko Zone, Southwest, Ethiopia

[Zerihun asefa](#)

Unveiling Obstetric Fistula: A Comprehensive Analysis of Community Perceptions and Determinants Across Gender Lines.

[Aster Berhe](#)

Obstetric fistula repair and other pelvic floor surgeries in Katsina northwestern Nigeria: A 3year review.

[Hurera Umar darma](#)

Pattern of contraceptive up take among obstetric fistula clients and non-fistula clients at National Obstetric Fistula Centre Katsina Northwestern Nigeria

[Hurera Umar darma](#)

Vesicouterine fistula – a rare, delayed complication of cesarean section

[Dr Sumaya Akter](#)

Deciphering Community Level of Knowledge of Obstetric Fistula and Determinants: Perspectives Elucidated By Ordinal Logistic Regression

[M. Limenih](#)

Knowledge and attitudes of health personnel towards obstetric fistula at the university hospital of abéché and four hospitals in disriques of n'djamena

[Dr Mahamat Ali Mahamat Amine](#)

Surgical interventions in post-VVF repair stress incontinence

[Dr Amiru Imam Yola](#)

To describe the outcome among woman with obstetric fistula, at Al- Sadaka Teaching Hospital

[Dr Iqbal Mohammed Nagi](#)

Learnings from the scaled implementation of a performance-based funding program to treat fistula.

[Dr Seth Cochran](#)

Winner List:

Novel use of the Rectus Abdominus Flap in Complex Fistula Repair.

Dr Ennet Chipunga Banda

Unveiling Obstetrics Fistula: A comprehensive Analysis of community perceptions and Determinants Across Gender lines.

Aster Berhe

To describe the outcome among women with obstetrics fistula, at Al – Sadaka Teaching Hospital.

Dr Iqbal Mohammed Nagi

Outcomes of fistula repair surgeries in adolescent girl.

Dr Jenipher Mijere

Bladder stone and recurrence of Vesicovaginal fistula on partially remove ureteral stent: a case report.

Dr Clovis Ourtching

Vesicouterine fistula – a rare, delayed complication of cesarean section

Dr Sumaya Akter





Closing Cultural Evening



The 9th ISOFS Conference concluded with a vibrant Cultural Evening that celebrated the spirit of Bangladesh while conveying powerful social messages. The program featured a moving drama focused on raising awareness about obstetric fistula and the

strength of survivors, leaving a lasting impression on all attendees. The evening also showcased patriotic songs and traditional Bangladeshi dance performances, representing the rich heritage and resilience of

the nation. Through music, dance, and storytelling, the event highlighted the intersection of culture and health advocacy, presenting Bangladesh's identity to an international audience with pride and passion.



9th ISOFS 2024 Awardees Name

International

- Prof. Serigne Magueye GUEYE (Senegalese)
- Alice Emasu Seruyange (Uganda)
- Dr Fekade Ayenachew (Ethiopia)
- Dr Saad Idris (Nigeria)
- Dr Jhon Omboga (Kenya)
- Dr Farzana Wali Jebran (Afghanistan)
- Dr Michale Barron

National (Bangladesh)

- Prof. AHM TA Chowdhury
- National Prof. Shahla Khatun
- Prof. A. B. Bhuiyan
- Prof. Anowara Begum
- Prof. Sayeba Akhter

Partners & Organizations

- UNFPA
- IDB (Islamic Development Bank)
- Fistula Foundation
- USAID
- FIGO



Financial Report Summary

Income

Item	Taka	USD
Congress Registration & Member ship Fee	3,349,800	27,915
Support fund from organization		
UNFPA	6,600,000	55,000
Fistula Foundation	1,200,000	10,585
IDB (Islami Developtment Bank)	1,800,000	15,000
Momentum	1,337,040	11,142
FIGO	1,200,000	10,000
UNICEF	600,000	5,000
Total Income	16,086,840	134,057

Expenditure

Item	Taka	USD
Directly Paid to the vendor		
Venue charge	4,616,040	38,467
Food	2,582,520	21,521
Audio Visual	2,089,320	17,411
ISOFS Confreance planning & organization		
Accommodation & transport for Foreign Guest	725,400	6,045
Conference planning & organization	2,370,600	19,755
Pre congress workshop	462,000	3,850
Total Expenditure	12,845,880	107,049

9th International Society of Obstetric and Gynecologic Fistula Surgeons 2024

Financial Report Summary

