Foreword

The term 'the developing world' suggests that all those living in it are moving forward in a positive way. Sadly, for millions of women this is just not the case. In spite of the United Nations fifth Millennium Development Goal of improving maternal health, there are no signs of any decrease in the number of women presenting with a vesico-vaginal fistula. This suggests that attempts at improving the situation, such as better education of women and availability of caesarean section, have been ineffective owing to lack of access to those at term or in early labour.

Fistula surgery has long been considered a specialist area. To a degree, it still is, but Brian Hancock's first book, *First Steps in Vesico-Vaginal Fistula Repair*, published in 2005, is now being used throughout the world to help train more surgeons and gynaecologists to repair fistulae, and in particular to aid them to identify those fistulae that beginners can safely repair and those that need to be referred to a specialist fistula surgeon.

This new book is one that should be read by anybody undertaking invasive procedures. The very clear lessons in it apply to us all.

It describes the extensive experience of two surgeons: Andrew Browning a gynaecologist and full-time fistula surgeon in Ethiopia, and Brian Hancock, a colorectal surgeon who has spent many months each year carrying out fistula repairs in Uganda and several countries in West Africa. They have both kept meticulous records of their experience and outcomes, and this book is about what they do and why they do it, supplemented at times with the experiences of a small number of other fistula surgeons.

The text is simple and clear. The authors quote another fistula surgeon, Kees Waaldijk – 'One surgeon in the vagina is already a crowd' – but despite this the photographs of the operative steps are superb.

The emphasis throughout is to avoid doing any more harm to these young women. There must be no misunderstanding as to which patients are suitable for the beginner and as to how they should be managed from the time of their presentation.

It is not just about closing the hole. The ischaemic insult that caused the fistula will have caused a series of other problems – social, psychiatric and physical – all of which require treatment. Even after closing the hole, the patient may still be wet as a result of severe stress incontinence. Andrew Browning's studies to identify those most at risk and of the use of a fibro-muscular sling are things of which all surgeons dealing with women with stress incontinence should be aware.

This book is an outstanding contribution to surgery in general and obstetric fistula surgery in particular, and should be studied and enjoyed by all those about to undertake or already undertaking this surgery.

Professor Gordon Williams MS FRCS FRCSEd FRCSGlas
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Biographies

Brian Hancock MD FRCS is a retired colorectal surgeon from the University Hospital of South Manchester, UK. He first encountered obstetric fistulae while working as a general surgeon in Uganda 40 years ago, and performed simple repairs helped by Chassar Moir's classic textbook. He has made several visits to the Addis Ababa Fistula Hospital to learn and later to help with complex recto-vaginal fistulae. He is a trustee of Hamlin Fistula UK.

Since his retirement in 2000, he has spent 3 months a year in Africa, making visits to five hospitals in Uganda, and has worked as fistula surgeon and trainer with Mercy Ships in several West African countries.

Andrew Browning MB BS MRCOG is an Australian gynaecologist who for the last 6 years has been working in Ethiopia at the Addis Ababa Fistula Hospital (AAFH). He is now the director at the Bahr Dar Fistula Centre, a satellite of the AAFH in northern Ethiopia. He has trained surgeons from around the world, has several evidence-based publications and has been a speaker at a number of international meetings.

He regularly visits Uganda to help with training workshops at Kitovu Hospital with Brian Hancock and other surgeons.

Preface

The activities of the United Nations Population Fund 'End Fistula Campaign' and those of many other smaller organizations have done much to raise awareness of the vast scale of the problem of childbirth injury trauma in Africa and other poor countries. A declared objective is to train more surgeons and provide them with the right environment to practise.

My first book, *First Steps in Vesico-Vaginal Fistula Surgery*, has been popular with surgeons and nurses coming for training at the Addis Ababa Fistula Hospital, so I have been encouraged to produce a new book that will serve not only for the novice surgeon and team but also for those who are making progress up the long learning curve.

My own experience is limited to only a little over 1200 repairs, so I am very grateful to be able to collaborate with Dr Andrew Browning, a dedicated fistula surgeon on the staff of the Addis Ababa Fistula Hospital for the last 6 years. He now works at the satellite hospital in Bahr Dar, but has made many short-term visits to perform and teach fistula repairs at over ten different locations in six African countries. We have worked together on several occasions, and he is one of the most skilful surgeons I have seen, he is committed to personal audit and he already has several evidence-based publications on his results to his credit.

Fistula surgery does not belong to any one specialty. We believe that anyone with good surgical skills and knowledge of pelvic anatomy and an ability to adjust to the suboptimal conditions found in most poor countries can learn to repair the easier ones.

We strongly discourage specialists from developed countries from making one-off visits in the hope of contributing to the management of some 'challenging cases' or 'lending a hand'. The people most able to help fistula patients are those who work in Africa full time or make regular sustainable visits. It requires long-term commitment to learn the skills, as well as money to allow free treatment and to buy sutures, catheters and good instruments. Above all, it needs empathy and compassion for all that these patients have suffered.

It is a privilege to give a young woman a new start in life using basic surgical skills, and this has its own special rewards for the patient and the surgical team.

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