


LETTER TO EDITOR

SURVEY OF KNOWLEDGE, ATTITUDES AND PRACTICES OF UROGYNECOLOGICAL PROBLEMS AMONGST GYNECOLOGISTS OF DELHI

Sir,

Urogynecological problems are common problems encountered in gynecological clinics especially in elderly women, but are often neglected as most women consider them as part of normal ageing and suffer in silence. Although there is good awareness amongst gynecologists and women in western countries about these problems, as most big hospitals have developed the clinics run by gynecologists with special interest in urogynecology, such clinics are still lacking in India.

We conducted this open-ended questionnaire survey which was pre-validated, to know the views of gynecologists (postgraduate degree or diploma in obstetrics and gynecology) of Delhi about various aspects of urogynecological problems in their day-to-day clinical practice and the feasibility of starting urogynecology clinics in Delhi and their views about referring their patients with urogynecology problems to such clinics.

The mean age of the practitioners was 41.8 years. There were 86% women and 14% male gynecologists with 57% doctors from private practice and 43% were from Government hospitals. Out of average 83 patients seen by them per month, 23.6% had urogynecologic problems which were urinary tract infections (UTI) (13.2%), stress incontinence (SI) (3.8%), urge incontinence (U) (4.1%), genital prolapse (5.1%), vesico-vaginal fistula (0.4%) and miscellaneous (2%) cases (Table 1). A total of 83% doctors thought that urogynecological problems were equally common in India and west. Eighty four percent doctors thought that women consider it part of normal ageing and suffer in silence, while 83% thought that women ignore their urogynecologic problems due to financial and other health problems.

Regarding their views about various aspects of stress incontinence (SI), only 38% doctors routinely performed urodynamic studies before operating for SI. Most doctors (70%) used pelvic floor exercises as the first line of treatment for SI, while only 5% used vaginal devices. A total of 25% doctors used operation as first line of treatment for SI. About their views about choice of type of surgery for SI, 44% doctors performed Kelly’s repair, 20% open Burch’s colposuspension, 17% laparoscopic Burch’s colposuspension, 2% Obtape, 4% sling operation while 11% used miscellaneous or combination methods. All doctors considered Burch’s operation to be the best operation with high long time success of about 90%.

In their views about first line treatment for urge incontinence (UI), 68% doctors used antibiotics for suspected UTI, 7% used Flavoxate, 4% oxybutynin, 8% combination of antibiotics and Flavoxate, 9% combination of...
A rare case of vesicovaginal fistula following illegal abortion

Sir,

It is estimated that 50-60 million induced abortions take place annually in the world and 19 million are still performed illegally. A rare case of a vesicovaginal fistula without any instrumentation in induced abortion is rare. We came across such a presentation. A 35-year-old woman presented with continuous dribbling of urine per vaginum following an illegal abortion at 3 months of gestation by a quack, 7 months back. According to her some paste was applied in the vagina following which she aborted spontaneously and noticed watery discharge per vaginum. She consulted a doctor for persistent vaginal discharge and was diagnosed as a case of vesicovaginal fistula. Earlier Obstetric history was uneventful. According to WHO, about one quarter to one third of maternal deaths are due to complications of induced abortion. The morbidity and mortality related to criminal abortions is due to complications like haemorrhage, perforation, sepsis, shock and visceral injuries. Bladder injuries due to instrumental perforation of the uterus have been reported, but development of a urinary fistula without any instrumentation in induced abortion is rare. We came across such a presentation. A 35-year-old woman presented with continuous dribbling of urine per vaginum following an illegal abortion at 3 months of gestation by a quack, 7 months back. According to her some paste was applied in the vagina following which she aborted spontaneously and noticed watery discharge per vaginum. She consulted a doctor for persistent vaginal discharge and was diagnosed as a case of vesicovaginal fistula. Earlier Obstetric history was uneventful. Her menstrual cycles were normal, however following abortion she developed amenorrhoea. Abdominal examination was unremarkable. Speculum examination showed a blind vagina, about 6 cm long. Cervix could not be visualized. A small opening (6 mm in diameter) about 4.5 cm from the urethral meatus was seen at the vault. On examination, vagina ended blindly with vaginal pouch. Vaginal speculum examination showed a blind vagina, about 6 cm long. Cervix could not be visualized instead a transverse band was felt. A small opening (6 mm in diameter) about 4.5 cm from the urethral meatus was seen at the vault. On per rectal examination uterus and cervix could not be appreciated properly and instead a transverse band was felt.

Antibiotics and oxybutynin, 2% each used miscellaneous treatment and surgery.

A total of 94% gynecologists stressed the need for development of urogynecology clinics in India, while 93% opined that SI should be surgically treated by a gynecologist with special interest and skill in urogynecology. A total of 94% doctors stressed the need for referring patients of urogynecological problems to such clinics.

It is estimated that 5-10% of elderly ladies and up to 50% institutionalized women in USA suffer from urinary incontinence with SI accounting for 25% cases while the rest were urge incontinence, increased frequency, enuresis and incomplete emptying and are due to estrogen deficiency. The questionnaires have been used to know the views about services in vaginal deliveries, cesarean section and hysterectomy. They have also been used to assess quality of life in women with urinary incontinence. The present study gives insight into the views of Delhi gynecologists about various urogynecology problems encountered by them and how they manage them. As highlighted most gynecologists want specialty urogynecology clinics to be established in Delhi run by gynecologists with special interest, skills in the specialty and most gynecologists would like to refer their patients to such clinics. To conclude, there is need to develop urogynecology clinics in India by dedicated gynecologists to improve women's health care.

REFERENCES


