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Clinical success and quality of life in fistula patient's post-operative vesicovagina reconstruction in RSCM since January 2012-December 2016

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Background: One of the causes of fistulas in developing countries is a dystocia of labour with 2% prevalence. Management of vesicovaginal fistula includes conservative and surgical therapy. Post-surgical correction complications are failure of fistula closure and urinary incontinence. Corrective surgical correction affects the quality of maternal mental health thus requiring psychosocial studies in vesicovaginal fistula patients.

Objective: Knowing clinical success and quality of life of postoperative vesicovaginal fistula patients.

Methods: This study was a descriptive study with 41 samples in which surgical correction was done at RS Cipto Mangunkusumo Hospital. By searching the patient's medical records will be asked sociodemographic data and clinics. After that the data is presented in the table and analyzed by univariate analysis. This research has passed the ethical review and got approval of the implementation of the Medical Research Ethics Committee FKUI-RSCM.

Results: The clinical success of post-reconstruction was 82.9%. Clinical success of 31.7% is due to obstetric factors. Post-reconstruction clinical failure was 17.1%. Quality of life using ICIQ-LUTSqol questionnaire obtained good quality of life 24.4%, medium quality of life 34.2%, poor quality of life 17%, and quality of life very poor 24.4%. In the clinically successful group who had a good and moderate quality of life, 67.6% was inversely proportional to clinically unsuccessful ones in which 85.7% of the quality had a very poor quality of life.

Conclusion: The clinical success of post-correction was 82.9%. The quality of life after reconstruction, which has a good quality of life as much as 24.4%, quality of life, is as much as 34.2%, poor quality of life as much as 17% and who have a very poor quality of life as much as 24.4%. The quality of life after reconstruction has a correlation with clinical success.

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