



INCONTINENCE

Fixing fistulas—shorter hospital stay is feasible

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Data showing that extended bladder catheterization is not necessary after simple female genital fistula repair have been published in *The Lancet*.

Traditionally, a 14 day duration of catheterization has been used in practice; however, early catheter removal would accelerate patients' discharge from hospital enabling more women to be treated at a centre, and would lower the cost of the procedure per repair.

Barone and colleagues report the results of a randomized, controlled, open-label, noninferiority trial, conducted across eight hospitals in eight African countries. A total of 524 women were randomly assigned 1:1 to receive either 7 day or 14 day catheterization after their fistula repair surgery. Continued eligibility for participation after surgery was determined by the surgeon on the basis that the women had a simple fistula, which was closed on completion of surgery and remained closed for up to 7 days afterwards, determined by a negative dye test.

The primary outcome of this study was fistula repair breakdown anytime between 8 days after catheter removal and 3 months after surgery, which was established with a dye test at a follow-up visit. No significant difference in patients experiencing fistula repair breakdown was observed between groups (10 patients in the 7 day group [4%] and eight in the 14 day group [3%]). The upper limit of the 95% CI was 4.5% and fell below the predefined noninferiority margin of 10%, indicating that 7 day bladder catheterization is not inferior to 14 day catheterization after simple fistula repair.

Secondary outcomes included urinary retention 1 day, 3 days or 7 days after catheter removal, clinically defined infections and febrile episodes that were potentially related to treatment, urinary catheter blockage, extended stay in hospital (beyond 1 week after removal of the catheter) related to treatment and residual incontinence at the 3 month follow-up evaluation, based on the surgeons clinical impression. Incidences of secondary outcomes were rare, occurring in $\leq 12\%$ of participants, and no significant differences between the 7 day and 14 day groups were observed.

These results show that 7 day bladder catheterization is a safe and effective alternative to 14 day catheterization for the management of women after the repair of a simple genital fistula. If these findings are implemented then the discomfort these women experience, the occurrence of adverse events, the workload of nursing staff and the cost of performing the surgery would be considerably reduced.

A shorter stay in hospital would also increase the capacity of the treatment centres, enabling more women to undergo fistula repair, which is especially important in areas where resources are poor and need for fistula services is greater than the available capacity.

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Original article Barone, M. A. *et al.* Breakdown of simple female genital fistula repair after 7 day versus 14 day postoperative bladder catheterisation: a randomised, controlled, open-label, non-inferiority trial. *Lancet* doi:10.1016/S0140-6736(14)62337-0