APPENDIX 7
OPERATION REPORT SHEET

Patient + Number

Date:

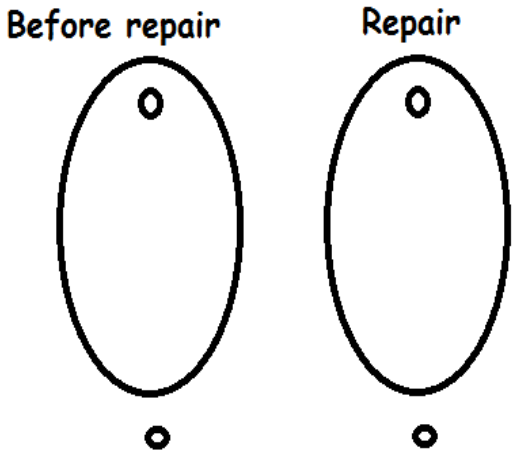
Surgeon:_____ Assistant:_____

Scrub Nurse_____ Anaesthetist:_____

Operative diagnosis: □ VVF □ RVF □ ureteric fistula □ Stress □ 4th degree tear

Procedure performed:

Repair Attempt: □ First □ Second □ Third □ Fourth □ Fifth □ Sixth □ Seventh



Distance from urethral meatus

- □ > 3 cm
- □ 2.5-3.0 cm
- □ 1.5-<2.5cm
- □ <1.5 cm

Length of urethra _____ cm

Fibrosis:

- □ None
- □ Mild with normal vaginal capacity
- □ Moderate or severe with reduced capacity

Relaxing incision (Episiotomy): □ No □ Yes

Ureteric catheters
Intra-op: R_____ L _____
Post-op: R_____ L _____

Bladder: □ Number of layers ___
□ Suture type and gauge _____

Fistula Width _____ **Length** _____

Dye Test + bladder capacity:_____(ml)

? Circumferential □ ¾ □ 4/4 not dissected □ 4/4 dissected

Intermediate layer: □ No □ Yes
Type**:** □ Pubo-cervical □ Pubococcygeus
□ Other _____

Classification: _____

Complexity of repair:
□ Low □ Medium Low □ Medium high □ High

Vagina: □ Suture type and gauge _____

Flap? □ No □ Singapore □ Labial □ Other

Complications:

Estimated Blood loss: _____ (ml)

Vaginal Pack: □ **Yes** □ **No**

Surgeon's Signature: _____

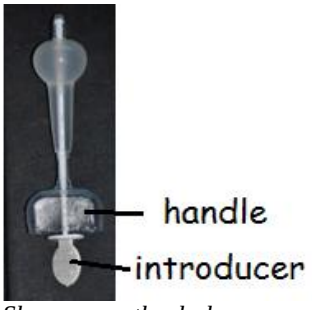
APPENDIX 8
URETHRAL PLUGS

Urethral plugs have been available although production is now stopped so their future use is uncertain.

There are three sizes available: (a) No 1 is equivalent to 12 F (b) No 2 is equivalent to 14 F (c) No 3 is equivalent to 16 F and should be second line if she leaks around the smaller plugs.
Plugs often work best in the first six months of use although many patients use them happily long term. The problem is that the urethra tends to dilate when anything is inserted, so a patient using a small plug will soon need a bigger one. *Reference: Use of urethral plugs for urinary incontinence following fistula repair: Goh JT, Browning A. Aust N Z J Obstet Gynaecol. 2005 Jun; 45(3):237-8.*

- The firm introducer is used for inserting and removing the plug.
- The plug is removed when the patient wants to void and then reinserted.
- Plugs should only be used for a maximum of 12 hours per day so only use them during the day or at night, but not both. They should be rinsed after use.
- The plug may also help her bladder expand if she has a small bladder capacity.
- Usually, one plug will last at least one month before it becomes too weak and needs to be replaced.
- There is an increased risk of infection if proper hand hygiene and plug care is not done.

Plugs are helpful in a majority of women with urethral incontinence. In one of the few studies on the use of plugs from a total of 181 patients studied: 18 women (75.7 %) reported being dry, 18 women (9.9 %) half dry (improved), 26 women (14.4 %) remained wet, 17 of whom had a new or wide urethra. In addition, 101 women (55.8 %) had a bladder size < 7.5 cm and these were more likely to be wet.
Reference: The use of urethral plugs for the management of persistent urinary incontinence following successful repair; Brook, G., Tessema, A.B. International Urogynecology Journal and Pelvic Floor Dysfunction (2013) 24 (3), pp. 479-484.



Shows a urethral plug.

If she is leaking around the plug:
- She could have a small bladder that fills up very quickly and she leaks; or she can be dry for about an hour and then she starts to get wet, with or without bladder sensation.
- The urethra could be gaping so the plug does not fit well. Increase the size from 2 to 3. If this fails, then there is no point using the plug.

If the handle of the plug breaks or the whole plug migrates into the bladder: you can either try to grab it blindly with a forceps or remove it during cystoscopy or cystotomy.

Tip! The most important factor in the acceptance and successful use of the plug is an education and training program. This requires a dedicated member of your staff who has the ability to assist the patient with the placement of the plug. The staff should place the plug and have the patient stand and cough or bounce to demonstrate its efficacy. Next, have your staff coach the patient in placing and removing the plug on her own enough times so she feels confident in utilizing the plug. A hand mirror may be helpful in allowing the patient to identify her urethra (see Fig. 11.2).

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