Each year in sub-Saharan Africa, it is estimated that more than 33,000 women develop obstetric fistulae and subsequent urinary and/or fecal incontinence. Unfortunately, these women are currently not able to be adequately repaired by local physicians due to lack of training and resources.

Since 2005, B. STAR HAMPTON, MD, FACOG, has led a team from Women & Infants Hospital’s Division of Urogynecology and Reconstructive Pelvic Surgery on a trip to Rwanda with the International Organization for Women and Development (IOWD). This year the team from Women & Infants Hospital worked in Kigali, Rwanda, where they served for two weeks at Kibagabaga Hospital with a team of American surgeons, anesthesiologists, and nurses. They collaborated with and trained Rwandan physicians, medical students, and nursing staff, teaching them post-surgical care for the women, as well as basic anatomy, surgical preparation, sterility concepts, evaluation, and surgical approaches.

Dr. Hampton’s goals are also to give physicians in training global health experience and exposure to advanced pelvic surgery. Each year the Division sends the senior fellow with Dr. Hampton, and this year she was joined by fellow SARAH NAPOE, MD. Nurse practitioner LEAH MOYNIHAN, NP, MSN, also joined the team this year, as she has for the past four years.

For the consecutive second year, Dr. Hampton was joined by a team from Women & Infants Program in Women’s Oncology, led by gynecologic oncologist KATINA ROBISON, MD. This trip was intended for information gathering so the oncology team could develop a cervical cancer-screening program for the women of Rwanda — something which does not currently exist. As a result, most women present with cancers that are beyond surgical treatment and need to go to Uganda for treatment, where resources are also limited. However, once the women of Rwanda found out about their arrival, they showed up at the hospital in search of screenings for cervical cancer. The team screened more than 100 women — almost none of whom had ever been screened before, and found lesions on almost half of the women, a significantly higher rate than here in the U.S. According to Dr. Robison, “We need to find women before cancers are past treatment. We believe that a screening program will affect thousands – and ultimately millions – of women in Rwanda.”

Dr. Robison explained that they want to develop a program that would 1.) train nurses in the health centers on how to do a visual inspection with acetic acid to look for pre-cancerous lesions, 2.) train nurses in the hospital on how to do a LEEP procedure, a minor surgical procedure to remove the lesions, 3.) work with pathology on how to identify lesions when they are still treatable. The plan is to have teams visit Rwanda at least three times per year while holding monthly telehealth conferences throughout the year.