A New Classification of Female Genital Fistula

To the Editor:

The letter[1] published in the May 2008 issue of the Journal of Obstetrics and Gynaecology Canada has recently been brought to our attention at the Addis Ababa Fistula Hospital (AAFH) and its associated outreach centres. We would like to clarify a number of points that may have been confusing to the readers.

1. The second paragraph contains phrases such as "our research findings" and "we have concluded," which imply that the classification system has been studied. The article refers to one study looking at predictors for poor outcomes post repair: urethral involvement, size of fistula, scarring, and bladder size.[2] The actual parameters in the proposed classification system have so far not been studied.

2. The AAFH and its four outreach centres are adopting the Goh classification system, which has been studied and verified with papers that are now in press.[3,4]

3. A multicentre study has been proposed, looking at various parameters related to fistula surgery with the aim of proving, and perhaps refining, the most reliable and suitable classification system. The parameters proposed in the system in question are a part of this study.

The system described in the letter may indeed have its merits, but until the parameters are studied, we do not know. We await conclusions from further studies being done within the AAFH and other centres into classification systems with the ultimate aim of adopting an internationally recognized and approved classification system.

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REFERENCES

1. Tafesse B. A new classification of female genital fistula. J Obstet Gynaecol Can 2008;30:394–5.
2. Browning A. Risk factors for developing residual incontinence after vesicovaginal fistula repair. BJOG 2006;113:482–5.
3. Goh JTW, Browning A, Using a classification system to predict outcomes of obstetric fistula repair. Int Urogynecol J Pelvic Floor Dysfunct. In press.
4. Goh J, Krause H, Browning A, Chang A. Classification of female genitourinary fistula: inter- and intra-observer correlations. J Obstet Gynaecol Res. In press.

In Response

To the Editor:

I read with interest the comments of Dr Browning and Dr Williams. I am glad that the original letter prompted such a discussion, as my purpose in publishing it was to start discussion and encourage research.

The classification[1] is based on our long years of experience and observation and research on various parameters thought to have some prognostic value. However, the classification per se has not been studied, and studies are certainly needed. I am glad that Dr Browning and Dr Williams believe that this classification has merit, and I hope they will include it in the proposed multicentre trial.

Biruk Tafesse, MD, MPH

REFERENCE

1. Tafesse B. A new classification of female genital fistula. J Obstet Gynaecol Can 2008;30:394–5.

The Canadian Maternity Experiences Survey: An Overview of Findings

To the Editor:

It has recently come to our attention that there was an error in one of the breastfeeding estimates reported in our overview paper of the Canadian Maternity Experiences Survey.[1] The proportion of breastfeeding women who had introduced other liquids to their baby's diet within the first week of delivery was 21%, not 10% as was reported in the Results and Discussion of our manuscript. We regret this error and any inconvenience to the Journal's readers.

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on behalf of the Maternity Experiences Study Group, Public Health Agency of Canada

REFERENCE

1. Chalmers B, Dzakpasu S, Heaman M, Kaczorowski J; for the Maternity Experiences Study Group of the Canadian Perinatal Surveillance System, Public Health Agency of Canada. The Canadian Maternity Experiences Survey: an overview of findings. J Obstet Gynaecol Can 2008;30:217–228.