

What You Need To Know About Fistulas

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by **Chaunie Brusie, RN, BSN**



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I recently read the book *A Better Woman: A Memoir of Motherhood* which, for the record, was an amazing read. But for the purposes of this article, I will stick to the part of the book that struck me the most: how the author detailed her journey into hell and back after experiencing a severe fistula following the birth of her first and then her second child.

Fistulas are something I've always considered being more of a third-world problem — a rare complication from giving birth that women nowadays don't really have to think about.

So when I read the harrowing firsthand account of a mother who experienced a fistula so severe that she was forced to get a colostomy in order to have bowel movements, I was shocked. And it got me wondering — do fistulas still happen to women after birth?

I spoke with Dr. Daniel Roshan, F.A.C.O.G., F.A.C.S., and director of ROSH Maternal-Fetal Medicine in New York to find out the facts on fistulas.

First off, what is exactly is a fistula?

Basically, a fistula is an opening between two structures in the body. For women, after giving birth, those openings can be created from a tear in the skin while they are pushing or because of abnormal healing, especially after an episiotomy. Fistulas most commonly occur from the anal opening to the vagina, so feces are able to pass through the vagina. It's a debilitating condition, especially for women without proper care.

What are the signs of a fistula after a woman has given birth?

The inability to control flatus and bowel movements, passing gas through the vagina, and passing stool through the vagina.



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How rare are fistulas in the U.S.?

Fistulas are usually consequences of fourth-degree lacerations during delivery; fourth degree is when the rectum has been reached with a laceration. About 1% of deliveries are complicated with fourth-degree lacerations; however, among Asians, this number is around 5%. It's also much higher among women who have a very short perineum. About 1-5% of fourth-degree tears do not heal well and lead to fistula formation. So overall, women in the United States aren't likely to develop a fistula.

What should a woman do if she suspects that she has a fistula?

She should be checked by a gynecologist.

Is there any way to prevent a fistula from occurring when a woman gives birth?

Yes. There are actually quite a few things that can occur in order to avoid a fistula. These are:

- Controlling delivery of the baby's head so it comes out very slowly
- Supporting the perineum during delivery

- Avoiding episiotomy or cutting very little
- Pushing slowly and gently when the fetal head is crowning
- Stretching the perineum with oil during the last four weeks of the pregnancy
- Decreasing weight gain during pregnancy so the baby does not become too big

It's less likely to get big tear during delivery if your baby is an average size. Daily exercise and a proper diet are important during pregnancy. Ultimately, good and skillful prenatal care with an OB/GYN will make a difference. In cases of fourth-degree lacerations, patients should soak their bottom twice daily with warm water, keep clean and dry, take stool softener, and avoid strenuous activity until well-healed.

Do you know of anyone who developed a fistula after giving birth?

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