



Surkhet Regional Hospital



2011-2012 fistula ward



OT in regional hospital Camp



Ward 2013-2018

Diagnosis and Treatment of Ectopic Ureter in a low resource setting

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Surkhet Fistula Centre and operation theatre in 2018 -

Background

Women with obstetric fistula have been treated in Surkhet, Nepal, since 2009 through a programme run by International Nepal Fellowship (INF) in co-operation with the government health service in Surkhet.

From 2009 to 2018 an annual “camp” was conducted for 2-3 weeks based at the Surkhet Regional hospital

In 2018 a purpose built 17 bed fistula centre was opened at the Provincial Hospital Karnali Province.

Outreach

INF conducts a fistula awareness outreach programme across Nepal’s three western provinces, Lumbini, Karnali and Far West provinces. Through the outreach programme, since 2012, 15 women and young girls with urine incontinence due to ectopic ureter have been diagnosed and treated in Surkhet.

Since 2023, 7 more patients presented with history suggesting ectopic ureter – not confirmed by investigation.

Management

All patients were treated by division and implantation of the ectopic ureter into the bladder with submucous tunnelling and, when ureter normal calibre with spatulation. Ureteric catheters were kept for 7-10 days and Foley catheter was removed after the following day.

All but one recovered without complication and all were discharged well and continent.

Conclusion Ectopic ureter can be managed in a low risk setting and young women and girls be restored to health and happiness

Story 1 2013 G R .Age 30

History urine incontinence day and night but voiding

Diagnosis – vagina dry on exam . US large cystic lesion in R adnexa

.Repeat exam tiny pin hole, suspected mid vagina vvf

Procedure 1–Findings cystic structure right side pelvis – ectopic ureter.

Plan recall for urologist.

US situs inversus totalis with right ectopic ureter insertion to vagina

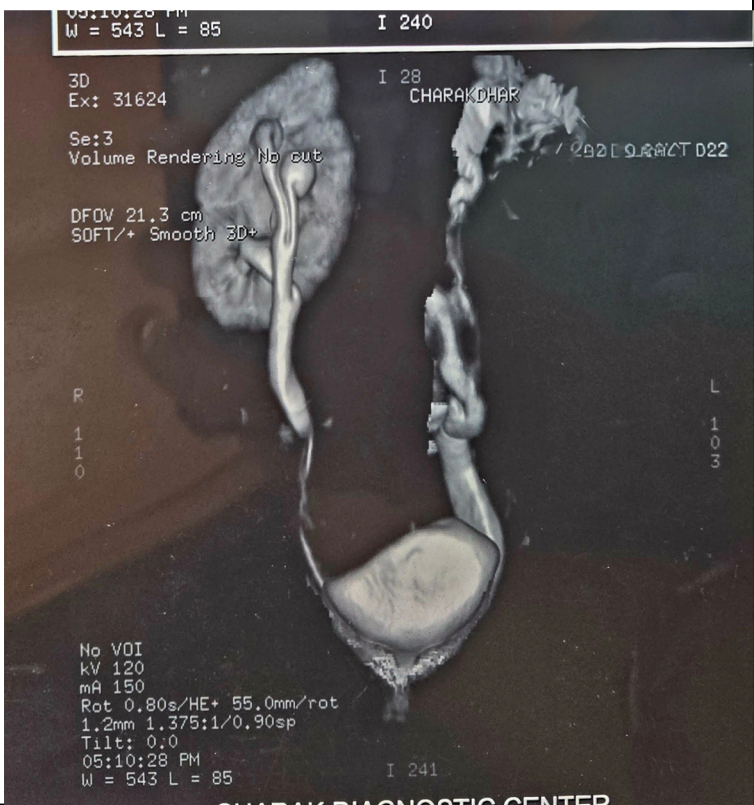
Procedure 2 Right ureter dilated ending in large ureterocele .

Short R ureter reimplanted into bladder Boari flap.

Day 5 leaking - repeat surgery. Further leak.

Referred Kathmandu - Right heminephrectomy and repair bladder.

Well and dry at follow up visit.



Patient Characteristics

Age range - 5 years to 30 years

Age 5-12 – 10 patients

14 and 15 - 2 patients

20-30 - 3 patients

Home districts - 11 different districts

Method of referral

Radio broadcast - 3

Referred by INF doctor -1

Through community health volunteers or health

workers after fistula awareness programmes - 11

Presenting symptoms

Continuous urine incontinence, day and night but with regular voiding from birth.

Diagnosis

2012 – 2018 – Gynaecologist supported and trained by retired urologist from UK. For IVU or detailed US scan patients were referred to hospital in adjacent district –

3 patients EUA - ureteric orifice

opening just below urethra

2 patients IVU

2020-2021

2 patients – EUA – u.o. below urethra

2023-2025 8 patients

5 diagnosis through CT IVU

3 diagnosis through US scan and EUA

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