

Pictures



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vrouwen in de rij voor de health post op drukke dag in Naubise

Summary of the thesis of dr. Eva van Sebille (2009)

In Nepal, the prevalence of POP (pelvic organ prolapse) is very high. Factors probably contributing to this high prevalence are the heavy household and farm work duties of women, which continue during pregnancy and delivery, lack of competent attendants during delivery, lack of spacing between deliveries, tobacco smoking and malnutrition.

POP may cause symptoms limiting activities of daily life: women may have symptoms during walking, they suffer from abdominal pain, dyspareunia and micturation or defecation problems. In some women, infections or ulcerations of the protruding organ occur. Because of these problems and the strong taboos on reproductive issues in Nepal, this not life-threatening condition can be very invalidating.

A pessary might be very suitable for a country like Nepal because it is effective, safe, and cheap. No highly educated health workers are needed for fitting a pessary. However, even basic medical care for prolapse is not available for the majority of women in Nepal. For this reason, the Dutch NGO (Women for Women Foundation) organizes biannual gynaecological health camps, in cooperation with the Nepalese NGO RHEST. Women with gynaecological problems (mainly POP) are counselled and treated. The main question is, if pessary treatment has effects comparable to those in western countries, and with the same rates of side effects. Are the satisfying results of surgery for POP in the West achievable in Nepal? In this study, we evaluate the outcomes of pessary treatment as well as surgery for POP in Nepalese women.

In 2009, a cohort study with a follow-up period of one year was performed on the outcomes of POP treatment in free gynaecological health camps held in two villages in rural Nepal. In total, 60 patients were included (44 pessary, 16 surgery patients). Follow-up patients were interviewed and examined gynaecologically, by use of the POP-Q method. In addition, 12 patients were interviewed to obtain more information about the impact of prolapse on daily life.

Age and POP-stage were not different between the study group and the group at baseline. In our study, 58% continued pessary treatment after one year. 91% of them were satisfied about their treatment. Continuing pessary treatment was not related to the POP-stage: stage IV-patients had the same success rates as women with milder prolapses. Of all women operated one year before, 88% said to be satisfied. The burden of daily activities was equal (56%) or less (42%) than one year before (not more). Topics returning in the in-depth interviews were the sudden start of the symptoms of POP, shame and anxiety caused by ignorance about the ailment. POP has serious consequences, like depression, urinary problems and avoidance of social activities. These results underline the importance of suitable medical care for this bunch of women.

This study shows, despite of its limited size, that pessary treatment is very suitable for Nepalese women with POP, provided that continuity of medical care is guaranteed. These results underline the importance of appropriate medical care for women who suffer from POP. Success rate of pessaries could be improved by well-trained health workers at the health post. Surgery should be restricted to the most serious cases.