RECOMMENDATIONS FOR A MODIFIED GOH FISTULA CLASSIFICATION: COMPARATIVE FISTULA CLASSIFICATION STUDY FROM PHYSICIANS AT PANZI HOSPITAL, EASTERN REGION OF DR CONGO

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Objective: To provide evidence based recommendations for a modified Goh system, which preserves a critical component of the Waaldjik system.

Methods: Data from 446 fistula patients treated by Panzi physicians were analyzed. We tested degree of inconsistency between the Goh and Waaldjik classification systems using Spearman rho and Kendal’s tau. Logistic regression analysis was used to validate prior findings that Goh scoring is superior to Waaldjik scoring in predicting surgical outcomes at Panzi Hospital. Finally, we consulted with Panzi surgeons for expert opinion on why the Waaldjik classification is still used despite prior evidence of Goh superiority in predicting surgical outcome.

Results: Relationship between the two classification systems is reflected in Spearman rho .448 (p =.000) and Kendall’s tau .333, (p=.000). The most commonly found mismatch in the classification systems was individuals’ with Goh Factor 1 Level 2 classification (“Distal edge of fistula 2.5-3.5cm from external urethral meatus”) and Waaldjik Level 1 classification (“not involving the closure mechanism”). Only the Goh classification was predictive of surgical outcomes (β=.085, p=.002). Panzi physicians felt the Waaldjik Type I classification identifying fistula location >5cm above the urethral orifice is pragmatically useful for indicating repair site well away from the closure mechanism.

Conclusion: The Goh system of fistula classification offers predictive value of surgical success. The Waaldjik system includes an important category missing from Goh. Expanding the Goh Factor 1 to add a Level “0” to indicate that the fistula is at least 4-5 cm from the urethral orifice is recommended.