

Level 1 Module 1 Perineal Tears

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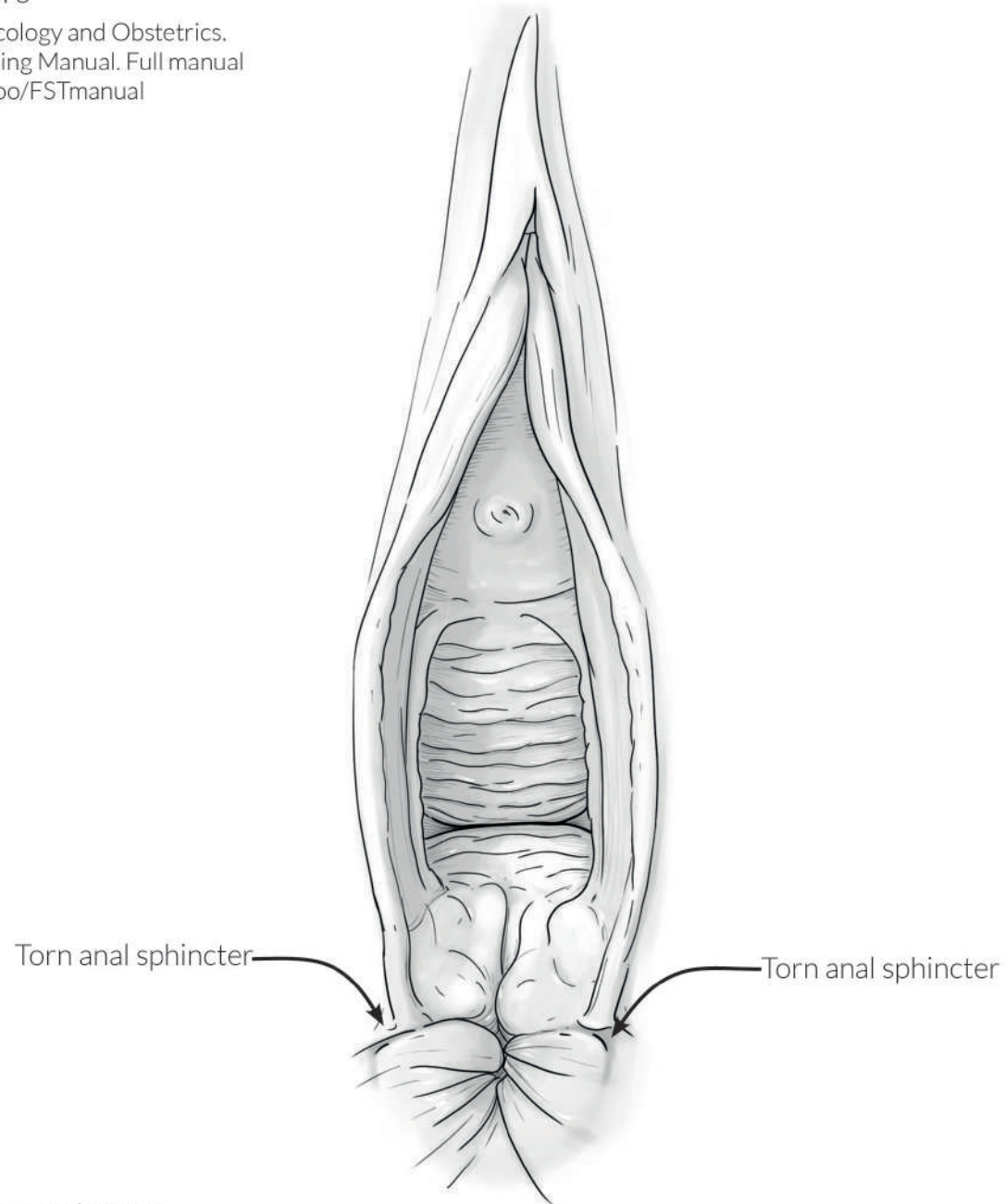


Figure 2. Fourth-degree tear frontal view.

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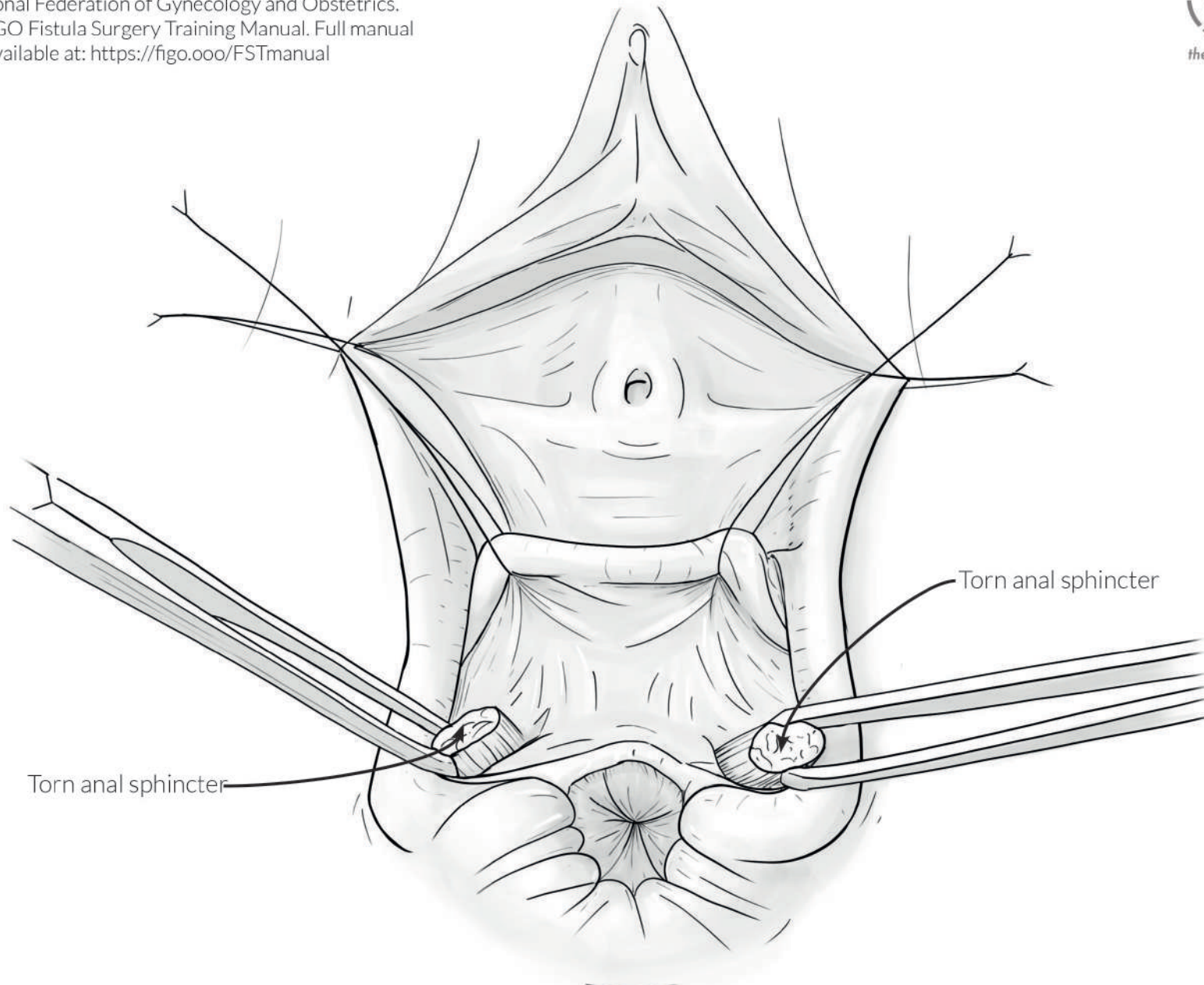


Figure 3. Dissection and grasping the end of the torn sphincter with Allis forceps.

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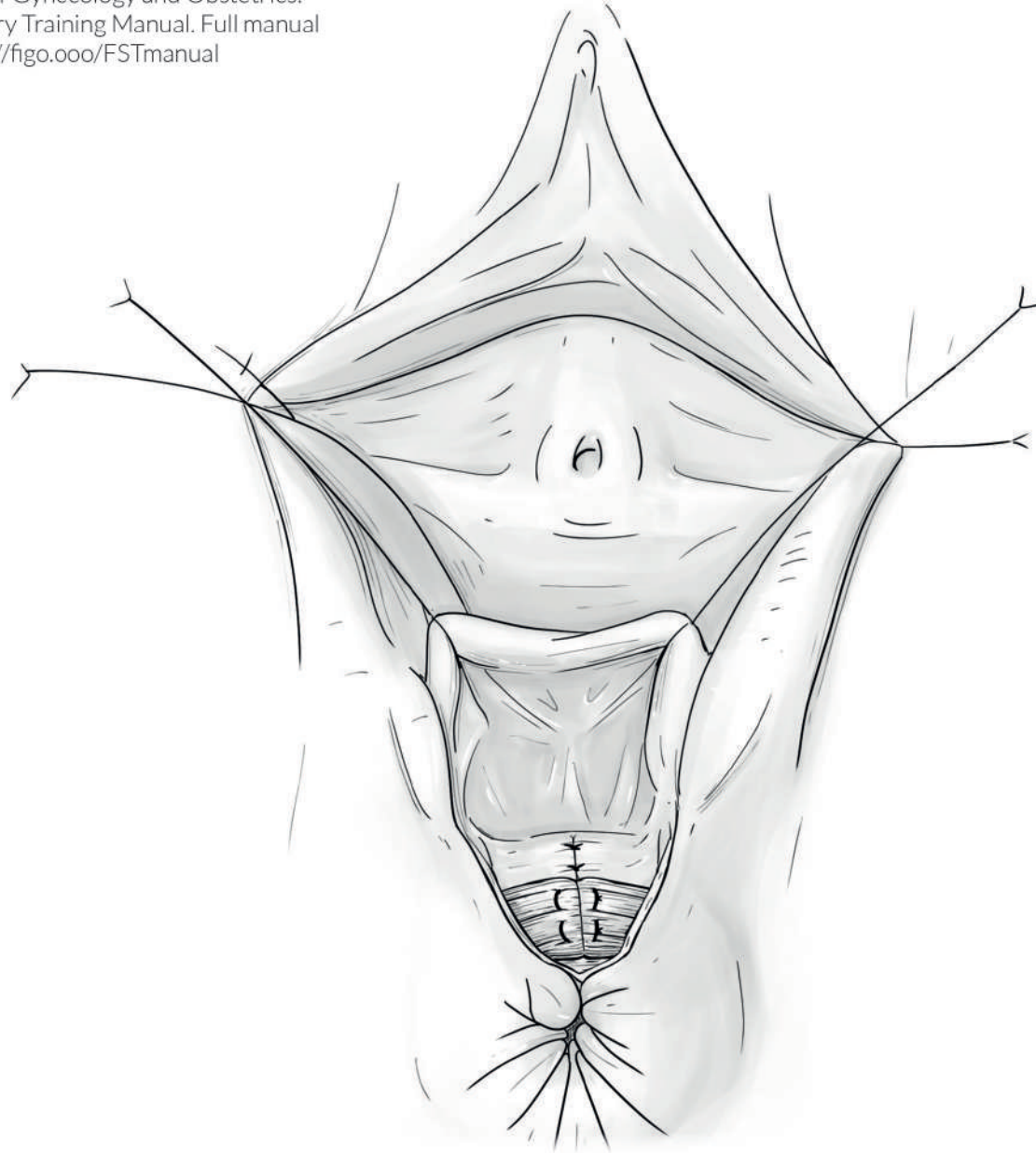


Figure 4. Rectum/anus repaired and the sphincter sutured together.

Level 1 Module 2 Simple Vesicovaginal Fistula

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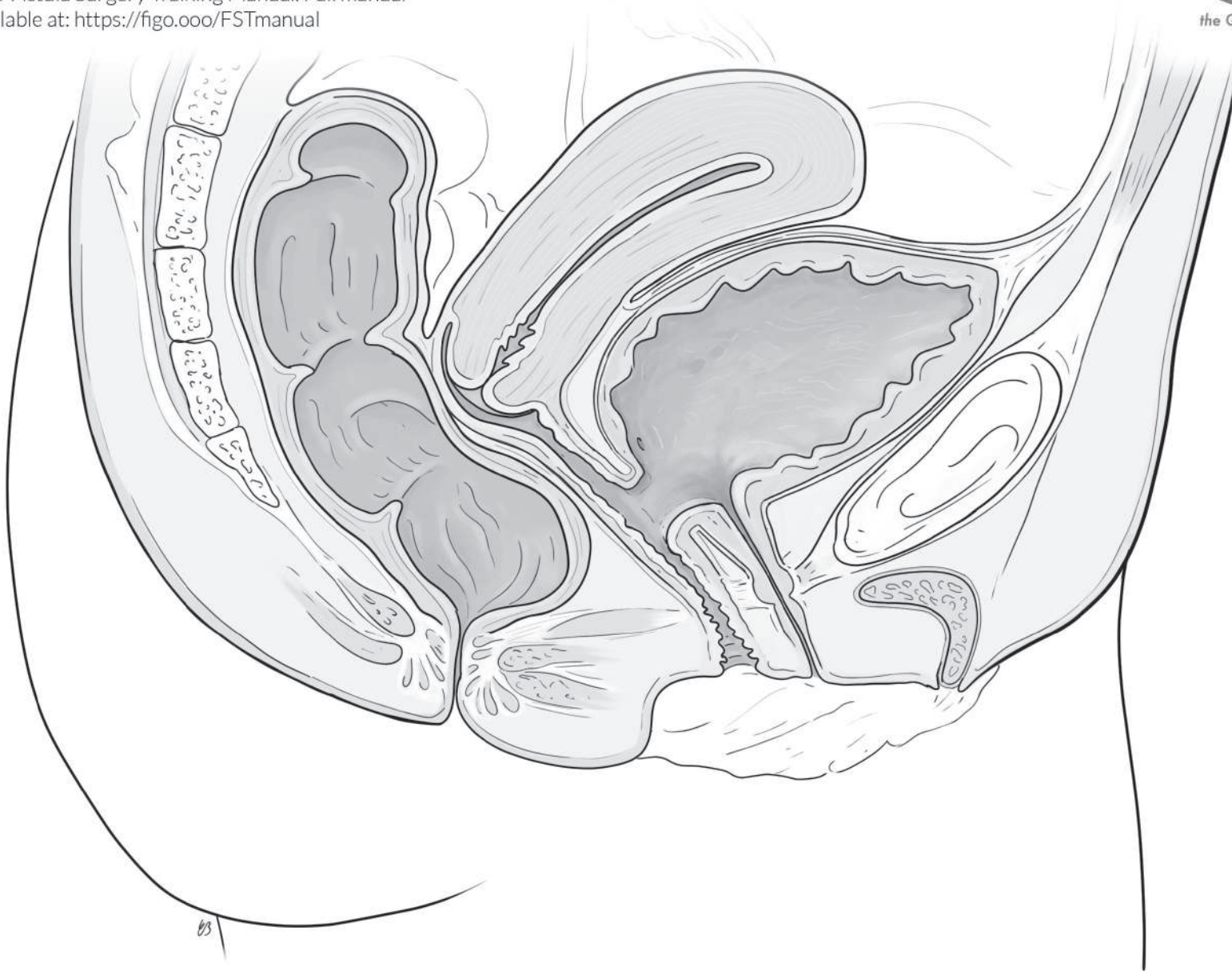


Figure 5. Cross-section of a simple vesicovaginal fistula.

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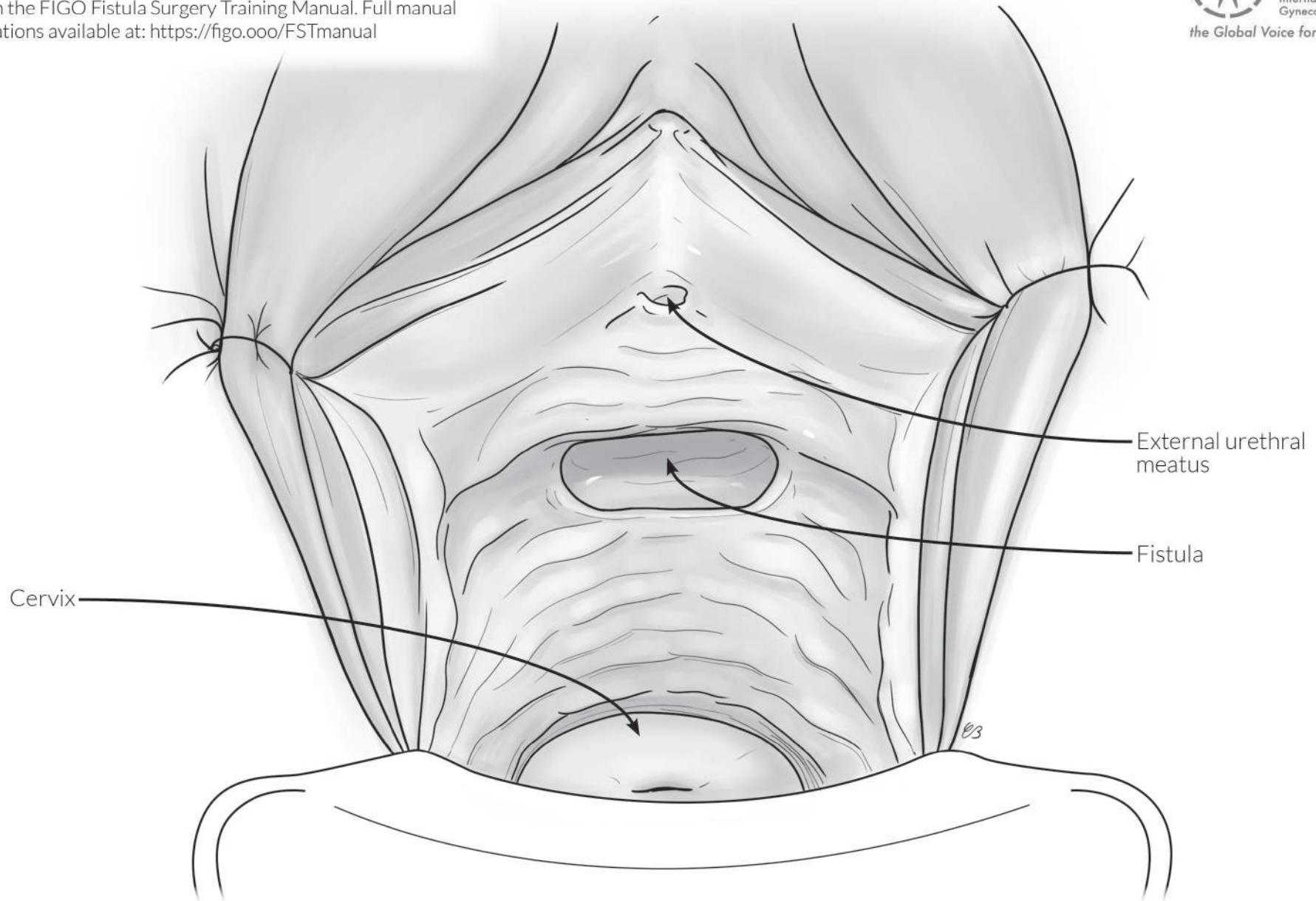


Figure 6. Vesicovaginal fistula (vaginal view).

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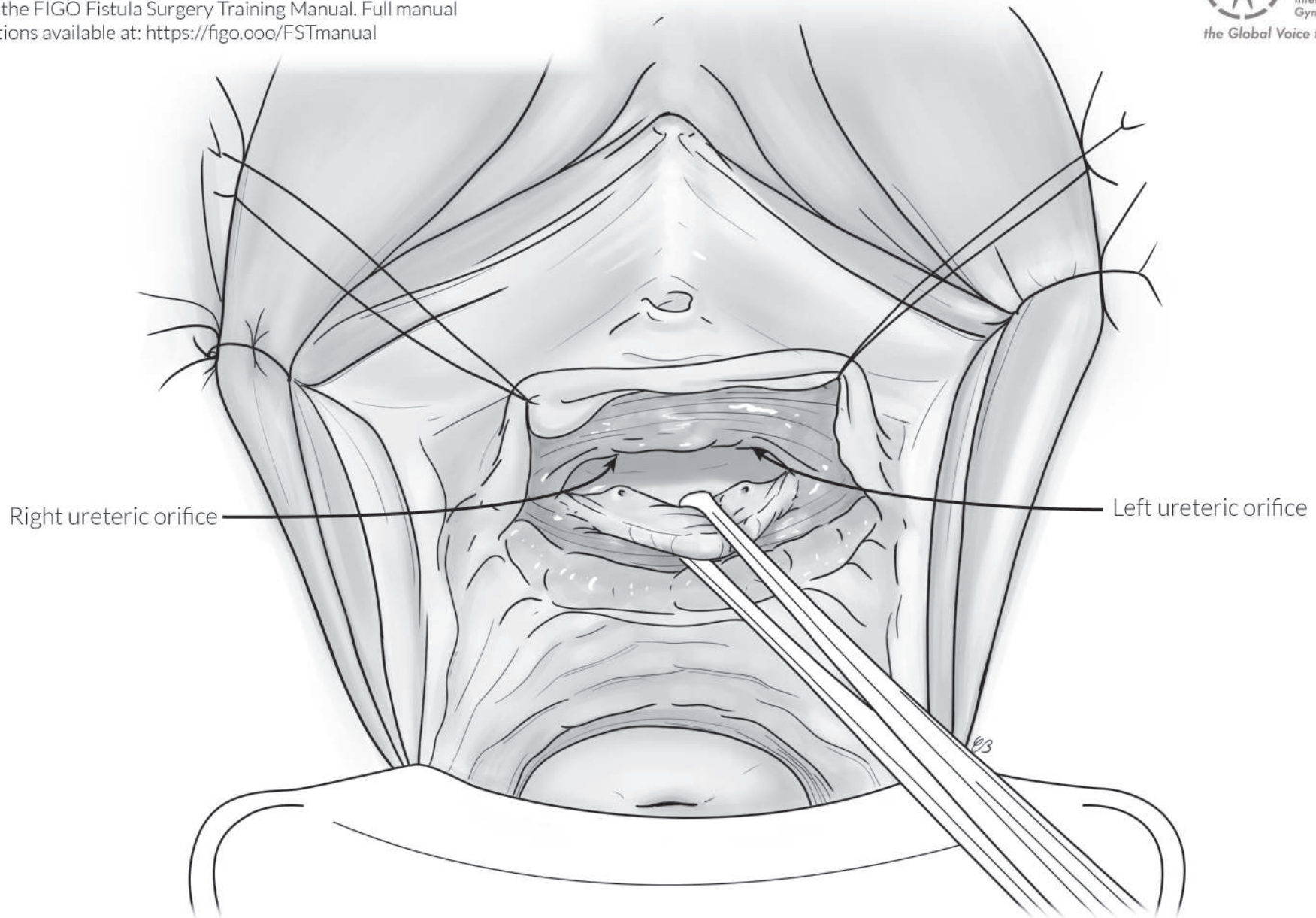


Figure 7. Identification of the ureters. If possible, this should be done before dissection occurs; however, sometimes when the ureters are deep inside they become apparent when the bladder is mobilised, making access easier.

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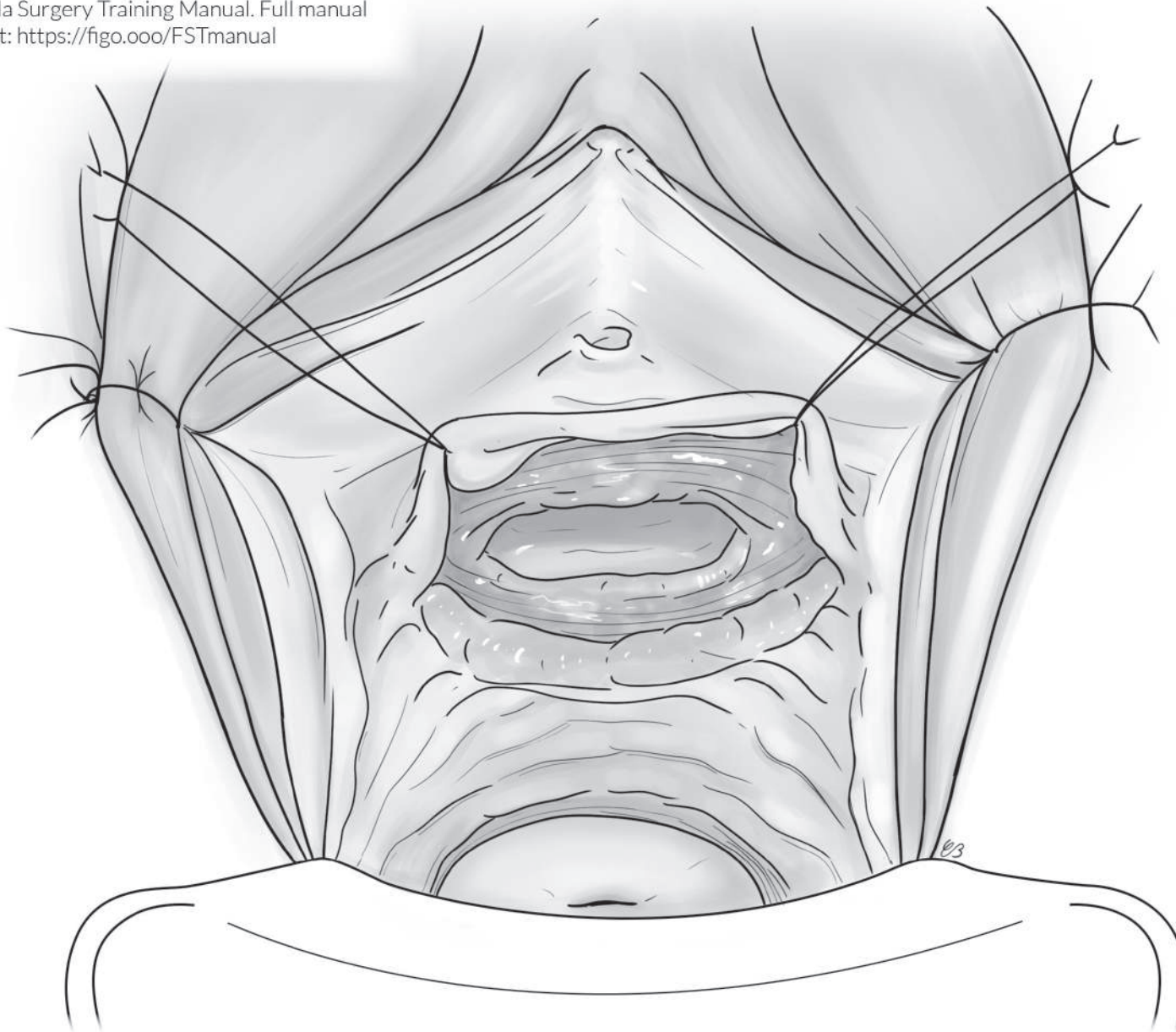


Figure 8. Adequate mobilisation.

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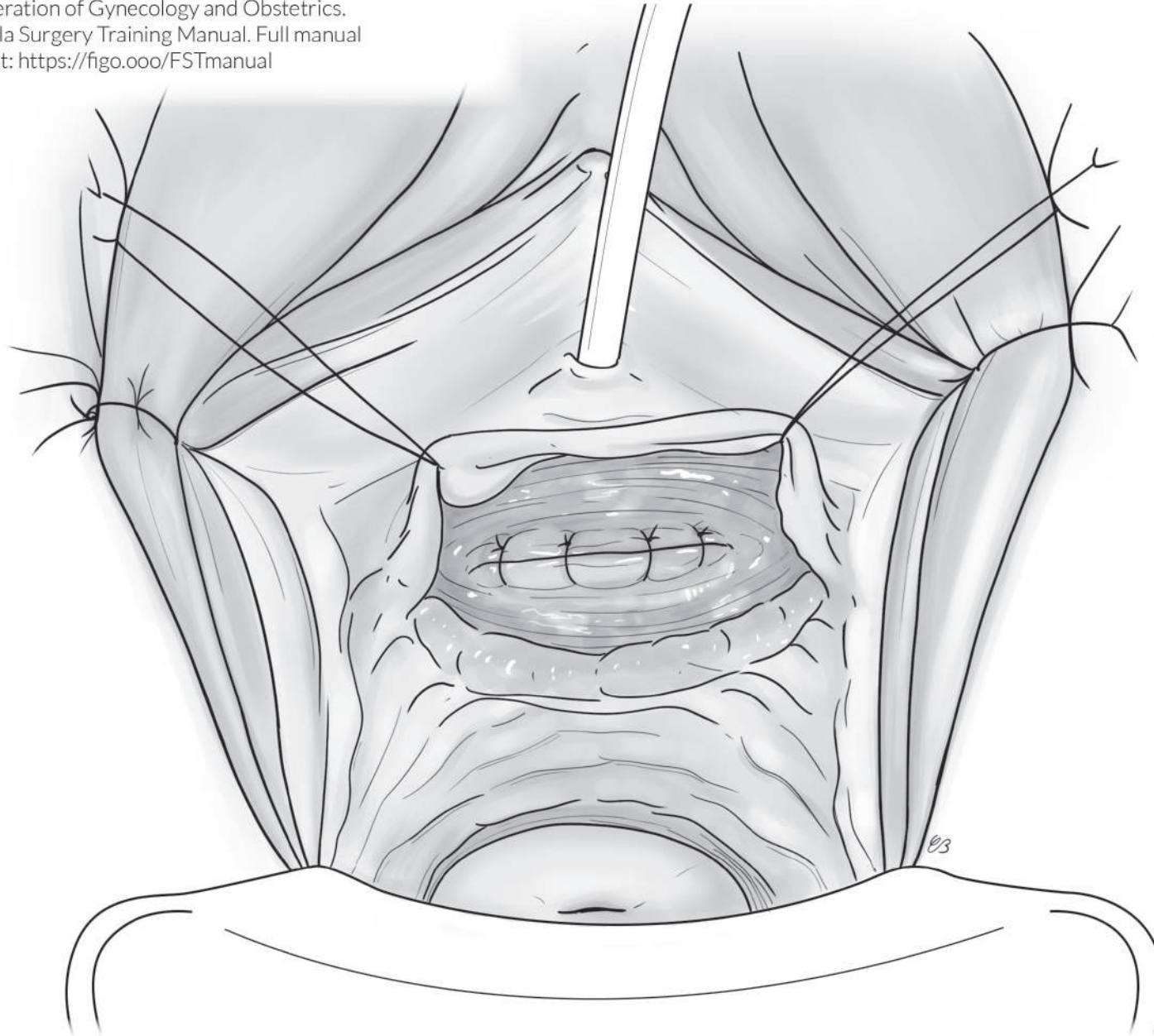


Figure 9. Repaired fistula with inserted Foley catheter.

Level 1 Module 3 Simple Rectovaginal Fistula

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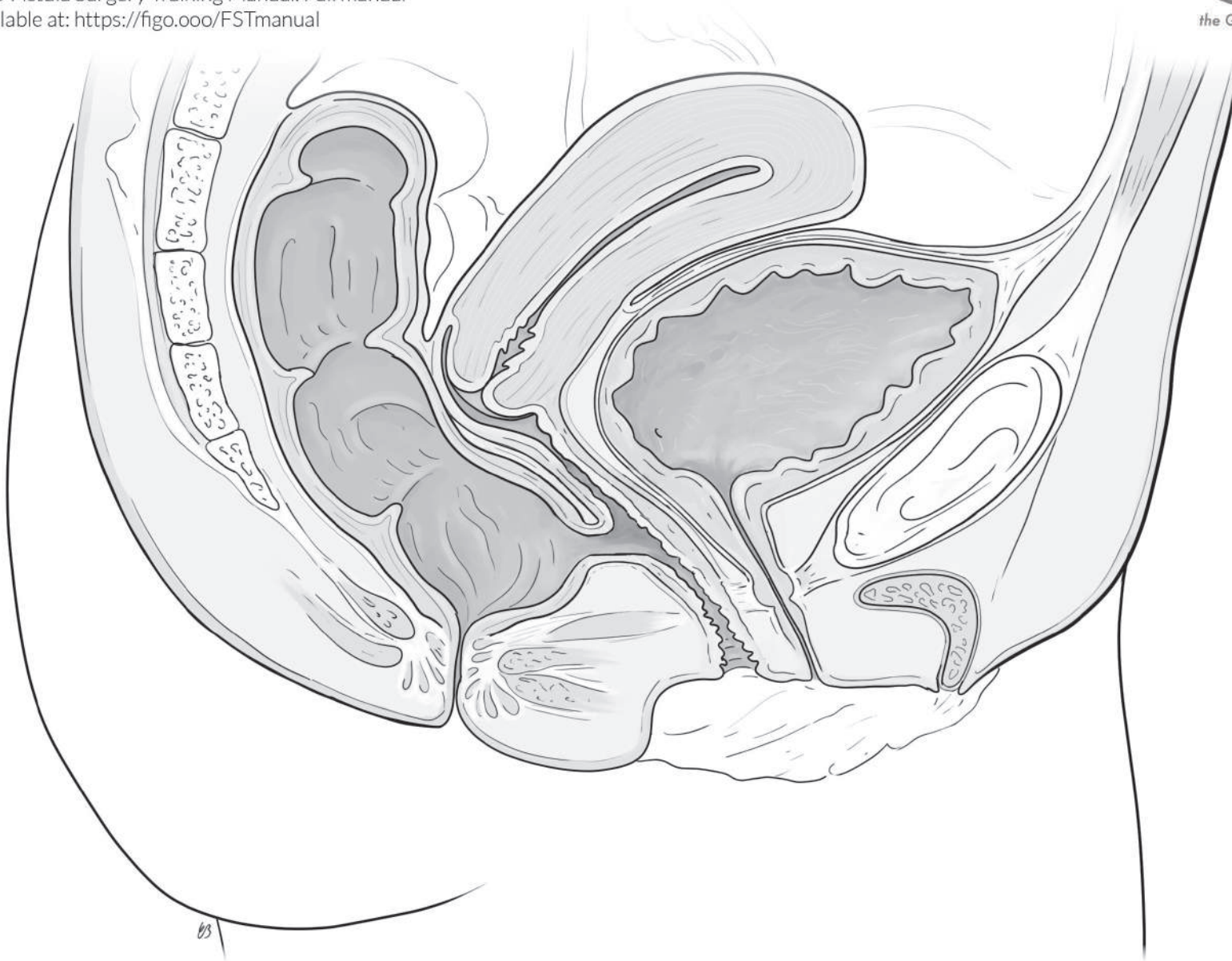


Figure 10. Cross-section of a simple rectovaginal fistula.

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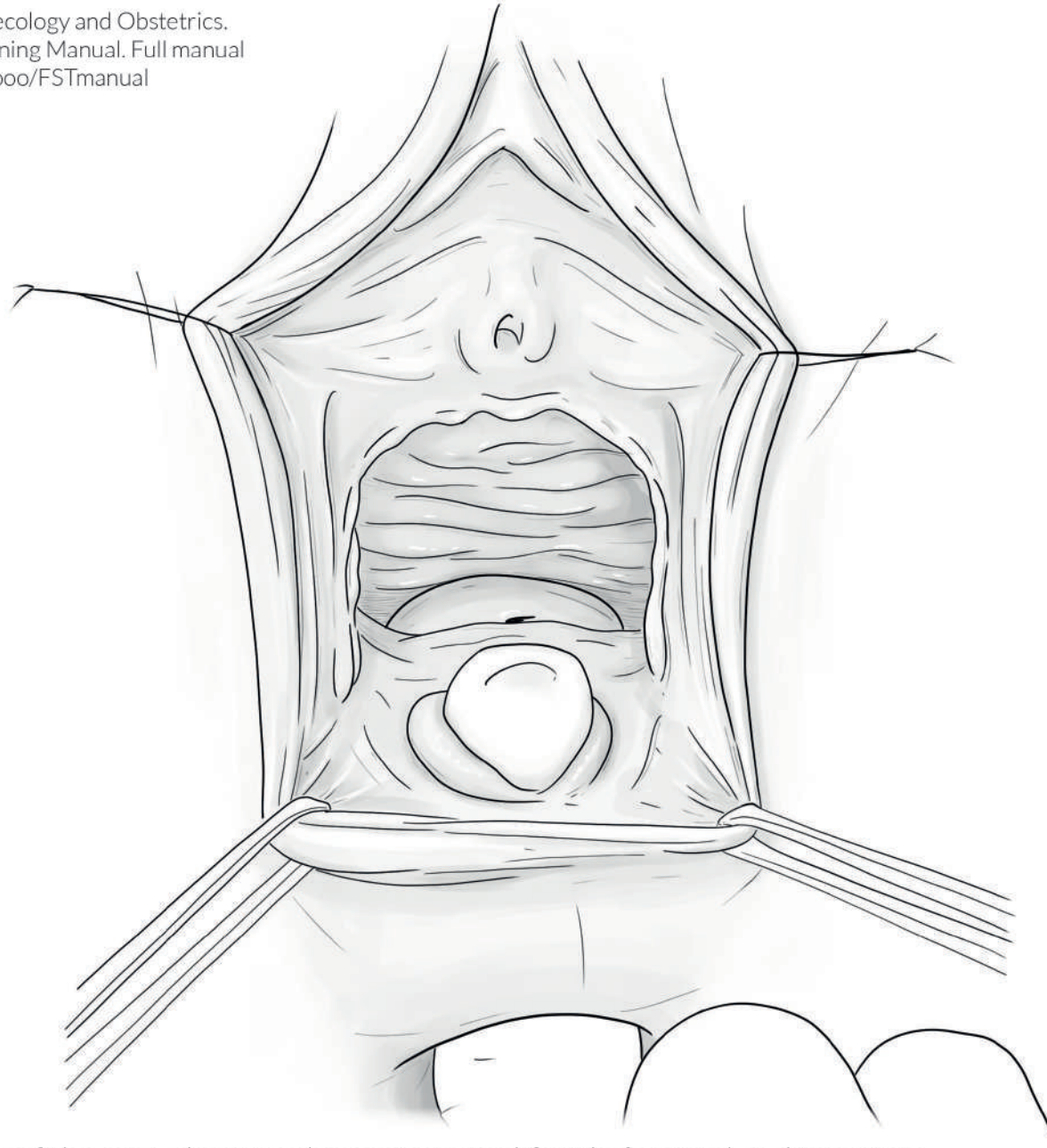


Figure 11. Digital examination of the anus drawing the rectovaginal fistula forward and into view.

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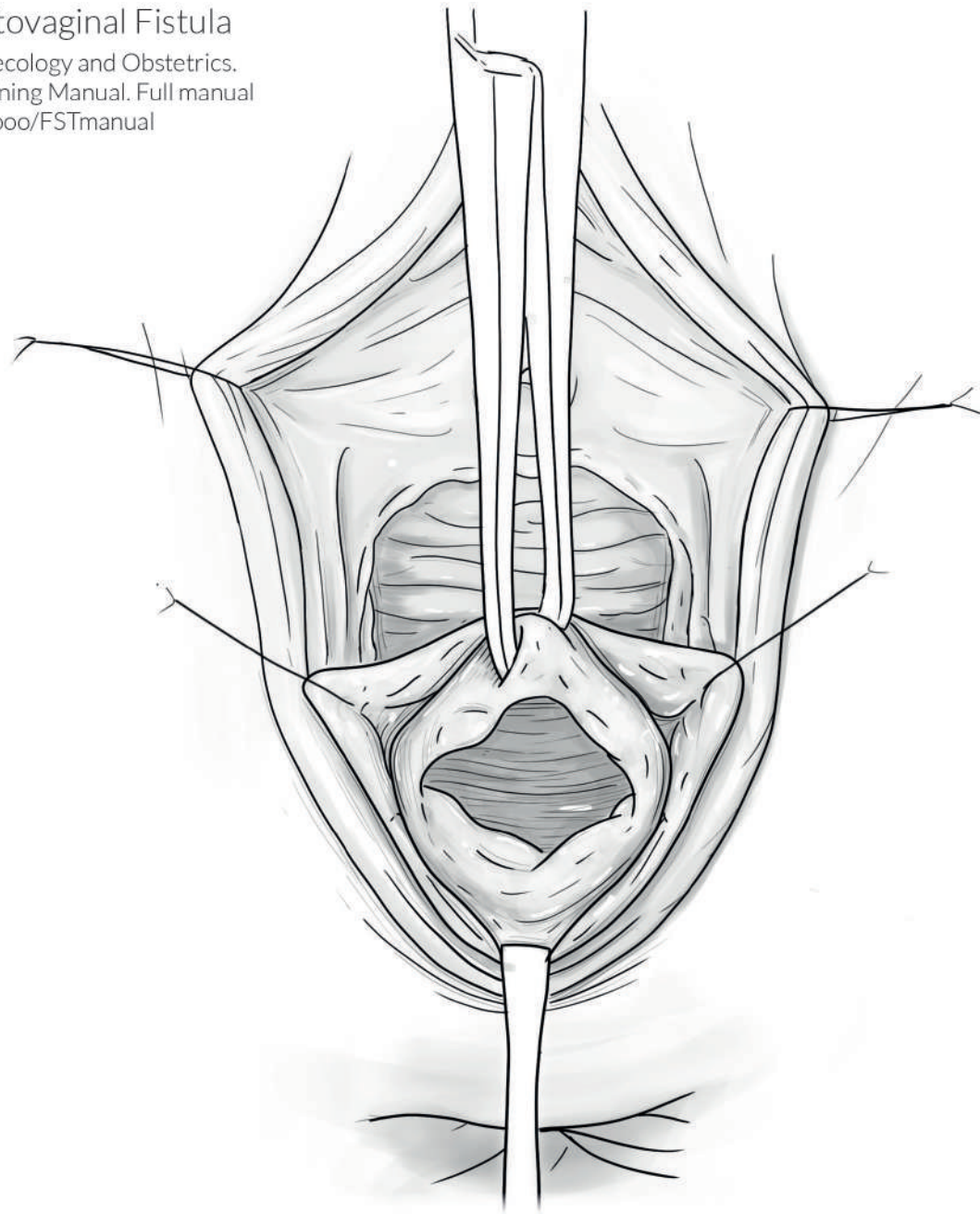


Figure 12. Dissection completed.

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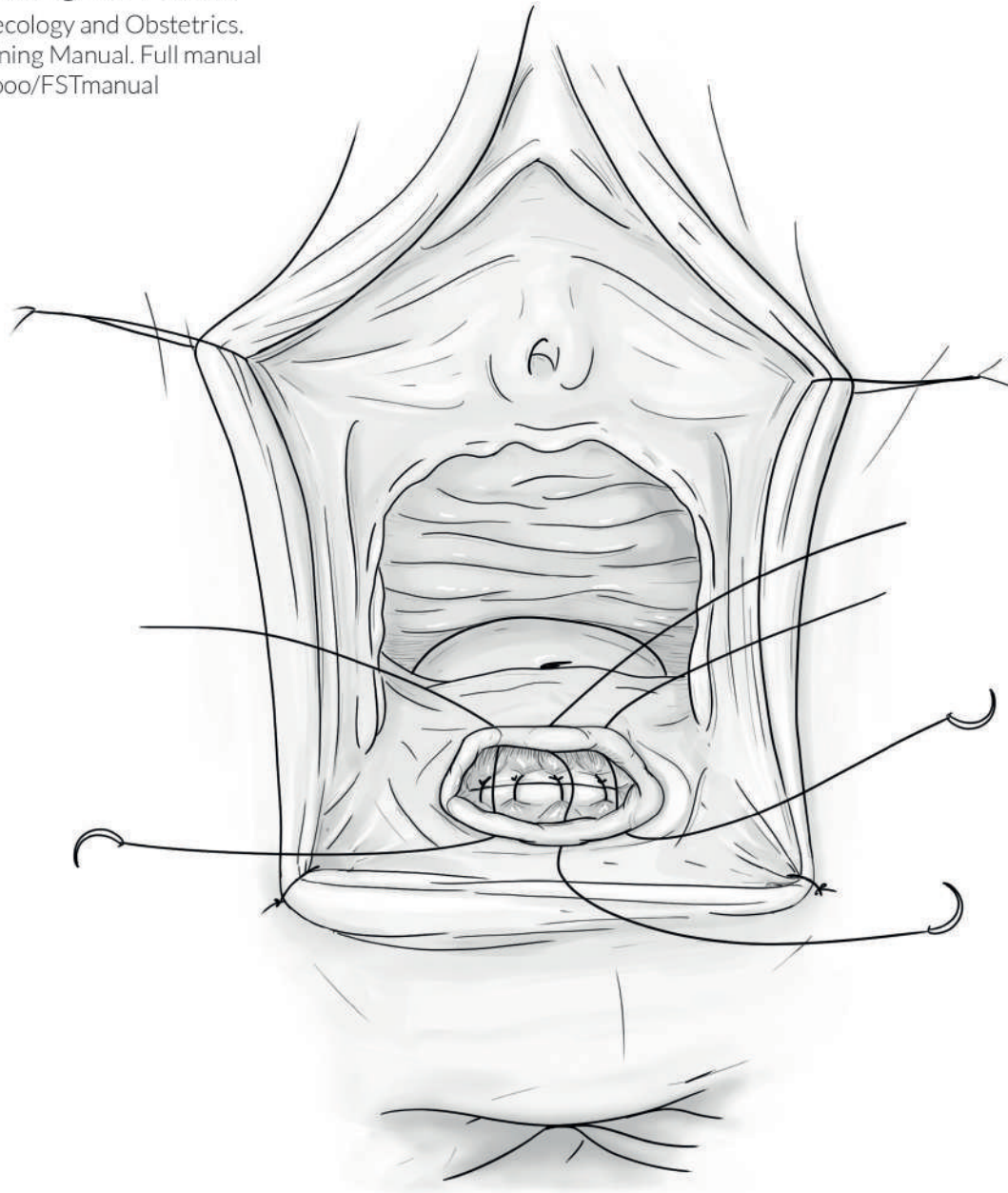


Figure 13. Rectovaginal fistula closed.

Level 1 Module 4 Vault Vesicovaginal Fistula

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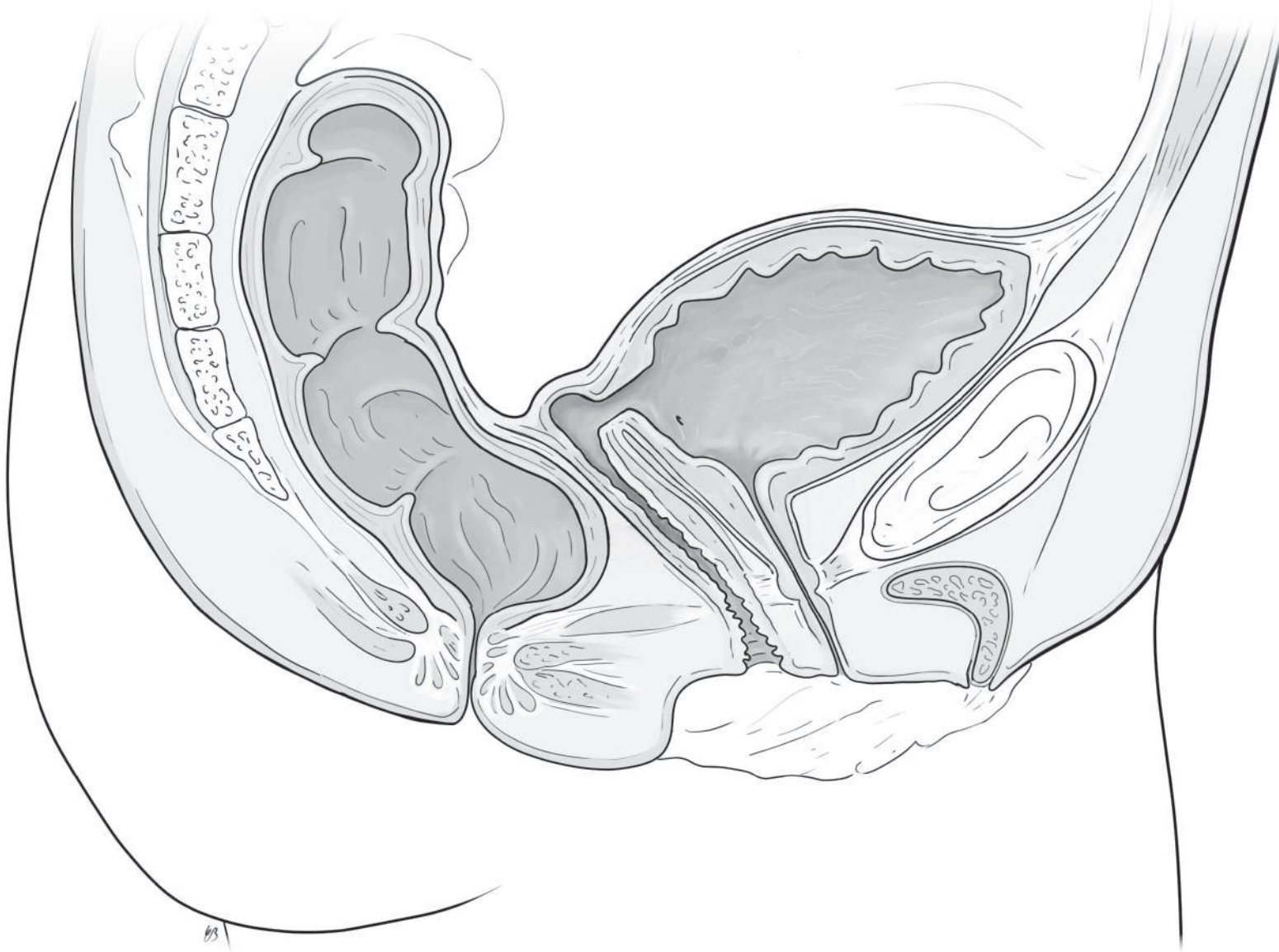


Figure 14. Cross-section of a vault vesicovaginal fistula.

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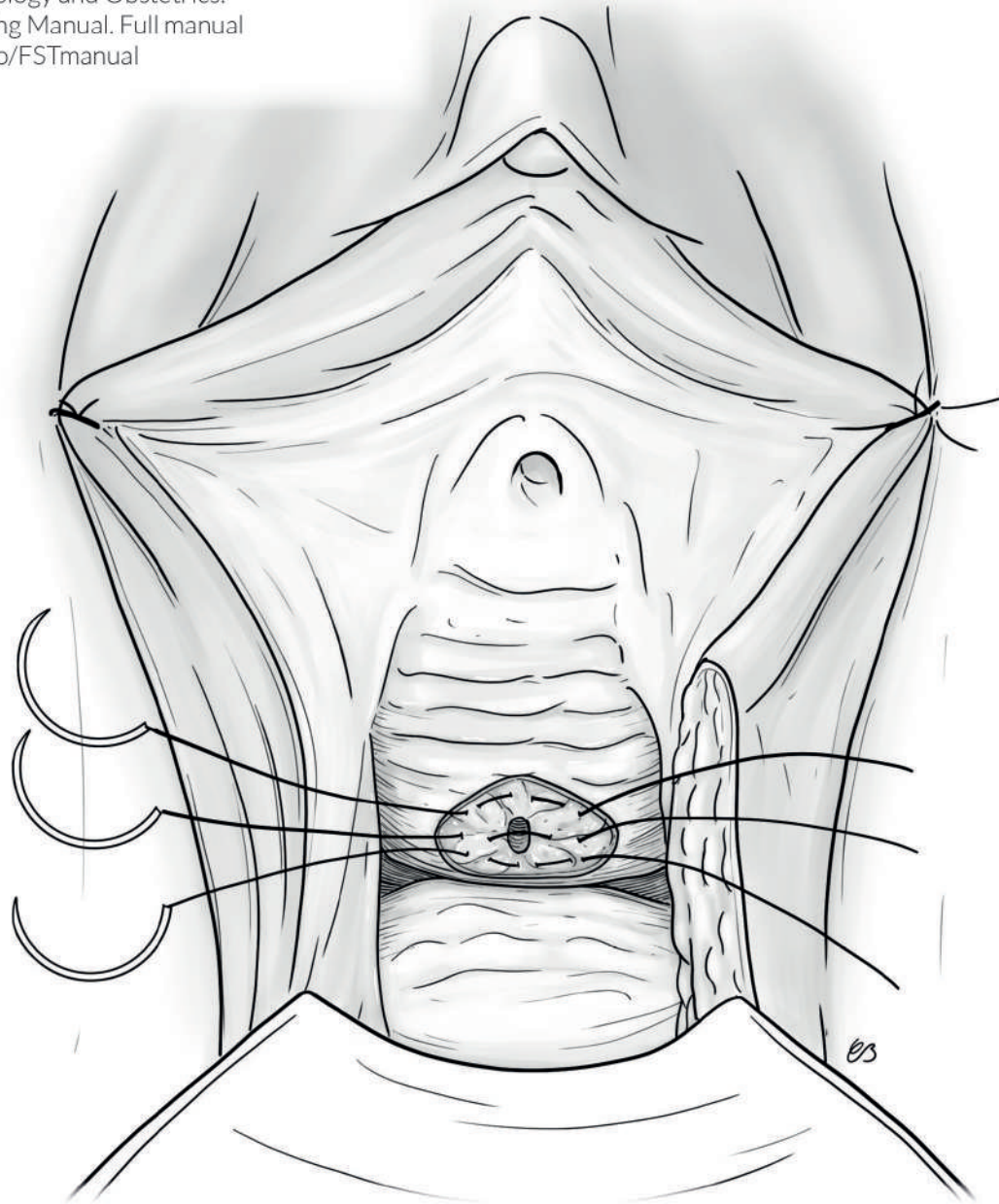


Figure 15. Fistula mobilised and sutures placed through the detrusor muscle of the bladder.

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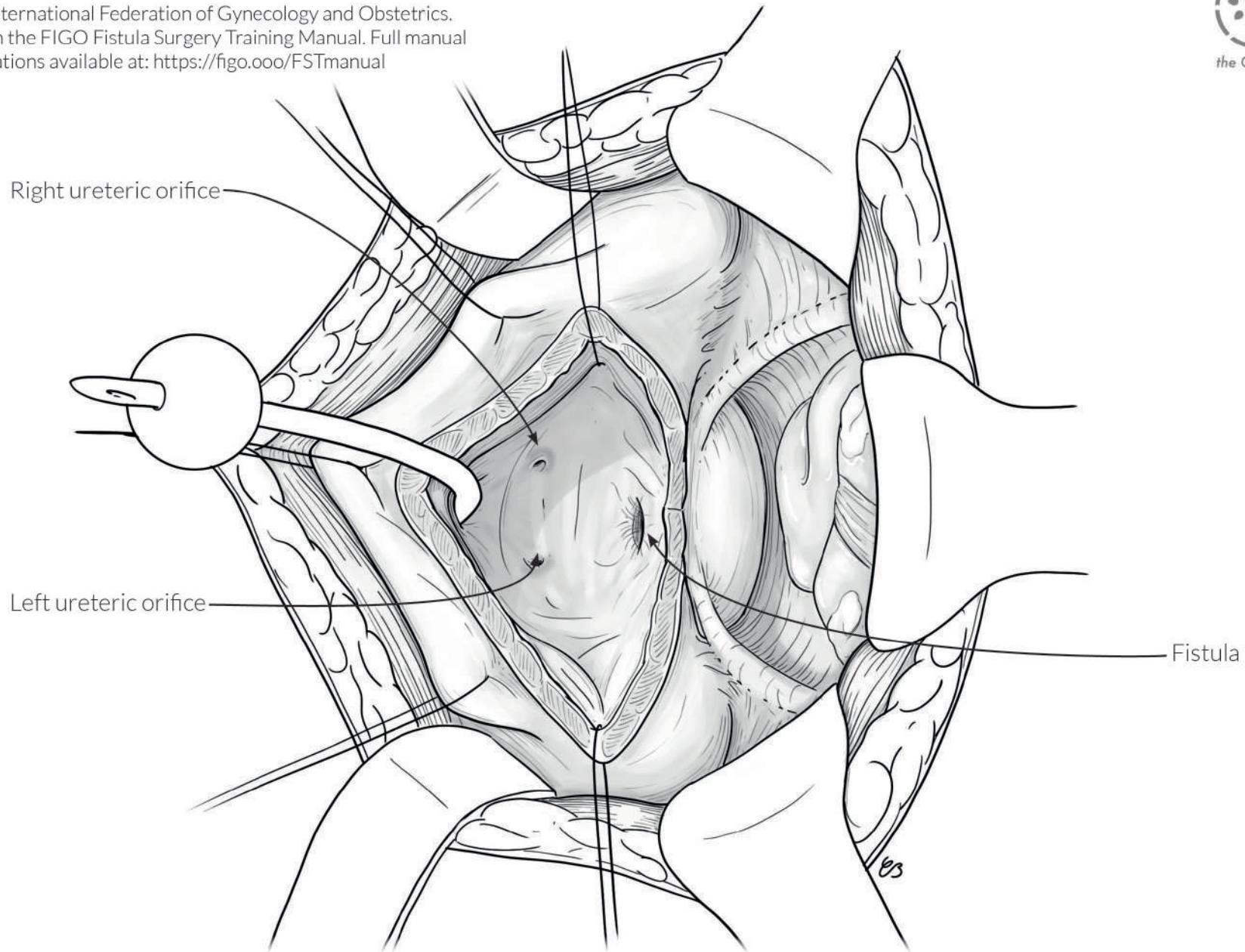


Figure 16. A vault fistula as seen via a laparotomy. A cystostomy has been done and the fistula can be seen.

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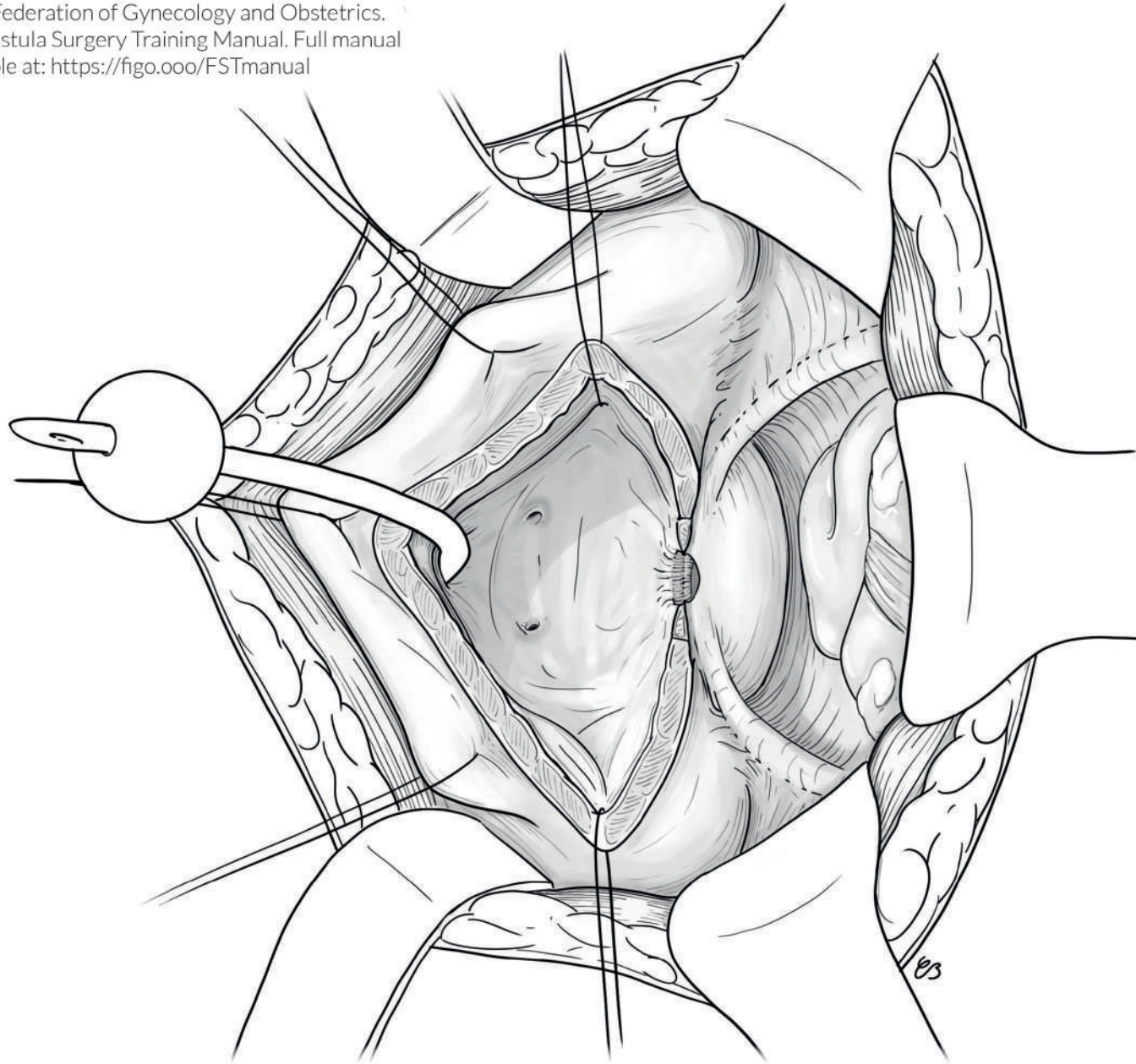


Figure 17. The cystostomy has been extended to the fistula (O'Connor method⁶⁴). The bladder needs to be dissected off the cervix/vagina before both can be repaired.