Application for Fistula Repair Program

Please direct questions to: Jessica Koval: JKoval@directrelief.org | +1 (805) 879-4908

Which of the following would you like to do?

☐ OPTION 1. Apply to receive donations of Fistula Repair Modules through the Direct Relief Fistula Repair Program

☐ OPTION 2. Apply to receive donations of Sutures Only through the Direct Relief Fistula Repair Program

☐ OPTION 3. Fill Out the Post Shipment Assessment Form and Re-Order Fistula Repair Modules

☐ OPTION 4. Fill Out the Post-Shipment Assessment Form and Re-Order Sutures Only

Contact Information

Please fill in the contact details of the person completing this application.

Title/PREFIX*

FIRST NAME*

LAST NAME*

Job Title*

Country of Residence*

Mobile phone

Email*

Health Facility Information

Please complete the information about the hospital where fistula repair surgery is provided. This is the facility where the medical supplies from Direct Relief has been or will be utilized.

Note: If you would like to apply or report for more than one facility, please complete a separate form for each facility.

Health Facility Name*

Street Address 1*

Street Address 2
Application for Fistula Repair Program

To equip health providers providing fistula care, Direct Relief offers a customized Fistula Repair Module, a pack of high quality medicines and surgical supplies necessary for fistula surgery. The Module and supporting supplies are available at no cost to health facilities providing fistula repair surgery. The contents of the Module have been determined based on recent surveys of clinical experience and best practices, and both internal and external consultations with expert providers in the field.

For a complete list of the contents of the Fistula Repair Module, please click HERE.

Required fields are marked with an asterisk (*). Please complete a separate application for each health facility requesting medical assistance.

Note: Do not use your browser's Back button. Use the Back and Forward buttons at the top-right or bottom-right of the page to navigate through the application.

Please direct questions to: Jessica Koval | JKoval@directrelief.org | +1 (805) 879-4908

Review Eligibility Requirements

Your organization must meet the following basic eligibility requirements for the fistula repair program:

- Fistula repair services must be provided to patients in a non-discriminatory manner and must be provided free of charge, for a voluntary fee, or based on a patient’s ability to pay.
- The health facility and health providers must be officially registered and licensed as an approved provider of health services in the country of service.
- The health facility providing services must have a fistula repair surgeon on site (or an established partnership with a visiting consultant) with a valid medical license.
- The health facility provides a minimum of 50 fistula repair surgeries each calendar year. Facilities with fewer surgeries that can demonstrate a clear plan for growth will also be considered.
- The health facility has an unmet need for medical supplies and can describe how a donation of supplies would improve its ability to provide fistula repair services.
• The health facility has the ability to manage the process of clearing a donation of medical supplies through customs and overseeing in-country transport of supplies to a secure storage facility.

☐ I have read the Eligibility Requirements and agree that the organization for which I am applying meets the requirements.

Health Facility Type

Check all that apply.

☐ Government
☐ Non-Governmental Organization (NGO)
☐ Faith-based organization
☐ Other: 

Do you work at the health facility indicated above?

☐ Yes
☐ No

Fistula Repair Services

Why did decide to start providing fistula care?*

Please briefly describe the need for fistula repair services in your country or region.

What year did begin providing fistula repair services?*

Number of obstetric fistula repair surgeries at Facility:*
In 2015
In 2016 (estimate)

If you plan to increase the number of fistula repair surgeries, describe how you intend to reach your target.

Availability of fistula repair services at Facility *

☐ Fistula repair is a routine service that is available throughout the year
☐ Fistula repair is provided only during fistula repair camps/outreaches or when a fistula surgeon visits the hospital
☐ Other, please describe:

Please describe the availability and frequency of fistula repair services at (e.g. how many days per week, month, or year are fistula repair services available?)

Surgical services provided at *

Check all that apply.

☐ VVF Repair, Vaginal
☐ VVF Repair, Abdominal
☐ RVF Repair
☐ Urethral Repair/ Reconstruction
☐ Vaginal Reconstruction
☐ Ureteral Reimplantation
☐ Urinary Diversion
☐ Other, please describe:
Non-surgical services for incontinence provided at Facility:

Check all that apply.

☐ Urethral plugs  ☐ Urodynamics  ☐ Medical therapy for incontinence, please describe:  ☐ Other, please describe:  

Number of beds at your facility dedicated to fistula patients*


Please describe how currently collects and maintains fistula patient information. How is the information stored (in paper files, electronic database, etc.)?*


Please describe any rehabilitation or reintegration services provided at . If your facility does not directly provide these services, please describe if your facility works with other organizations to provide this care.


Fistula Surgeon Capacity

How many fistula surgeons are permanently based at Facility?*


Please list the names, years of practice, and estimated number of fistula repairs conducted by each fistula surgeon.

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of years of Practice</th>
<th>Estimated number of fistula repairs conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the past 2 years, has your health facility hosted visiting fistula surgeons to assist with cases?

[ ] Yes
[ ] No

Please list the name(s) of organization sponsoring the visit(s) and the name of the visiting surgeon(s):

Does train surgeons and/or staff involved with fistula repair? If so, please describe:

**Cost of Treatment**

**Estimated Cost of Treatment** *

Please provide the average cost for one fistula repair at your institution. (US Dollars)

For currency conversion, use [http://www.oanda.com(currency/converter/](http://www.oanda.com(currency/converter/))

$
What percentage of the total cost of treatment at your institution is medicines and medical supplies?*

[ ] %

How does Facility finance fistula repair services?

☐ Patient self-pay
☐ Ministry of Health/Government Support
☐ Non-governmental Organization (NGO) Support
☐ Other, please describe:

Medical Supplies for Fistula Repair

How does Facility acquire the medical supplies needed for fistula care?*

Please check all that apply.

☐ Supplies are purchased locally
☐ Supplies are purchased abroad and imported through customs
☐ Supplies are provided by the Ministry of Health
☐ Supplies are donated by an NGO/charitable organization
☐ Other, please describe:

Approximately what percentage of the medicines and supplies for fistula repair at your health facility are:*

Please indicate the percentage for each category.

- [ ] 0 % Purchased by your institution
- [ ] 0 % Supplied by the Ministry of Health
- [ ] 0 % Donated by a NGO/charitable organization
Fistula Repair Supply Needs

Fistula Repair Modules consist of two parts: **Part A** and **Part B**.

**Part A** is a standard set of materials that is included in every Fistula Repair Module.

**Part B** consists of customizable materials based on facility and surgeon preference. Materials that can be customized include: glove size, anesthesia materials, and suture.

To see the complete contents of the Fistula Repair Module (including Part A and Part B), please click **HERE**.
Part A: Standard Materials
The materials in this section are included in every Fistula Repair Module.

To see a list of these items, please click HERE.

Part B: Custom Materials
The materials in this section are customizable based on health facility needs.

Surgical Gloves

Please indicate your preference for surgical gloves for each member of your surgical team. These are currently the sizes available to order from Direct Relief.

<table>
<thead>
<tr>
<th></th>
<th>Size 7</th>
<th>Size 7.5</th>
<th>Size 8</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon*</td>
<td>☑</td>
<td></td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>Assistant*</td>
<td>☑</td>
<td></td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>Scrub nurse*</td>
<td>☑</td>
<td></td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>Anesthetist*</td>
<td></td>
<td></td>
<td></td>
<td>☑</td>
</tr>
</tbody>
</table>

Anesthesia Supplies*

Please indicate your anesthetists preferred spinal needle size. These are currently the needle types available to order from Direct Relief.

- [ ] Spinal Needle
  - 22G x 3.5"
  - Whitacre pencil point needle
- [ ] Spinal Needle
  - 25G x 3.5"
  - Whitacre pencil point needle
  - Item includes introducer needle, 20G x 1.25"
- [ ] Spinal Needle
  - 25G x 3"
  - Quincke needle
- [ ] None of the above

Suture Needs

The suture is listed according to the basic steps involved for fistula repair. In most cases, we have provided at least two choices of suture in each category.
Please indicate your preference for each category.

**Bladder Closure***

Select one.

- [ ] Vicryl, Size 3-0, CT-2 26mm, 1/2 circle taper point, undyed braided, 70cm_J232H
- [ ] Vicryl, Size 2-0, UR-6 26mm, 5/8 circle taper point, violet braided, 70cm_J602H
- [ ] None

**Vaginal Closure***

Select one.

- [ ] Polysorb, Size 2-0, GS-22 27mm, 1/2 circle taper, undyed braided, 70cm_CL-830
- [ ] Vicryl, Size 2-0, CT-2 26mm, 1/2 circle taper point, undyed braided, 70cm_J269H
- [ ] Vicryl, Size 2-0, UR-6 26mm, 5/8 circle taper point, violet braided, 70cm_J602H
- [ ] None

**Fascial Closure***

Select one.

- [ ] Prolene, Size 0, CT-1, 36mm, 1/2 circle taper, blue monofilament, 75cm_8424H
- [ ] Surgipro, Size 0, GS-22 27mm, 1/2 circle taper, blue monofilament, 70cm_CP-412
- [ ] Vicryl, Size 0, CT-2 26mm, 1/2 circle taper point, undyed braided, 70cm_J270H
- [ ] None

**Urethral Reconstruction and Ureteral Reimplantation***

Select one.

- [ ] Polysorb, Size 5-0, CVF-21 12mm, 1/2 circle taper, undyed braided, 45cm_SL-432
- [ ] Vicryl, Size 4-0, RB-1 17mm,1/2 circle taper, undyed braided, 70cm_J214H
- [ ] Vicryl, Size 5-0, RB-1 17mm, 1/2 circle taper, undyed braided, 70cm_J213H
- [ ] Facility does not provide urethral reconstruction and ureteral reimplantation.
Skin Closure*

The following ties will be provided for skin closure:

- Vicryl, Size 3-0, PS-2 19mm, 3/8 circle reverse cutting, undyed braided, 70cm_J427H

Would you like to receive these sutures?

☐ Yes, I would like to receive this suture for skin closure
☐ No, I do not need these

Bowel Closure*

Both of these sutures will be provided for bowel closure:

- Polysorb, Size 3-0, V-20 26mm, 1/2 circle taper, violet braided, 45cm x 5_GL-63-MG
- Sofsilk, Size 3-0, V-20 26mm, 1/2 circle taper, black, 75cm_GS-67-M

Would you like to receive these sutures for bowel closure?

☐ Yes, I would like to receive these sutures for bowel closure
☐ No, I do not need these

Abdominal Silk Ties*

The following ties will be provided for vessel ligature:

- Silk Ties, Ethicon Perma-hand suture, Size 3-0, dispensing reel, 366cm, black braided_LA54G

Would you like to receive these ties for vessel ligature?

☐ Yes, I would like to receive these for vessel ligature
☐ No, I do not need these
If you require suture that is not on the list above, please describe your requirements below and explain this suture is essential. We can't guarantee we are able to provide your preferred suture but will carefully review your request.

**Comments**

If you wish to share any comments about the medical supplies requested above, please use the space below.