

REPORT ON URETHROPLASTY WORKSHOP LUSAKA, ZAMBIA, APRIL 2016.

Zambian Project Objective 2.

Urethroplasty is not currently performed often in Zambia. It is planned to run a urethroplasty workshop in March 2016, to develop the skills of the local surgeons. We will provide clinical discussions on a monthly basis, after using technology, with a follow-up visit a year later.



Workshop report

The faculty - Paul Anderson (Birmingham), David Dickerson (Bristol) and Suzie Venn - travelled out to spend a week at UHT in Lusaka.

The Urology team at Lusaka consists of 3 firms, lead by:

- Uro1 - Dr Bassem Yani (trained in Egypt, on a renewable 3-year contract)
- Uro2 - Dr Nenad Spaspajevic (Serbian trained and on 3-year renewable contract)
- Uro3 - Dr Victor Mapulanga (Zambian trained, permanent)

The firms work independently, although superficially, without any major conflict. Each firm has another trained urologist on the firm, and at least another 3 urology trainees.

Urology is part of the Department of Surgery, with beds on the general surgery wards, and with no dedicated urology theatre, or space for dedicated outpatients, diagnostic and minor surgical procedures. The wards were as basic as other African countries I have visited, but the nursing numbers and caliber seemed reasonable during the day. The theatres appeared relatively well equipped for Africa.

The workshop started on Sunday with a visit to the ward to discuss 22 patients with urethral strictures. The cases were excellent: with difficulty we kept 13 cases for the week, unsure whether we would have one or two theatres available. Monday started slowly, but we had decided to do two cases that appeared relatively straightforward to introduce the techniques to the 3 lead Urologists, who it had been decided we would concentrate on training during this visit. A bulbar and bulbo-prostatic anastomotic urethroplasty later, and a good first day in a new environment for all of us and a low income country for one.



Tuesday brought home the reality of one of the many problems facing our colleagues with theatres finally started at 10. A straight forward penile stricture, and then all the theatre staff disappeared for lunch. The second case started at 2.30, and proved to be a difficult BPA in an adolescent male, with a late finish in a nearly deserted theatre. Over the following two days, we performed a further 4 complex urethroplasties with a lot of persuasion on the part of the surgeons to encourage the nursing staff.

The trip went a lot better than expected. We are now familiar with the theatre set up problems, and have started to form strong relationships with the Lusakan Urologists.

Strength of the Urology team at Lusaka

1. The three lead consultants are excellent leaders
2. The urology team are really enthusiastic to improve patient care
3. There is relatively more equipment than other African hospitals
4. The government seems fairly stable, although there are elections in August.
5. The anaesthetic team has improved dramatically with the introduction of a MMed programme supported by British anaesthetists.

Problems

1. Urology does not have its own department
2. Theatre efficiency is shocking; little goes on after lunch. Contributory factors seem to be:
 - poor staff morale
 - electrical and water supply failure
 - poor leadership
3. Procurement and servicing of equipment is erratic
4. Very high HIV rate in this group of patients
5. Out-of-date management is contributing to urethral disease burden e.g. blind dilatation of strictures

Future plans

1. Continue support with an email MDT
2. Audit of all theatre activity Oct - Dec 2015 as a baseline
3. Modify project aims to the management of urethral stricture disease
4. Consider how to help improve the primary management of strictures
5. Plan for a further trip in March 2017
6. Consider how to engage the theatre staff to engage in making the workshop more productive.