Visit to the Gambia 9-16th April 2002

Mike Bishop

We are extremely grateful to George Fowlis and his family and friends for facilitating these visits.

PERSONNEL

Unfortunately, Chris Jones could not come with us this time and the four of us were therefore, George Fowlis, Sean Vesey, Jhumur Pati (George Fowlis' SpR) and myself.

EQUIPMENT

As before we gathered together the usual collection of single use and disposable items but this time George put in an enormous effort to visit Ru MacDonagh's hangar in Somerset and returned with the back of his car full of a lot of elaborate equipment including two diathermy machines. All of this additional kit weighed of the order of 120kg which required a lot of form filling and sweet talk to get on to the aeroplane at no extra charge. The problem with all of this equipment is that someone needs to be around at the receiving end to make sure it all fits together and functions and someone knows how to use it. This is really quite a slow process and in Banjul the urology is mainly handled by a Cuban doctor. Last year I think we put his nose badly out of joint and he was not very keen to observe our activities. This time it was all very different and he joined and particularly Sean and
George did a great deal of crash training to help him on his way.
Looking through the various cupboards in the operating theatre I think we all agreed that there was now a fair amount of equipment providing the means of doing most endoscopic procedures. I hope that Rodolpho will use some time to sit down and assemble some kits for particular tasks but also encourage the theatre and technical staff in the correct handling and maintenance of the equipment.

OUR INPUT

This time the home team were fully prepared to receive us and we were particularly indebted to the new Head of the Gynaecology Department, Dr. Malick Njie, Dr. Tawhead Emam, Head of the Department of General Surgery, our good friend Dr Gaad, for the excellent assistance of Dr. Anyanwu Matthieu who is a trainee gynaecologist on a urology posting. He managed very expertly much of the pre and post operative care and tabulated our cases very beautifully and has recently given us word of their follow up.

Of the cases performed perhaps the most prominent was of a young boy aged 13 with bladder extrophy. We had been introduced to him by Derek Fawcett who in turn had been made aware of his problem through one of the theatre nurses in Reading. I suspect that none of us had great experience of dealing with this condition but Sean and George made a very nice job of excising the bladder, implanting the ureters into a Mainz 2 pouch and reconstructing the penis.

As before, we were presented with some very challenging uro-gynaecology. There were nine vesico-vaginal fistulas and this time with the help of a few days experience in the Fistula Hospital, Addis Ababa (MCB) and a couple of videos showing the Addis

technique we dealt with half of them from below. We also dealt with two wet ladies who did not have a fistula. We were only able to do the simplest of urodynamics and the treatment had to be tailored to local conditions. We were obliged to divert both them too, again into a Mainz 2 pouch.

We also dealt with a very tiny infant with urinary ascites and renal failure due to posterior urethral valves. Again, Sean the great technician amongst us managed to rig up a means of incising the valve leaflets using a ureteric catheter wire connected to the diathermy machine. It was all rather satisfactory particularly as he was able to use a paediatric cystoscope that he had brought out last time.

In addition, a fair amount of standard urology was done including some TURs and a couple of very challenging strictures.

I am glad to say that all of the operative work went well and I do hope that the home team are not protecting our feelings by hiding our mistakes but apparently all three of the Mainz pouches are working satisfactorily and the VVFs are dry.

We were delighted to see Dr. Gaad once again. I do not mean to sound arrogant but I think that he might have benefited from working with us both last year and for the few days that he was able to spend with us on this occasion. I was most pleased to observe that he had the confidence to re-implant some ureters and to approach a particularly nasty fistula from above across the bladder and to do a very competent job closing the fistula. Unfortunately, he is leaving the Gambia, at least temporarily, although at last count was intending working in a fistula unit in Sierra Leone.

Once more we were delighted to work with a fine group of co-operative theatre and ward nurses. I was particularly interested to work with scrub nurses who in fact were male midwives on secondment from country clinics. I was most interested to hear of their views on obstetric care in the Gambia.

The surgery was truly multinational with Cubans, Nigerians and Gambians at both the anaesthetic and surgical ends. By and large communication was good and the staff were remarkably tolerant at having their theatres invaded by foreigners with two rooms occupied by us more or less continuously for a week and therefore unavailable for their own routine and emergency surgery.

FUTURE PLANS

I do believe that our fistula surgery is a little more organised and, personally speaking, has improved technically with a bit of practice and education. I think there is scope to carry this on perhaps using some of the principles established in Addis. Since the cases require very little in the way of complicated investigation I do believe the hospital could put aside some beds and regular operating time for fistula surgery. There is a great deal of commitment by the nursing particularly in the gynaecology ward to do all they can to look after these unfortunate patients as carefully as possible and it would be good to build on this enthusiasm.

A new venture this year was for George to bring his trainee with him and I believe that Jhumur enjoyed the experience and perhaps learnt some new techniques. She was certainly extremely popular and positive and we enjoyed having her with us. Socially it

was very nice to see her husband and daughter to provide social support. I think we are all agreed that a short period spent in such an environment can provide immensely valuable clinical experience particularly for a more senior trainee and we should perhaps try to build on this experiment.

Dr. Malick said that we would be very welcome to return next year but that we could perhaps work more efficiently still coming in pairs and
I can understand that it is easier for the home team to put aside one rather than two operating theatres for the week. Alternatively, the two visitors could work with two local surgeons and act out much more of a teaching role. I think this is particularly important if the Cuban urologist Rodolpho is to stay in the Gambia as he is keen to learn and we should as a matter of priority be helping with his training.

EXTRA CURRICULAR ACTIVITIES

Despite working pretty hard for long hours we did find some time to visit the MV-Anastasis, one of the so called mercy ships anchored in Banjul port. I think that the activities of this organisation are familiar to most of us but sufficient to say we were all very inspired by the experience of the activities of this hospital ship. The staff maintained that they were keen to help with the training of local surgeons and nurses but we could appreciate how for a variety of reasons this might not be easily accomplished.

George organised with an acquaintance a visit around the MRC unit just outside of Banjul. We were impressed with the facilities both for clinical care with a very efficient triage process at the so called Gate clinic. We were also told a little of the very prominent research profile supported as it is by the British MRC.

As before, we enjoyed tremendous hospitality from George's friends and relatives and Dr. Malick and Dr. Gaad.

After coming away last year with some rather grand but vague plans I feel that we cannot have much influence in making great changes in the hospital or in the care of particular problems. We merely have to go and keep chipping away. It might help to go a little more often hereby providing rather more continuity. The introduction of a medical school could be an exciting initiative and provide opportunity to formalise the teaching particularly if facilities improve. One suggestion made after our last visit which might be sustained is to organise a local meeting of West African urologists as it may be that the administrative section of the MRC unit might assist in setting this up. It would certainly be a novel adventure for the pharmaceutical companies and here again UROLINK with its experience of assisting with similar meetings in East Africa might be prepared to take this on. I hope this is of some interest.