

5th J. Lester Eshleman Urology Workshop: trip report

ASEA Institute of Urology, Kilimanjaro Christian Medical Centre, Moshi, Tanzania
24-28 November 2003

Bridgewater doesn't have much in common with Moshi, but in my mind they will always be linked. For several months Ru MacDonagh had used the outpatient clinic to convince me to go to Tanzania. It took a bit of time to convince me but finally I agreed and got in touch with Phil Thomas who was heading out to the 5th J. Lester Eshleman Urology Workshop with Patrick Duffy. This is a bi-annual workshop set up in part and propagated by British Urologists to promote urological skills amongst the few surgeons in East Africa who practise in the speciality. We exchanged e-mails, then I heard nothing for several weeks. It appeared the whole thing was cancelled.

October came and my mobile rang. Phil Thomas had had confirmation. Time to book a flight, apply for funding, consider vaccinations, find where Moshi was on a map and discover the topics of the workshop (reconstruction and intersex). Before I had time to think, it seemed, I was standing in the departure area of Heathrow at 4am wondering why we had turned up at least an hour before the check-in opened. We caught the connection to Amsterdam and then encountered our next problem. November 22nd and England are playing in the final of the rugby world cup. We however are in Schipol airport which is devoid of TV coverage of the game. The Dutch are talented in many sports but it seems rugby is not one of them. A team kitty was mustered and the junior member was sent to purchase a world-band radio. Following a protracted process akin to dowsing, the only area of the metallic building receiving Radio 5 was located and we could catch most of the first half. Subsequently, despite Patrick's requests, the captain of the flight to Tanzania was unwilling to give us minute by minute scores but did put us out of our misery somewhere over Algeria when the final whistle had blown.

Our arrival at night at Arusha will stay in my mind for many years. The heat, humidity and noises contrasted sharply with a Somerset winter. Orion was visible in his entirety and as we travelled the 25 miles by high speed, low safety minibus towards Kilimanjaro I could taste the red earth thrown up from the dirt road. Quarters were to be a Lutheran hostel which upheld strict Christian principles. My room was sparsely furnished but spotlessly clean. I crawled under my mosquito net and listened to nature.

Sunday would normally have involved a ward round but apparently, this year, with no operating on the Monday we had the day at leisure. Breakfast was supplemented by the addition of Christine Evans, travelling through the continent on the Rohima Dawood Scholarship and heading to give the keynote address at the East African Surgeons Meeting. She later joined us for a trip into the jungle and confidently undertook the two mile mainly downhill trek to the foot of a fantastic 100m waterfall. The return journey was somewhat more arduous but, helped by locals, she joined us for refreshments at the local village bar. I must remember never to drink banana beer again. The evening meal consisted of a banquet of barbecue meats at the 'Golden Shower' where faculty and course organisers made new friends and renewed old acquaintances.

patients' lack of access to bags and catheters. Many female patients had undergone several attempted repairs of vesico-vaginal fistulas but remained totally incontinent. One female had a large bladder cancer and was being considered for a neobladder.

Following an excellent overview of the classifications of intersex by Patrick Duffy, Tuesday's operating commenced. Prof Hautmann performed the cystectomy and neobladder via live video link. This demonstration would have graced any European masterclass and represented only the 100th female case done by the individual with the world's largest series of neobladders. Ruud Bosch performed two Mainz II reconstructions both for VVF cripples. Patrick Duffy examined a cloacal extrophy baby under GA, repaired a primary female epispadiac and did the first of what were to be three intersex procedures (one of which was on an adult). On each occasion he performed a laparotomy to confirm diagnosis and obtain samples of gonadal tissue as well as a vaginoplasty and clitoral reduction.

Each day followed a similar pattern: lectures to start and finish and three separate theatres running with the most interesting case occupying the live video link. Operative highlights included Phil Thomas' closure of a recto-vesical fistula, bladder augmentation and Mitrofanoff on a man who had suffered extensive injuries having been crushed by a boulder. Patrick Duffy's removal of a huge Wilms tumour from a desperately ill baby inspired me in its precision and technique but also reinforced the disparity in world healthcare standards. Ruud Bosch not only spoke with a great deal of sense, he was also obviously a highly skilled surgeon, as was demonstrated during an extremely difficult posterior urethral stricture.

As the week went by I found myself becoming integrated into the workings of KCMC and also the African way of life generally. It is some years since I have found myself walking down a corridor in a hospital with a huge smile on my face for no obvious reason. My mornings started with a new coating of snow on the mountain; the evenings ended with a walk down dirt tracks in the shade of jacaranda and fire trees stopping off for a cool drink at the roadside.

This trip to KCMC taught me more than the things I learnt from listening and watching excellent surgical teachers. It gave me a better perspective on life in the comfort zone of an SpR rotation and fired me with the drive to return to Africa to travel and, when I have the appropriate skills to offer, to teach. My thanks go to the Urolink committee and Karl Storz for awarding me a Travel Fellowship, to Patrick and Phil for their excellent company and teaching and to Ru for his enthusiastic exhortations. It was a trip I will never forget.

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