VISIT TO MNAZI MOJA HOSPITAL, ZANZIBAR

Ru MacDonagh, January 2004

Background

Mnazi Moja is a very large hospital serving the whole population of Zanzibar and the neighbouring island of Pemba. The hospital was built by the British and, although it is beautifully situated looking out across the Indian Ocean and looks very grand from the outside, it resembles the majority of larger African non-private hospitals inside with serious lack of equipment and very disillusioned doctors and nursing staff. The Department of Urology in Taunton & Somerset Hospital and Mnazi Moja have been twinned for nearly 10 years and without doubt Dr Jiddawi's Urology Department is the best run department in the hospital. This is principally due to Dr Jiddawi's commitment over many years against significant odds. I understand now that the Zanzibar Government, other than paying the wages of the doctors and nurses, is putting no money at all into any other areas of the hospital. Consequently, all equipment has to be either purchased by the patients themselves or donated through charitable organisations. It seems at the present time that morale is even lower than normal because for the last 10 months the Government has not paid staff working additional hours at night. Despite this, the Urology Department does manage a significant throughput of work including basic endoscopic urology and urological open surgery. No endoscopic prostate surgery is carried out at present, however, and all prostates are dealt with by open transvesical prostatectomy. Dr Jiddawi has more recently been taught to do hypospadias repairs by Guy Nicholls and Mark Woodward, who visited last year, and, very encouragingly, he is still carrying out these procedures on a regular basis with good results.

Purpose of Visit

Dr Mohammed Jiddawi, the sole Consultant serving the 1 million population of Zanzibar, has received some previous training in endoscopic urology, including transurethral resections of the prostate. Unfortunately, he has become de-skilled in endoscopic prostate surgery due to repeated equipment failures. The aim of this visit was to re-teach Dr Jiddawi this technique and in particular to introduce TUIP as an option for patients with smaller obstructing prostates on the basis that this procedure has a much lower morbidity, often does not require irrigation or transfusion and is easier to learn.

Funding for Visit

This trip was essentially self funded although the Taunton & Somerset Department of Urology research funds contributed £500 and I received £100 respectively from Yamanouchi and Astra Zeneca. Annual

particular 3 way catheters, sutures, gloves, JJ stents, bladder washout syringes, Ellick evacuators, suprapubic catheters, etc. When I booked my air flight through Kenya Airlines, I reached an agreement with them that they would cargo this equipment, which together weighed 65 kilos, straight to Zanzibar via Nairobi. They informed me that all I needed to do was to contact them the week before I flew and they would come and pick up the equipment along with payment. Foolishly, I trusted this agreement, but inevitably, when I made the phone call 10 days before I was due to fly, they informed me that they were no longer able to cargo equipment to Zanzibar. Consequently, myself and Mac MacGregor split the equipment between us and carried it as excess baggage. This did prove to be something of a problem at the airport, due to the extreme similarity of some of the resectoscopes and other metal objects to terrorist weapons! Fortunately, I had obtained a letter from Taunton & Somerset Hospital explaining that this equipment was indeed harmless.

Dr Jiddawi also made significant and meticulous preparation for the visit ensuring that we had at least 15 patients who required some form of outflow tract surgical intervention ready and waiting for us on the Urology ward.

The Visit

Mac MacIvor left two days before I did to deliver the diathermy machine and prepare it for my arrival. I took the overnight flight arriving in Zanzibar at 11 in the morning and went straight to the hospital to commence work. Over the next 4 days, initially I and then Dr Jiddawi under my supervision carried out a large number of endoscopic urological procedures. All the equipment worked extremely well including the new diathermy machine and the camera. The latter did have a wiring fault and was a little unreliable initially, but some clever use of Elastoplast dealt with the situation. We did daily ward rounds before and after surgery and operated from 8.30 in the morning to 4 to 5 o'clock in the afternoon. The system was reasonably well organised and we were assigned the only Consultant Anaesthetist in the hospital, Dr Jamala, who carried out all these procedures under a spinal anaesthesia. He had a trained anaesthetic nurse, who was also extremely expert at spinal anaesthesia. The reason why patients do not undergo general anaesthetic is simply because the necessary drugs are not available. Over the course of the 4 days, Dr Jiddawi's confidence grew and, by the end of the visit, he was performing all the TUIPs and, before we left, we confirmed that every patient had been discharged catheter free. Almost all patients with outflow problems present in acute or chronic retention and even this group of patients seemed to do well with this procedure. Prostate volume also seems to be smaller than in the UK. We both felt that TUIP has such significant advantages in the Developing World that its use should be encouraged in other centres and we began a small research study to collect pre-operative, operative and outcome data on all patients undergoing TUIP at Mnazi Moja Hospital in the next 12 months. This included the 6 patients that Mohammed operated on during my visit. Dr Jiddawi and I wrote a research proforma and he has plans to present this data at the next East African Association of Surgeons meeting and possibly

there. He very kindly put us up in an up market hotel, where sadly our remaining 300 dollars was stolen from our room prior to our departure.

Summary of Visit

In all, this was a hugely successful visit which certainly achieved its main goals. Dr Jiddawi is now able to carry out TUIP and small TURPs once again and is filled with enthusiasm for these procedures. They have such clear advantages over transvesical prostatectomy in this environment and I am sure will result in a significant reduction in post-operative morbidity. The equipment worked extremely well and has been left with Dr Jiddawi, who takes it home with him every night to ensure that it does not get stolen from the hospital. I believe that TUIP should be more widely used in developing countries and am hopeful that, once we have carried out a significant number of these procedures with reasonable outcome data, we could then try to persuade other similar hospitals to do the same. In the future, my Specialist Registrar, John McGrath, is spending 3 months in Africa in the Spring and will visit Dr Jiddawi to ensure that the equipment is still working and to iron out any technical problems he may have. I keep in regular contact with him and am very lucky to have support from Olympus.

Dr Jiddawi clearly needs a nurse to manage his equipment for him and to ensure that he minimises losses and breakages. He is fully aware that this is crucial to maintaining endoscopic urology in Zanzibar and is making steps to appoint such an individual.

I am keen to expand the twinning link with Mnazi Moja Hospital in the first instance by identifying an individual in Taunton who could “twin” with Dr Jamala. There is enormous scope for improving his service and his morale from finding an anaesthetist in this country who could communicate with him and provide moral and clinical support him. In addition we had a long discussion with the excellent Hospital Manager who is also the single Diabetologist for Zanzibar. He again is desperate for a link with the UK and I have endeavoured to discuss his situation with one of my colleagues in Taunton.

Zanzibar is a beautiful island but in common with most other African countries faces profound problems of poverty and disease. Mnazi Moja has huge potential but is struggling against lack of resources and disastrous staff morale. The Urology department however functions well within these difficult conditions due to a large part to Mohammed’s commitment and enthusiasm. I am hopeful that following this visit, his ability to perform endoscopic urology once more is sustainable and should make a significant difference both to him and his patients.