

REPORT

Visit to Wad Medani Hospital, Sudan 25 February 25 to 4 March 2005

The Wad Medani Renal Hospital is a new, very clean hospital with 36 beds and 4 operating theatres. This new urology/nephrology building, located within a compound of several hospitals (general, tropical, skin, pediatric, ophthalmology and malaria institute), was under construction during Gordon's visit but has now been completed, and was inaugurated during my visit.

It serves an area including several governorates with a population of five million, and is the only specialised urology hospital outside the capital. In contrast to all hospitals in Khartoum which work privately and do not admit patients without payment of very high costs of treatment, this hospital was established with the aim of treating poor people (that constitute the majority in Sudan) on payment of a nominal fee only.

The hospital has a very clean dialysis unit with 30 dialysis machines, donated by a private sponsor on condition that patients be treated free of charge. To ensure this, he helps the unit with a payment of 30.000 US\$ annually. At this dialysis unit, they work for 24 hours in three shifts. At the general hospital, they also do kidney transplants, but I have advised the staff of the urological surgery department not to start with this kind of operation, because they do not have appropriate equipment.

The urological surgery department is very well equipped with endoscopic instruments provided by Storz and the SIU. The C-arm, donated by Philipps Company through the efforts of Professor Ghoneim, has arrived and will be installed in due course. The hospital does not have an X-ray department because there are X-ray facilities in the nearby general hospital. The same is true for MRI. A CT scanner has been donated by a private sponsor and was shipped to the hospital during my stay. A Storz Lithotripter has already been delivered and will be installed together with an X-ray machine in due course.

Apart from TRUS equipment, which I advised them to obtain, they are very much in need of disposables, such as catheters etc. I have promised them to obtain an offer as soon as I have returned to Egypt. The four operating theatres, like the entire hospital, are very clean. Each theatre is equipped with one to two overhead lights. The ceiling is low, but I found it sufficient for work. It is true that there is a double-glazed window which was put with the intention of securing some light in case the electricity should go off. On my advice, this window was closed to prevent daylight.

The majority of doctors at the hospital are young. The team consists of two urologists and six residents (so-called "medical officers"), most of them coming from the general surgery unit. It is true that the whole staff needs training, but I am deeply impressed by everybody's eagerness to learn and to work. Apart from a number of operations done by me, I taught the local doctors on how to operate the cases in question. For instance, we did eight TURP cases – two were done by

me and the others were done by local doctors under my guidance. I also showed the nurses how to set up the instruments for the operations and how to sterilize them. The whole staff was very grateful for being taught and very eager to learn.

Since treatment in Khartoum is reserved for more wealthy patients, and the majority of the Sudanese cannot afford treatment at one of the hospitals in Khartoum, a very large number of patients present to Wad Medani Hospital every day. During my stay, 100 patients were seen per day, most of them with very advanced diseases or serious problems. It filled me with great pleasure to help these patients and to help the young doctors learn how to treat them.

I had a chance to visit Khartoum for two days in the end of my stay and to do an operation at Soba Hospital. Soba does not have an emergency service. I noticed that they are very well equipped with endoscopic instruments there, but the nephroscopes and ureteroscopes are not used because it seems to be very difficult for the staff to get a governmental grant for a C-arm.

For two reasons I feel that it is really worth supporting the project in Wad Medani. First, it is the only specialised urology hospital outside Khartoum and serves a population of 5 million. Second, it is the only chance for poor people to be treated free of charge or at a nominal fee. The dedicated young team of Wad Medani Hospital is very much willing to learn. I will certainly go there again and will encourage some of my colleagues to also visit this hospital, and to train the staff.

If every one of us trains one or two doctors at a time, we will end up having a well-trained team that can cope with the extremely difficult conditions these patients have. Like this, the SIU will give Sudan the chance to increase its number of qualified urologic surgeons – at the moment there are only 25 urologists for a population of 35 million.

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