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Report on a visit to the KILIMANJARO CHRISTIAN MEDICAL CENTRE, TANZANIA, February 2006

Introduction to KCMC

The Kilimanjaro Christian Medical Centre (KCMC) is located at the foothills of Mount Kilimanjaro in the town of Moshi, Tanzania. The hospital provides healthcare to a population of 11 million people in Northern Tanzania, in addition to acting as a specialist referral centre for the rest of the country. This year marked the 35th anniversary of the inception of KCMC. Since it's opening in 1971, it has grown into a 450 bed teaching hospital with a staff of over a thousand people.

The Department of Urology at KCMC was founded by the American Urologist J. Lester Eschelman. In 1991 the department founded the Institute of Urology and with it, the only dedicated Urology training programme in East Africa. At present the unit is staffed by two Consultants Urologists: Dr Jasper Mbwambo and Dr Alfred Mtete. They work alongside three fellows/residents, two interns and a multitude of medical students. The unit is usually well staffed, though problems can arise when one of the Consultants is away on their flying doctor service. The Institute is currently in the midst of an impressive expansion programme, which has been partly funded by BAUS. This expansion programme comprises of construction of new wards, offices, an academic centre and a new operating theatre. In addition to this, the department is hoping to appoint two new

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consultants and introduce a pioneering new 4 year residency programme which will culminate in the award of an M.Med. (Urology).

Clinical Experience

Our visiting group comprised of four Urologists from the Oxford region, Nilay Patel a Year 1 Specialist Registrar and three Consultant Urological Surgeons (Neil Haldar, Jeremy Crew and Mark Sullivan). Neil Haldar had previously visited KCMC as UROLINK sponsored trainee. We were invited to participate in daily ward rounds, out-patients clinics, radiology meetings and in the operating theatre. We were exposed to a wide array of adult and paediatric urological diseases.

The adult work load comprised common core urological conditions such as BPH, acute retention and urethral strictures. There were a significant number of cancer cases many of whom presented late with widespread metastatic disease. We also saw a number of patients with conditions endemic to region such as Schistosomiasis and squamous cell carcinoma of the bladder. The department is skilled in the management of these conditions and does a terrific job even when hampered by a lack of resources (e.g. blood). We admired them greatly for their adaptability to any given situation.

The most astonishing aspect of our trip was the paediatric ward. As a British trainee Urologist, we were flabbergasted by variety of pathologies that we saw on the paediatric ward. Over the course of one week we saw patients with: Wilm's tumours, posterior urethral valves, hypospadius repairs, bladder extrophy complexes, ano-rectal malformations, urethral strictures, ambiguous genitalia, urethro-rectal fistulae, leiomyosarcomas of the bladder and blunt bladder injuries. The exposure to these pathologies was invaluable to any Urological trainee and usually only found on dedicated paediatric urology fellowships. The local consultants do a fine job in managing their paediatric patients, however there are times when they would benefit from specialist paediatric urological input.

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The trip also allowed us to interact with the fellows at KCMC one of whom was from Tanzania and the other from Ethiopia. They were skilled operators with a genuine passion for their chosen professions. Something that is perhaps not always evident in British trainees!

Future Recommendations

We all had a terrific time at KCMC. The staff at The Institute of Urology gave us a very warm welcome. To maximally gain from a trip to KCMC we would advise future visitors the following:

I. The maximal group size we would advise is two. We visited as a group of 4 urologists, which at times felt like too many.
II. Arrive with paediatric experience/expertise. The team at KCMC are comfortable and skilled in the management of most adult conditions. They are however sometimes faced with highly complex paediatric cases, and it is with these, that they need the help of oversees visitors.
III. We think the optimum duration of a visit is between 2 and 4 weeks. That way one can truly become part of the department and make a genuine contribution.
IV. Prior to any visit we would suggest that you pre-inform the department of any specialist interests (e.g. Paediatric or Reconstructive Urology), that way they can gather any problem cases they need help with.
V. Join the consultants on one of their flying doctor visits into rural Tanzania. Resources, staff and time are in short supply on these visits. They are usually extremely busy, and can have up to 20 TURPs to do in two days!

A number of urology trainees have visited KCMC over the past few years. In the past, UK trainees have introduced new techniques to the staff at KCMC (e.g. TURP), as such these visits were of great benefit to KCMC. Times have changed and we believe the visits are now of greater benefit to UK trainees. We believe that the educational opportunities available at KCMC are good enough to justify a formal 6-12 month fellowship. We very much valued my time at KCMC and look forward to the day that we can return.

Nilay Patel & Neil Haldar