

## Report on the 11<sup>th</sup> Jacob Lester Eshelman Urology Workshop

Kilimanjaro Christian Medical Center, KCMC, Moshi

The Institute of Urology at KCMC is one of the leading centers for urological surgery and training in East Africa. Jacob Lester Eshelman (1921 -2009) devoted much of his life to developing urological surgical services in East Africa and at KCMC in particular. The workshop which bears his name is run biennially and the theme for the 2015 workshop was Paediatric Urology, Reconstructive Urology and Bipolar TURP. The workshop was conducted under the auspices of COSECSA/ASEA and was supported by BAUS Urolink, ANANSE Foundation Holland, the Global Philanthropic Committee (SIU, EAU AUA), Olympus Surgical Technologies and the Oak Foundation

KCMC is an important training centre for urologists in East Africa. There are a dozen or so registrars attached to the unit with trainees from surrounding East African countries including Malawi, Rwanda, Uganda and Kenya as well as from various regions of Tanzania. Delegates at the conference included general surgeons and urologists from across Tanzania and from neighbouring East African Countries, trainees and students from the medical school at KCMC

The Urolink group was led by Suzie Venn and Phil Thomas who along with David Dickerson performed a variety of reconstructive urological procedures during the week. Henrik Steinbrecher performed several paediatric reconstructive operations as did Prof Rien Nijman and Dr Ann der Vylder (Netherlands). John Reynard also attended having travelled with his team of spinal injury nurse, physio and occupational therapist from Stoke Mandeville in order to teach and assist the further development of the spinal injuries unit at KCMC

The UK team arrived on Saturday evening Nov 21<sup>st</sup> and were met at Kilimanjaro airport by Frank and Juma, two of the KCMC residents, who drove us to downtown Moshi about an hour away. The following morning, we were awoken variously by the call to prayer, Choral singing and reggae beat – Tanzania truly is multicultural. After a leisurely breakfast we were transported by bus to the KCMC campus and the department of urology. The campus is on the outskirts of town. This time of year is the short rainy season and the vegetation was lush, the Jacaranda and Flame trees were in flower and of course there was the backdrop of snow capped Mt Kilimanjaro.

A lengthy ward round then took place that Sunday morning with the local staff and about thirty or so inpatients were presented to the UK team. The patients fell into three groups and had been brought into hospital for consideration for surgery during the workshop. The patient groups were

1. Patients requiring reconstructive urethral surgery. Many of these patients had undergone previous attempts at urethral reconstruction and included several patients with pelvic fracture urethral disruption injuries from road traffic accidents and one patient who had been shot through the pelvis. One young man had an ileal conduit stoma in the left iliac fossa which had been fashioned elsewhere as an emergency. With no collecting bag available his life was a misery with an incontinent stoma but with virtually no prior history of the surgical findings and pathology and with established renal impairment his potential undiversion was a management challenge.
2. Paediatric cases including various degrees of hypospadias, some of whom had had previous surgery, disorders of sexual development, bladder exstrophy, epispadias, severe dog bite to the penis and partial glans amputation post circumcision
3. Patients in urinary retention for consideration for bipolar TURP.

We visited the adult and paediatric urological wards and then the eye ward which had been taken over with urological patients. An initial plan was drawn up of which patients needed a preliminary Cystoscopy and EUA to assess the feasibility of reconstruction and which patients could be listed for definitive surgery. Thereafter a meeting was held on a daily basis to agree the operating lists for the following days according to feasibility, priority, further investigations and of course which surgeons were operating on which cases!

The workshop started in earnest the following morning, Monday 23<sup>rd</sup> November. There was a formal opening ceremony with introductions by Frank Bright and Jacques Bogdanowicz. The hospital executive were in attendance and there were opening addresses by the hospital director Dr Masenga as well as the director of nursing etc. and then by Prof Magnus Grebe (EAU) and by Suzie Venn on behalf of Urolink. The various members of the UK and Dutch teams were introduced and acknowledgements of the various sponsors were made including Olympus Surgical technologies who generously loaned / donated a camera stack system and bipolar TURP generator to the urology department at KCMC

Thereafter the format of the meeting was a series of lectures given each day of the week within the urology library and live surgical transmissions from the two operating theatres within the urological wing of the hospital. Ward rounds took place on a daily basis and members of the UK team were able to attend these as well as attend theatre. The residents presented cases on a daily basis including those pending surgery and patients who had undergone surgery the previous day. The full program of lectures is attached.

Each day the UK group were transferred by bus from their hotel in downtown Moshi to KCMC a 15-minute journey. A very generous lunch (chicken or beef with rice, vegetables, cooked banana, water melon etc.) was provided by the KCMC staff and generally eaten in the library while watching live transmissions of surgery or just gossiping with delegates.

Two theatres within the urology department were used on a daily basis and most days a third theatre outside of the department was also used. A typical operating program for the day is attached. By the end of the week approximately 28 cases had been operated on.

At the end of each day the team was transported back to the hotel in downtown Moshi where there was a regular program of "rehydration" A social program was arranged such that each evening the UK group were entertained at a local restaurant usually being hosted by staff and residents from KCMC and on the Thursday evening there was the more formal workshop dinner held at a local hotel.

### **Personal reflections**

I had not previously visited sub Saharan Africa. The Tanzanians comprise of multiple different tribal or ethnic groupings. Swahili is the national language of Tanzania and the surrounding East African countries but many people speak a second traditional language and all the doctors and medical students spoke English. Moshi is a large town rather than a city and despite being located close to Mt Kilimanjaro there were few non African visitors at least downtown. Moshi is about about 90 minutes by road from Arusha, an important East African city, with which it shares the Kilimanjaro international airport. People especially on the KCMC campus were generally very welcoming and hospitable. KCMC hosts one of about six medical schools in Tanzania and the students were very bright and enthusiastic. One of the medical students took us on a tour of the medical school and

hospital and we were especially impressed by the e learning facilities in the medical school library – I can't remember seeing so many brand new Apple Mac computers in one location. There are superb views of Mount Kilimanjaro from the upper floors of the new medical school block.

Urological surgery is carried out by urologists and by general surgeons in East Africa. The trainees in Urology had often done 3 years of general surgery before specialising in Urology whilst others seemed to be specialising in Urology on a two or three-year program with minimal general surgical training. One trainee who had done general surgery suggested that he had carried out 300 Caesarean sections in one year as a general surgical trainee. A visiting Ugandan general surgeon who seemed experienced in urethroplasty also performed burr holes apparently once a fortnight in a hospital without a CT scanner. Road safety is not good, there are many motorcycles and crash helmet usage is patchy. KCMC is a well organised tertiary referral hospital. Urethral stricture disease both traumatic and inflammatory seems to be a big problem more so than in developed countries. However, as life expectancy slowly increases there is an increasing burden of prostatic disease. Visiting the department during a workshop can of course give a slanted view of activity at KCMC but perusal of the operating theatre logs showed that TURP was a relatively common procedure along with urethrotomy. Paediatric urology is managed by the adult urologists. There were several cases of hypospadias repair in the theatre log. With a tertiary catchment estimated at around 11 million it is not surprising that some complex paediatric problems present some of which were dealt with by the workshop surgeons but at other times are dealt with by the local staff. There were a number of Nephrectomies for Wilms tumours recorded in the theatre log. Indeed, on a ward round later in the week there were two young children receiving systemic chemotherapy either pre or post op for Wilms tumours. It appeared that this chemotherapy treatment was being supervised by the urology residents. The radiology department seemed overloaded with patients waiting patiently along the main corridor and I could not confirm whether there was a CT scanner – if there was it apparently was not working and radiology was based on Ultrasound and X Ray although contrast studies were available. With no image intensifier available and no CT, the management of upper tract obstruction is challenging. Schistosomiasis is endemic in Tanzania apparently not unusual in the rice fields and this may have been the diagnosis (ureteric stricture) in the patient presented to the workshop surgeons who had been diverted elsewhere – He appeared to have a healthy bladder and was undiverted by means of bilateral Boari flap ureteric re implantations. A urodynamics machine had previously been donated to the department but it did not seem to be being used and indeed getting a flow rate performed for a patient with severe LUTS proved problematic. A Flexible cystoscope was donated to the department by Suzie Venn on behalf of Urolink and proved immediately invaluable in assessing the proximal extent of various complex stricture cases who had been stuck with long term supra pubic catheters. Of the two theatres within the urology block one was very spacious and the other a little cramped. Most anaesthesia for urological procedures was by spinal anaesthetic but general anaesthesia was available when required. Most anaesthetics were given by anaesthetic practitioners rather than anaesthetists.

The department needs more support regarding the training of the urological residents and indeed teaching urology to the medical students. The ratio of active consultants to trainees is low and much training was informal by senior trainees teaching junior trainees. When the numbers of trained urologists in some East African counties such as Malawi can apparently be counted on the fingers of one hand it is readily apparent how important a role KCMC plays – one of the current trainees who was from Malawi hopes to be the first “home-grown” urologist in Malawi. I watched Jacques Bogdanowicz teaching him bipolar TURP. The role Urolink and British urology can play in supporting the training of the urological residents at KCMC remains an issue of current and ongoing discussion.



COSECSA/ASEA Institute of Urology at KCMC, P O Box 3010, Moshi,  
Tanzania

### 11<sup>th</sup> Jacob Lester Eshleman Urology Workshop

#### Programme

**Theme:** Paediatric urologic surgery, introduction bipolar TUR and adult reconstructive surgery

**Dates:** Monday, Nov. 23<sup>th</sup> – Friday, Nov. 27<sup>nd</sup>, 2015

**Location:** Institute of Urology, KCMC, Moshi, Tanzania

**Organizing Committee:** Dr Frank Bright  
Dr Jasper Mbwambo  
Dr Jacques Bogdanowicz  
Dr. Nicolaus Ngowy

**Corresponding address:** Institute of Urology at KCMC  
P.O. Box 3010 Moshi, Tanzania  
frankbright2001@yahoo.com

**Accommodation:** Block reservation has been done at LEOPARDS HOTEL along Market Street in Moshi Town Centre and Uhuru Hotel.

**Social program:** The traditional Workshop Dinner will take place on Thursday, November 26<sup>th</sup>, 2015 in Moshi 19:00 hrs in Hotel Sal Salinero

**Registration Fee:** USD 150. This includes lunch each day also tea and snacks and the daily shuttle bus service between LEOPARDS Hotel, UHURU Hotel and KCMC and the Workshop Dinner. No special rates are available to those who attend only part of the Workshop.

#### PROGRAMME

##### Monday 23.11.2015

Time	Place	Activity
08:00	Urology Library	Registration
10:00		Welcome by Dr. Frank Bright Introductions: Dr Frank Bright / Jacques Bogdanowicz
10:30		Opening by Dr. Gileard G. Masenga, Executive Director KCMC
11:00		Address by Prof Magnus Grabe (EAU) Address by Dr. Suzie Venn (BAUS)
12:00		Prof. Rien Nijman: Disorders of sex development (DSD): general introduction Tea Break
12:30		Dr. Phil Cornford: Bipolar TUR
13:00	Urology Library	Prof Magnus Grabe; an overview of TUR-BT
13:30	Urology Library	Lunch Break
14:30	Urology Library	Dr. Henrik Steinbrecher; DSD, Surgical Options & Management

	Theater 1	demonstration Bipolar TURp
	Theater 2	Paediatric surgery case
15:30	Urology Library	Next day's cases and OT schedule
16:30	Urology Library	Days Closure

**Tuesday 24.11.2015**

07:30	Urology Library	Announcements of the day
08:00	Urology Library	Moderating: Prof. Magnus Grabe: Antibiotic stewardship: what is that? Dr Henrik Steinbrecher: Hypospadias repair
10:00		Tea Break
09:30	Theatre 1 Tur instruction Theatre 2 Theatre 3	Dr.Suzi Venn/Prof Grabe/Jack B Dr Henrik Steinbrecher/Nijman/de Vylder: paediatric surgery Dr. Phil Thomas/David Dickersen: urethral strictures - reconstructions
14:00	Urology Library	Dr.James Gellister/Dr. Phil Thomas: How to analyse and treat Urinary Upper Tract Dilatation
15:30	Urology Library	Dr. Roland Donat: Penile reconstruction in adults Case presentations Dr Paul Mbugua: accidental penile amputation: surgical options? What to do with the micropenis in a child? Dr. Aasem Chaudrey: Erectile dysfunction in young men
16:00	Urology Library	Presentation of next day's cases

**Wednesday 25.11.2015**

07:30	Urology Library	Report on previous day's cases Moderator to be appointed Announcements for the day
08:00	KCMC Lecture Hall	Prof Magnus Grabe: Urology in a Global perspective
09:30		KCMC protocol: Discussion about the antibiotic protocol for TURp and Open prostatectomy Prof Magnus Grabe: Management of Non-Muscle Invasive Bladder Ca – the EAU guidelines
09:30	Theatre 1 Tur instruction Theatre 2 Theatre 3	Dr. Suzie Venn/ Prof Grabe/ Jack B Nijman/ Steinbrecher/de Vylder: paediatric reconstructive cases Phil Thomas/David Dickersen: adult reconstructive cases
14:00	Urology Library	Dr. Chris Parker – Dr. Suzie Venn: Stress Incontinency
15:30	Urology Library	Case presentation for discussion Dr.Sibomana: Vaginal Pain Syndrome. Dr.Mweru: Urethral Pain Syndrome Moderated by Dr. Chris Parker
16:00	Urology Library	xxx Discussion residents and Prof Grabe about antibiotic use Presentation of next day's cases

**Thursday 26.11.2015**

07:30	Urology Library	Report on previous day's cases Announcements for the day
08:00	Urology Library	
09:00	Urology Library	Prof. Nijman: Bladder Extrophy, Epispadia and Sigma pouch
10:00		
09:30	Theatre 1 Theatre 2 Theatre 3	Prof Grabe/ SuzieVenn/Jack B Nijman/Steinbrecher/de Vylder: pediatric reconstructive surgery Phil Thomas/David Dickerson: reconstructive cases
14:00	Urology Library	Prune Belly (HS) – undescended testis(HS) – urethral valves(RN) Case presentation: Dr. Mungia: Prune Belly
15:30	Urology Library	Above Presentations will be given depending time during morning or afternoon
16:00	Urology Library	Presentation of next day's cases

19:00 DINNER Hotel Sal Salinero Workshop Dinner (dress: smart casual)

**Friday 27.11.2015**

07:30 Urology Library Report on previous day's cases  
Announcements for the day

08:00 Urology Library free paper

09:30 Theatre 1 Mr. Phil Thomas: adult reconstructive cases  
Theatre 2 Dr Steinbrecher or TUR Dr Venn

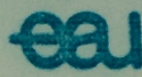
12.00 Urology Library Closing of the Workshop

**Teaching Faculty**

Dr. Philip Thomas (UK)  
Dr. David Dickersen (UK)  
Dr. Henrik Steinbrecher (UK)  
Dr. Suzi Venn (UK)  
Prof. Sidney Yongolo (EAT)  
Prof. Charles Mkony (EAT)  
Prof. Kien Mteta (EAT)  
Dr. Frank Bright (EAT)  
Dr. Jasper Mbwambo (EAT)  
Dr. Nicolaus Ngowy (EAT)  
Prof. Rien Nijman (NL)  
Dr. Jacques Bogdanowicz (NL)  
Dr. Ann de Vylder (B)  
Prof. Magnus Grabe (Sweden)

**Sponsors -**

ANANSE Foundation Holland  
BAUS Urolink, UK  
Global Philanthropic Committee (SIU, EAU, AUA)  
Olympus Surgical Technologies Europe  
The Oak Foundation

 **European Association of Urology**



**American  
Urological  
Association**



**OLYMPUS®**

Your Vision, Our Future

  
**OAK  
FOUNDATION**

**UROLOGY WORKSHOP THEATRE LIST WEDNESDAY 25TH NOVEMBER 2015**

**PAEDIATRIC THEATRE (MAIN THEATRE RM 3)**

HOSPITAL NUMBER	NAME NUMBER	AGE	SEX	DIAGNOSIS	PROCEDURE	SURGEON	REMARK
93-32-50	[REDACTED]	2013	F	BLADDER EXSTROPHY EPISPADIAS COMPLEX	CYSTECTOMY + UD (MAINZ II)	WORKSHOP SURGEONS	Hb g%
745606	[REDACTED]	2006	M	BURIED PENIS + SEVERE CHORDEE (POST HYPOSPADIAS REPAIR)	ORTHOPLASTY	WORKSHOP SURGEONS	Hb 13.4 g%
92-71-53	[REDACTED]	2011	M	UCF 2° HYPOSPADIAS REPAIR	UCF REPAIR OR REDO HYPOSPADIAS	WORKSHOP SURGEONS	Hb 12.3 g%

**RECONSTRUCTION THEATRE (UROLOGY RM 1)**

HOSPITAL NUMBER	NAME NUMBER	AGE	SEX	DIAGNOSIS	PROCEDURE	SURGEON	REMARK
97-43-37	[REDACTED]	1984	M	BOO 2° US	URETHROPLASTY (EPA)	WORKSHOP SURGEONS	Hb 12.9 g% ENEMA NEEDED
94-09-45	[REDACTED]	1992	M	BOO 2° US	EUA + URETHROPLASTY	WORKSHOP SURGEONS	Hb 13.2 g%
97-33-01	[REDACTED]	1997	M	HYPOSPADIAS + SEVERE CHORDEE	ORTHOPLASTY + 1 <sup>ST</sup> STAGE URETHROPLASTY	WORKSHOP SURGEONS	Hb 15.6 g%
96-84-18	[REDACTED]	1996	M	BOO 2° US	EUA + URETHROPLASTY	WORKSHOP SURGEONS	Hb 17.4 g%

**TURP THEATRE (UROLOGY RM 2)**

HOSPITAL NUMBER	NAME NUMBER	AGE	SEX	DIAGNOSIS	PROCEDURE	SURGEON	REMARK
971520	[REDACTED]	1997	F	DSD CAH	EUA	WORKSHOP SURGEONS	Hb 14.8 g%
974360	[REDACTED]	1927 (88yrs)	M	BOO 2° PE	TURP	WORKSHOP SURGEONS	TRUS 65g Hb 13.6 g%

cc. HOD, Workshop Urologists, Theatre, HOD Anaesthesia, Anaesthetic team(s), Wards (Urology, Eye and Paediatric)

Example of Operating Schedule: KCMC Urology Workshop 2015



Teaching Bipolar TURP KCMC, Moshi Nov 2015





X-ray Dept., KCMC



The Urology block KCMC



The grounds at KCMC and the UK team, Nov 2015 below

