

Report on UROLINK trip to KCMC, Moshi, Tanzania.

Date: 20th - 25th November 2011.

9th Lester Eshleman Urology Workshop.

Report by Suzie Venn and Phil Thomas.

The Urology Workshop has been running on alternate years since 1995. The workshop's aim is to provide a week long teaching programme of lectures and live operating for the Urologist of East Africa. It is held at Kilimanjaro Christian Medical Centre in Moshi, a regional referral centre in Tanzania. The British team consisted of Lead and cofounder Phil Thomas, at his 9th workshop, and David Dickerson and Suzie Venn both faculty for their fourth visit. We were warmly welcomed and entertained by the Course Director, Dr Alfred Mteta, Head of the Institution of Urology and Dean of the Medical School at KCMC, and the other friends we have made over the years.

KCMC is building a regional Spinal injuries and Orthopaedic Rehabilitation unit, and so this was the theme of this year's workshop. We were joined on our trip by an eminent team from Stoke Mandeville: the Unit's Director and Spinal Physician Allison Graham, John Reynard visiting Urological Surgeon and Jane Stranbridge, an experienced Spinal Injuries specialist nurse. Their travel was generously funded by the BJUI Trust via Urolink. The opening ceremony included a fascinating historical overview of the development of Spinal Injury Care by John, with Allison giving a précis of the work of the Spinal Injuries unit at Stoke Mandeville.

Spinal injured patients at KCMC are currently managed on a general orthopaedic ward within one or two side rooms depending on the number of patients at the time. The spinal team carried out daily ward rounds and organised formal teaching and training for the ward nurses, physiotherapists and occupational therapists. They were impressed with the range of skill sets that the staff already possess. Properly organised and led, these skills will allow KCMC to develop a model Spinal Injuries Unit in East Africa, which will then be able to train teams in the skills necessary to develop and run Spinal Units throughout Africa.

However, significant challenges remain. Identifying clinical leadership for the unit, in the form of a named senior doctor and a named senior nurse who will co-ordinate the multidisciplinary team. This is crucial to successful outcomes in spinal injured patients. A body of nurses, physiotherapists and occupational therapists who have received formal training in the day to day management of the acutely injured spinal patient. Providing the new Rehabilitation Centre with some simple equipment, such as turning beds that will reduce the development of pressure sores. To attempt to help overcome these challenges, we are hoping to bring over one of the Urology Consultants and a small multi-disciplinary team from Moshi to spend a week at Stoke Mandeville. The team from Stoke Mandeville were a huge asset at the workshop and we hope will continue to feel inspired to support the work.

The Urology Workshop continued alongside with a teaching programme and live operating. The Institute of Urology at Moshi has 3 consultants - Dr Alfred Mteta, Jasper Mbwambo and the newly appointed Frank Bright who was trained in Urology at Moshi and is a fantastic addition to their team. There are now 8 residents from different parts of East Africa, a testimony to the success of the department. 30 patients were presented, their management discussed and operated on by the British Urologists and Netherland's

Professor Rien Nijman to demonstrate various techniques in Urethroplasty and Paediatric Urology. This year we were joined by 2 British trainees, Vinay Kalsi and Alexandra Zachou. Vinay's family are from Tanzania and Alexandra wishes to train in Urethral reconstruction. Both were a pleasure to have as part of the team on this visit.

As usual at the workshop urethral surgery for stricture was the bed rock of the surgical aspect of the meeting. This has been the case from the outset. In 1995 Lester Eschleman supported by Neville Harrison and Griff Fellows recognised that the main treatment for stricture was buoginage and there was urgent need to introduce endoscopic urethrotomy Instruments and training achieved these aims and all units in East Africa with endoscopic facilities now provide this. The need for curative treatment by urethroplasty was recognised and in 1997 training in urethroplasty was commenced after a slow initial take up it is now a well established technique in significant urological centres.

Pelvic fracture urethral disruption represents a significant volume of the work given increasing road injuries. In the workshop 13 patients with stricture were operated on 2 with inflammatory strictures needing the first stage of a buccal inlay graft for obliterative inflammatory strictures. 11 patients PFUD injuries and of these 9 were re-redo after previous surgery. This redo practice is new and reflects wider adoption primary treatment by local urologists given the high volume of this surgery in the region (perhaps 200+ per annum the redo rate at a biennial conference suggests that primary surgery is being performed well. The challenge of operating on patients with particularly distorted bony anatomy and callous formation, given the lack of orthopaedic intervention, is not to be underestimated.

The teaching programme included talks on the neuropathic bladder, stones management in spinal injured patients and urodynamics. The plan is to bring out urodynamic equipment to help with management of the neuropathic bladder and we were incredibly lucky that Laborie have generously offered to donate a machine. We hope to combine the proposed visit to Stoke Mandeville with urodynamic training for the Urologist from Moshi.

In a fascinating discussion with the delegates (trainees and consultant Urologists from around East Africa), they highlighted that the major problem facing Urologists is equipment. Sadly graduates from the KCMC often find on returning home that they are unable to obtain funds to buy resectoscopes to continue their endoscopic skills, and have to revert to open procedures. Although not a long term solution, it was proposed that a buddying system between a Urologist in the UK and a young graduate to help secure equipment and ongoing support in their first year would be of benefit. If anyone is interested, please contact Suzie via the BAUS office.

Plans in consideration for the 10th workshop are stone surgery to link with the spinal unit development. Currently stones are removed by open surgery. The Unit has no method of breaking stones. The faculty has resolved to search for a solution and if found, we would aim to teach PCNL and Ureteroscopy at the next workshop in 2 years.

We would like to thank Urolink and the BJUI for their financial support of the Stoke Mandeville team. If all plan's born of this trip come to fruition, the contribution to the care of the Spinal injured patient in Africa and other peripheral benefits will be immense.



A rare view of the top of Kilimanjaro, at the base of which is the town of Moshi and KCMC.



John Reynard lecturing at the workshop.



The main entrance to the Hospital.



The team from Stoke Mandeville with Frank Bright and Phil Thomas