UROLINK
PROMOTING UROLOGICAL CARE AND EDUCATION WORLDWIDE

Visit report	
Country visited	**Tanzania**
Institution or workshop	**14th J Lester Eshleman Workshop** **Kilimanjaro Christian Medical Centre (KCMC)**
Dates of visit	**18-24/11/2023**
Team members	**Paul Anderson** **Ram Subramaniam** **David Dickerson** **Steve Payne** **Suzie Venn** **Wilson To (TUF/Urolink Fellow)**

Figure 1. Rien Nijman, Ram, Wilson, David, Paul, Suzie, Steve and Jacques Bogdanowicz, the workshop faculty.

Travel

We all travelled to Moshi separately, for a variety of reasons. Ram had been working with Charles Mabedi in Lilongwe, Wilson had been on safari in Tanzania and Suzie on holiday in Namibia. Travel was either via Amsterdam with KLM, or via Doha with Qatar airlines. Online tourist visas were adequate for entry, but there was the usual logjam, and hour-long delay, at immigration. It is essential to have completed the customs declaration dispensed on the plane to get through immigration at the first attempt! We were, individually picked up from the airport by drivers from KCMC; journey time to Moshi is around an hour but is very much dependent upon the weather. As it had, uncharacteristically, rained an awful lot during this visit the roads were often even more uneven than usual, with impromptu 'earth' sleeping policemen in addition to the usual traffic calming measures!

Accommodation and local knowledge

Urolink supported the visit for everyone except Wilson who had a TUF/Urolink grant for his trip. Everyone stayed in the Leopard Hotel, on Market Street in the centre of Moshi. This was a standard hotel for the locality and was accompanied by the noises and environment of a small provincial town in rural Africa. The rooms were comfortable enough, with functioning air-conditioning and WiFi. The hotel took Visa (V) and Mastercard (MC) for incidentals at checkout. ATMs were available across the street from the hotel, and at KCMC. Tanzanian shillings (TzS) were essential for transport (Bajaj (TukTuk)) or taxis; a free bus was arranged for delegates and faculty from the hotel to KCMC most mornings, during the workshop, and occasionally in the evening.

The hotel restaurant provided meals up to 11pm, which was good for late evening arrivals from the airport. Food was variable in quality, took anything up to an hour to arrive after being ordered which had to be factored into any arrangements! The Indoitaliano restaurant (Indian, Italian and Tanzanian food (V & MC)), and Milan's restaurant (Vegetarian Indian (TzS only)) were very popular with the team, were very inexpensive, a short walk from the hotel and safe even if navigating at night.

The Workshop

An outline of the workshop had been provided before the team arrived but was modified on arrival and a definitive timetable provided (Appendix 1). It was financially supported by Urolink.

There were 70 delegates at the workshop, 30 trained urologists and 40 trainees and, in addition to the Urolink team, Prof. Rein Nijman from Holland was part of the faculty. There was a substantial opening ceremony on the first day of the workshop, with welcomes from regional specialists, as well as welcome prayers.

Dr. Frank Bright, head of department, Dr. Japer Mwambo and Dr. Nic Balaton were assisted in running the event with the assistance of Dr Jacques Bogdanowicz and many local trainees, some of whom were on fellowships from other countries in the region. Everyone, local urologists and delegates, were very keen to be involved in the clinical aspects of the workshop, and to learn everything from the presentations given in the lecture series (Table 1).

Phil Thomas and his link to KCMC	Suzie Venn
Urolink, past present and future	Steve Payne
Urethral reconstruction	Steve Payne
Future advances in stricture management	David Dickerson
Penile cancer management	David Dickerson
Spina bifida management	Rien Nijman
Paediatric MDT	Ram Subramaniam
Peyronie's disease	Steve Payne
Perineal blast injuries	Paul Anderson
Fournier's gangrene	Paul Anderson
Undescended Testis	Wilson To

Table 1. Lecture series during the workshop

Figure 2. Paul during his lecture about the management of perineal blast injury.

Unfortunately, Prof. Kien Alfred Mteta, the elder statesman of the department, died on the third day of the workshop; a decision was made that Alfred would have wanted education to continue. This meant, however, that many of the local urologists were involved in the arrangements for his funeral on the last day of the workshop, which meant that the remainder of the event was largely run by the invited faculty with support from local trainees.

Live surgery

All adult patients being considered for the workshop were seen on the Sunday, the day before the workshop, and the paediatric cases the following day. 18 adult cases were looked at and 8 children. Review was significantly aided by an online PACS system, so radiology could be reviewed at the bedside during ward rounds. EPR is now embedded in KCMC and generates as much consternation as it does back in the UK!!

Paul and Ram did most of the surgery, David managed the clinical cases with the local team, Wilson scooted backwards and forwards between theatres with cameras and microphones to maintain continuity of transmission and Suzie and Steve provided linking commentary in the auditorium. Only one bipolar diathermy machine being available limited some procedures.

10 adult cases were demonstrated by live video link (Table 2). 4 adult cases that had been due for surgery were deferred due to complications during the operating sessions. All the bulbo-prostatic anastomoses were very difficult with stage 3 or 4 urethral lengthening; one patient had a rectal injury which was repaired, but which necessitated a covering colostomy, and one required a cysto-lithopaxy. 3 men had endoscopic assessment or EUA, one with no

evidence of stricture responsible for their lower tract symptoms, one with a recurrent stricture and one with Peyronie's disease and benign prostatic enlargement.

Procedure	Number
Bulbo-prostatic anastomotic (BPA) urethroplasty following pelvic fracture disruption injury (PFUI)	4
Augmentation urethroplasty	1
Revision of penile urethral reconstruction	1
Revision of perineal urethrostomy	1
Endoscopy/EUA	3

Table 2. Adult operative procedures demonstrated during the workshop

5 other patients were thought to be manageable by the local team after the workshop in addition to those deferred.

9 paediatric procedures were demonstrated on 6 children (Table 3) with the help of local trainees; 2 procedures had to be deferred due to a lack of operating time. There were 2 children who had complications following previous circumcision. The buried penis following circumcision was thought to be due to a hypospadias variant and was an extensive procedure but without the need for grafting of the shaft. The urethro-cutaneous fistula had 2 fistulous openings following circumcision; an underlying hypospadias appears not to have been recognized and required a difficult repair. The laparoscopy was performed for a case of differences in sex development (DSD); this was a first, and proved valuable as female pelvic organs were discovered in addition to ambiguous male genitalia, and genetics. This case demonstrated the importance of having diagnostic laparoscopy available to facilitate realistic discussions about further management.

Procedure	Number
Orchidopexy	3
Mobilization of buried penis	1
1st stage hypospadias repair with preputial graft	1
Closure of urethro-cutaneous fistula	1
Ureteric reimplantation	1
TIP distal hypospadias repair	1
Laparoscopy for DSD	1

Table 3. Paediatric operative procedures demonstrated during the workshop

The 2 patients who had been deferred were thought to be manageable by the local team after the workshop as similar cases had been demonstrated during the live transmissions.

Feedback regarding the workshop's educational value

An online feedback questionnaire was organized by Dr. Zerra Israel, one of the Tanzanian fellows. This showed the educative value ascribed by the 39 (57%) of delegates completing the questionnaire to both the lecture series and live surgery. 0.7% of lectures were rated as poor, 28.3% adequate, 46.5% very good and 40.1% excellent (Figure 3).

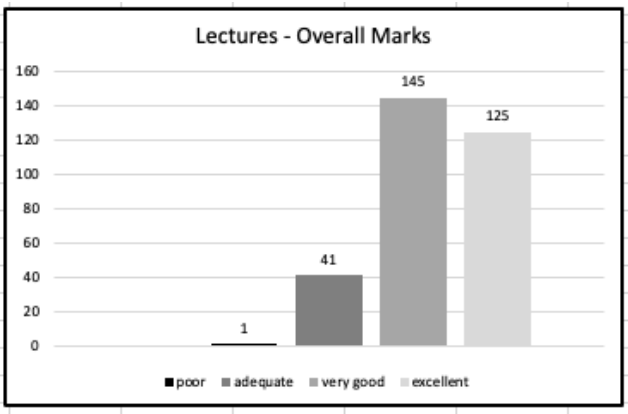

Figure 3. Overall grading of quality of the lecture series (n=39)

The value of the lectures was, however, felt to be extremely high and the value of the series, the translatability of theory into clinical practice, can be seen in Figure 4.

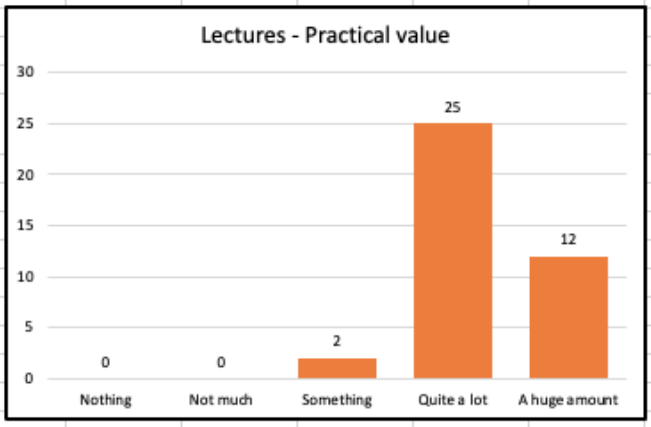

Figure 4. Grading of value of lecture material that could be disseminated into clinical practice in the home environment (n=39)

The complexity of live surgery kept some delegates in the auditorium until 7 o'clock some evenings! The technical difficulties Paul and Ram encountered proved of significant interest to the delegates, who watched intently as they sorted out problems they both had. The feedback about the breadth of surgery covered by the workshop is shown in Figure 5.

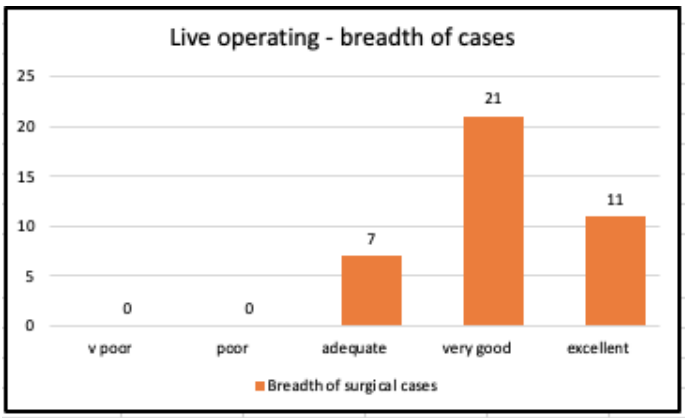

Figure 5. Grading of the experiential breadth of operative cases (n=39)

It was generally felt, by delegates, that the translatability of live surgery in the workshop into clinical practice in their home environment was extremely high (Figure 6).

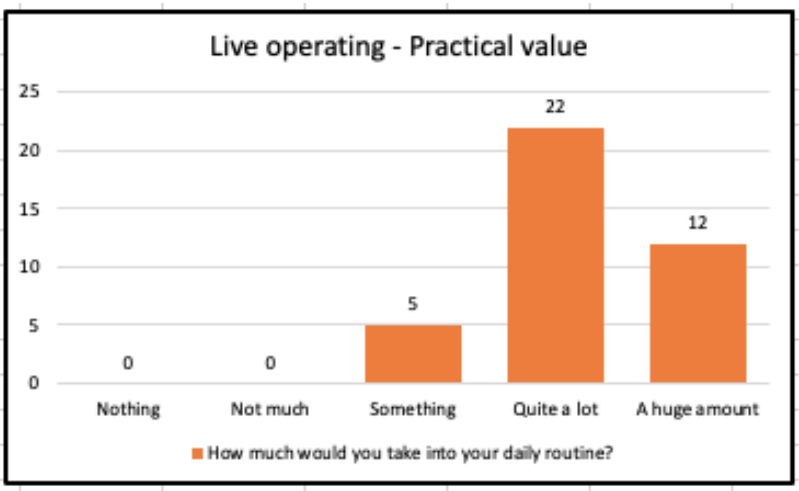

Figure 6. Grading of value of operative cases that could be disseminated into clinical practice

Social interactions

Unfortunately, social events with the delegates were limited due to Prof Mteta's death. There was no gala dinner and, as there was limited opportunity for social interaction with the local consultants the Urolink team mainly slept, worked and ate for the totality of their time in Moshi! An informal dinner was held by the team at El Rancho on the penultimate evening, in a 'Biblical' thunder storm!

A concluding overview

This was a good workshop, which was slightly anomalous to the normal Urolink paradigm of mentoring local surgeons through common cases. It did, however, allow many east African urologists to learn about Urolink, relevant reconstructive management of common cases, and see a number of highly complex operations. It would be good to have greater interaction with the local urologists, although their absence was entirely understandable given the circumstances.

Funding has just been secured from BAUS Endourology to help KCMC develop an endoscopic stone service. With appropriate equipment it should be possible to progress this objective to completion with the current trained and trainee team.

Acknowledgements

Trips, and workshops, such as this could not take place without a significant amount of help with the arrangements and funding for the event. We would particularly like to thank the following:

Urolink for funding the workshop
TUF for Wilson To's Fellowship
The organizing team at KCMC for hotel, transfer and catering arrangements
All the KCMC urological trainees for their help and support
KCMC theatre, anaesthetic and AV staff for their forbearance during the workshop
Manchester Royal Infirmary theatre team for donation of out-of-date disposable items

Nic Balaton and Omar gratefully receiving donated disposable material.