UROLINK Visit to Lusaka, Zambia June 2019

The Team
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Background
UROLINK have been visiting University Teaching Hospital in Lusaka, Zambia since 2016 to support the rapid development of urology services particularly in the areas of transurethral prostatectomy (TURP) and urethroplasty. The urology unit there remains organised into three firms, each lead by consultants Dr Bassem Yani, Dr Nenad Spasojević and Dr Victor Mapulanga, with senior registrars and residents. In June 2019, a trip was made to support Dr Nenad to consolidate basic urethroplasty skills and advance to more complex work involving the posterior urethra. In the time since the last visit, Dr Victor Mapulunga is now training in percutaneous nephrolithotomy. There is now a fee imposed by the local authorities to register an international medical practitioner that is not inconsiderable to the hospital. Combined with the availability of a single operating theatre reserved for the urologists for a week, the most logistically efficient approach is a sole teaching Urolink surgeon for the week. However, this would provide focused, intensive teaching and mentoring over a week.

Clinic

Sunday 2nd June:

Twenty one patients with urethral problems were seen in a makeshift clinic room near the ward in a long morning session. Two other scheduled patients did not present. A mixture of index bulbar urethral strictures as well as more complex cases were seen. Some patients had advanced HIV disease that precluded them from operative surgery. Eleven patients were organised for surgery in the subsequent days, allowing for 1-2 cancellations, and a further eight were booked for surgery in the future.

Operative Program

One operating theatre was dedicated to urology for a five full days with hours approximately 9am-5pm. Anaesthetic support was better than in previous years, whilst nursing support was excellent compared to previous years. A wide variety of urethral reconstructive procedures were undertaken, with the aim to complete two cases per day in general:

Monday 3rd June 2019

- Penile urethroplasty with excision of urethrocutaneous fistula
- Bulbar urethroplasty with buccal mucosal graft for a very proximal stricture

Tuesday 4th June 2019

- First stage penile urethroplasty with buccal mucosal graft for severe BXO strictures
- Bulboprostatic anastomotic urethroplasty for pelvic fracture urethral injury

Wednesday 5th June 2019

- penile urethroplasty – buccal mucosal graft dorsal augmentation with ventral approach
- Marsupialisation of penobulbar urethra and urethrostomy – urethral strictures and previous Fournier's Gangrene

Thursday 6th June 2019

- Non-transecting anastomotic augmented urethroplasty
- Proximal bulbar anastomotic urethroplasty

Friday 7th June 2019

- Transperineal repair of prostatorectal fistula with buccal mucosal graft and right gracilis pedicled flap

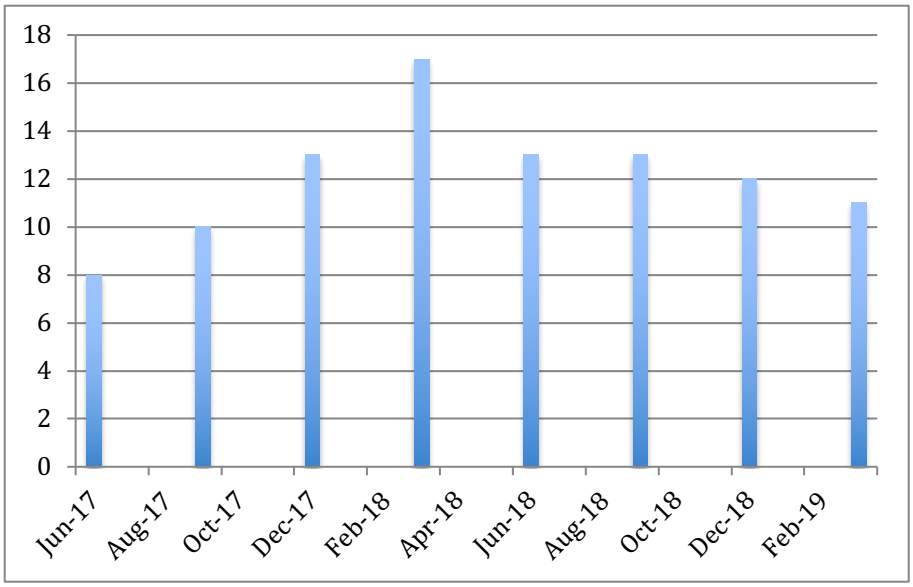
Teaching of Zambian Urology Trainees

To continue the practice of teaching local urology residents in previous years, Mr Hong oversaw three structured teaching sessions during the week to Zambian first year trainees. Each session included a clinical case presentation by one of the Zambian trainees, followed by a short lecture and further discussion. Topics covered included BPH, metastatic prostate cancer and a bladder cancer overview. The topics were chosen by the residents who were keen to discuss medical versus surgical therapy for BPH, and to address relatively common cases of metastatic prostate cancer presenting in middle aged men.

Audit of Urethroplasty 2017-2019

We undertook an audit of urethroplasty operations being performed at the operation over the last two years (8 Jun 2017 to 23 May 2019). Unfortunately operation records in the theatre are handwritten entries in a large book by doctors and nurses, and data collection was tedious and challenging. Procedures were not always recorded accurately, and only an incomplete description was entered in most cases. Discussion with the local trainees suggested that most urethroplasties performed were anastomotic bulbar urethroplasties. Over the 2 year period, 101 urethroplasties were recorded, with an average of 3 urethroplasties occurring a month before the UroLink visit of May 2018 (where 10 were recorded), and increasing to 4 urethroplasties per month thereafter. It has to be noted that these procedures are also occurring in limited theatre time with competing demand from procedures such as TURP, open prostatectomy and pyelolithotomy. Pleasingly, far fewer urethrotomies are being performed and blind urethral dilatation has virtually disappeared compared to just a few years ago.

Urethroplasty numbers in 3 month periods over the last two years



Overall Impression

By the end of the visit, it was felt that Dr Nenad was competent at bulbar urethroplasty and penile urethroplasty with use of buccal mucosal graft. He is moving towards the more complex bulboprostatic anastomotic urethroplasty, which are unfortunately relatively common due to pelvic fracture urethral injuries (PFUIs) and there is still a need to train him further in this 'more advanced' surgery so he can be competent to deal with the PFUIs he is being regularly referred.

Anaesthesia has improved compared to previous years as has theatre morale in general. Nursing staff were enthusiastic and needed less persuasion to complete afternoon operating than in previous years was noted. The presence of an accompanying registrar supported the consultant by assisting, closing wounds, documenting the procedures and teaching the local trainees was essential.

A productive and worthwhile visit and it was particularly pleasing to see the improvements in Dr Nenad's surgery which is entirely thanks to regular Urolink visits. The trip for next year is already being planned and it has been decided it will be >50% PFUIs to work on these particular skills.