Karl Storz Urolink Travel Award 2003

Ahsanul Haq, Zambia September 2003

I arrived in Lusaka on 15th September following a long flight, which took me from Heathrow to Nairobi, Nairobi to Harare and then from Harare to Lusaka. I was greeted at the airport by the delightful Dr Labib, who then transported me to my place of residence, which would be home for the next two weeks. I had never travelled to Africa before and the trip from the airport was a real experience for me. It introduced me to the entirely new set of sights, sounds and smells. I stayed at Long Acres Lodge, which is a fairly basic hostel frequented by Zambians and government workers and is situated a short distance from the embassies. For a fairly reasonable $30 a night I had a double room with satellite TV, which showed non stop Champions League Football, and so I felt fairly well at home!

The following morning I attended my first ward round and saw a number of interesting patients. Two male patients had severe complications resulting from urethral strictures resulting in extravasation and abscess formation which required supra pubic catheterisation. I was also saw an unfortunate 29 year old woman who was severely emaciated with an obvious supra pubic mass. She had terrible bedsores and had the look of a patient with HIV, a look which I would become quite used to seeing over my two weeks. An ultrasound scan of this mass was needed, however the patient did not have the $2 needed to pay for this scan. The wards at the University Teaching Hospital in Lusaka were fairly clean but poorly equipped and in my opinion the Nursing staff themselves are fairly poorly motivated. That afternoon I attended a first post-graduate meeting and I was warmly welcomed by the Surgical Department. The two urology teams presented two interesting patients with retroperitoneal tumours.

The first clinic I attended was on Wednesday, 17th September. We saw a whole host of patients with significantly advanced urological pathologies in this clinic. What struck me was the fact that these patients present much later than the United Kingdom and with quite impressive signs. I saw a 19-year-old woman who had a colovesical and a rectovaginal fistula following a prolonged obstructed layer for three days, after which she expelled a mascerated stillborn fetus. She was listed for repair of the fistula and a loop colostomy. I saw some further patients in clinic with urethral stricture disease, bladder stone and urinary retention. The clinic itself was fairly poorly stocked with a lack of basic things like KY jelly, gloves and even prescription pads.

The first operating list was on 18th September and I performed two open retropubic prostatectomies for BPH and the vast part of a primary anastomotic urethroplasty. The theatre list itself was from 8 am to 1.30 pm. The theatres were poorly stocked and the only diathermy machine was fairly temperamental. I was impressed that the anaesthetics were given by the Clinical Officers with one Consultant overseeing the whole of the operating theatres and assisting if and when needed.

On Friday, 19th September following a morning ward round, reviewing all our post-operative patients who were well, we collected Miss Christine Evans from the airport. The weekend was spent relaxing in the company of the Labib family. On Sunday 21st we had a ward round with Miss Evans and saw the patients who were listed for operation the following day.

Monday, 22nd September was the first operating list with Miss Evans. The first patient was a 42-year-old Mechanic, who had previously had an RTA and a fractured pelvis and has since been made impotent and incontinent. The impotence had been treated the previous night with a 20 mg injection of Caverject, which produced a significant erection. The following day he had an artificial urethral sphincter inserted, which to our knowledge is the first sphincter inserted in the country of Zambia. The second patient on the list was a 45-year-old man with a previous penectomy with penile carcinoma. He underwent penile reconstruction with bilateral groin flaps based on superficial circumflex of iliac vessels. The procedure went well and he ended up with a very good result of the penile reconstruction and the plan is to return in six months time to insert a malleable prosthesis.

On 23rd September we traveled from Lusaka to Monze Mission Hospital, which is 200 kilometres to the South. The roads in Zambia are surprisingly good and traveling time was approximately three hours. On arrival at the Hospital to meet the delightful gynaecologist Michael Breen, who has developed an excellent method of VVF repair, which is producing some very good long-term results. He performed a VVF repair on a 21-year-old lady and the end result looked very good indeed. Following this Miss Evans took Michael through a sling on a string procedure on a 56-year-old ex-patriot private patient. Although Michael is well versed in incontinence procedures he had specifically invited Christine to help show him how to perform a sling procedure.

Following this we went out for lunch with Michael and met his very efficient Housekeeper who was unfortunately named Phallus. Following lunch we did a ward round and collected a number of cases for the list for the following day. In contrast to Lusaka Hospital, there was a significant problem with bed shortage and I was quite taken aback to see that there were four patients to a bed. I saw a child presenting with bladder exstrophy and also a child with grade IV reflux on whom we performed a cystogram.

The following day I performed a subcapsular orchidectomy on a man with prostatic carcinoma, debrided a necrotic glans penis on a man with HIV and helped perform a hysterectomy on a lady with a huge fibroid mimicking a full term pregnancy. In addition, under ultrasound guided control we inserted a percutaneous nephrostomy into a man with an obstructed infected right kidney secondary to TB. That evening we said a fond farewell to Michael and made our way back to Lusaka.

On 25th September, there was a further operation list in which I inserted a percutaneous nephrostomy under ultrasound guidance into a 32 year Nurse with bilharzial obstructive renal failure and I also performed a second stage urethroplasty.

My general impression of University Hospital Lusaka is cleanliness but it is the fact that it is very poorly equipped. The theatres in Monze were much better equipped and even had remote control air conditioning. The postgraduate meetings in Lusaka were frequent and interesting and it was nice that my opinion was requested as a visiting doctor. Dr Labib was incredibly hospitable and we ate at his house almost every evening, with his wife Mona who is a delightful cook.

In summary, I feel I have had a fantastic experience in my time in Zambia. I did feel a little homesick at the beginning but as time progressed and I became absorbed in my work I was able to forget home for a little while. I feel I have made some very good friends and contacts in Lusaka and I do plan to return in the future.

I would like to acknowledge and thank Karl Storz, Urolink and the delightful Miss Christine Evans without whose help and encouragement I would not have gone to Lusaka.