



The British Association
of Urological Surgeons

UROLINK visit

**The College of Medicine & Health Sciences School of
Medicine, Hawassa, Ethiopia**



17th March – 25th March 2012



Shekhar Biyani

Pre visit preparation

I started my preparation in October 2011. I had 2 main goals in mind: first to reinforce maintenance of endoscopic equipment and second was to help in development of TURP. I, therefore, contacted Olympus for technical support and received reassurance from May Eltibi, Head of Surgical Business, Middle East and Africa, Olympus Medical UK that they will help with training. Ms Shalini Srivatsan, from Nairobi, Kenya mailed me on behalf of Olympus and agreed to join me during this visit.

For my second goal, I contacted a few experienced urology SpRs to accompany me and stay for 3 weeks to supervise Dr Aberra. I was lucky to get a confirmation from one of the SpR. I mailed Dr Aberra and asked him to select prostates < 40 gm on ultrasound. All patients in Hawassa get a renal scan after admission with urinary retention.

Dr Catherine Royce, visiting surgeon to Arba Minch, from London had requested Urolink for some assistance with endoscopic equipment and training. Dr Royce visits the hospital in Arba Minch every 2 months and works there for 2 months. My initial plan was to visit her but, due to limited time, I suggested that she join us with theatre staff from Arba Minch hospital for training sessions with Olympus representative. Fortunately, Dr Royce was in Arba Minch during my visit to Hawassa and kindly agreed to join us. I did request her to bring scope with her for Olympus representative to have a look.

Objectives

1. To provide training to theatre staff on maintenance of endoscopic equipment and diathermy.
2. To assess progress in endoscopic urological procedures.

17th March 2012

It felt very strange this time as I was travelling alone. During my last 2 visits, I travelled in a group of ~10 members. I therefore decided to fly from Manchester.

18th March 2012

I reached Addis early in the morning. Dr Aberra was there to greet me. Shalini from Olympus had reached an hour before my arrival. It was a great relief to know that Dr Aberra managed to get release of Storz equipment from customs a day before. My colleague Mr Jaimin Bhatt managed to get these for Hawassa Referral Hospital after his last year's visit from Mrs Storz. A big box was in our car with all equipment. We stopped for a short meal and reached Hawassa by 1pm. Dr Aberra had arranged rooms for us at the Haroni International.

19th March 2012

Dr Aberra came to the hotel early and we left for hospital around 8 am. We took the equipment donated by Storz to theatre and tallied it with the list. After checking, I handed over the boxes to Mr Kassaye G Kitessa, Managing Director, Hawassa University College of Medicine (Appendix 1& 2).



Shekhar Biyani checking equipment with Dr Aberra



Figure. Dr Aberra, Mr Hail (Biomedical Technician) and Mr Kitessa (Managing Director) receiving equipment from Storz

Dr Aberra introduced Shalini to theatre staff. I was keen for Shalini to look at all equipment and complete missing bits from previously donated instruments by Olympus. It was nice to see Yashi in theatre. During our last visit in March 2011, she was identified by Dr Aberra as the key person for endoscopic urological training among theatre staff. Sister Ellis spent 5 days teaching her all about endoscopes during the last visit. She was on annual leave but agreed to come back to work because of our visit. Shalini and I went to the endoscopic store room and went through all equipment donated by Olympus and Storz. Shalini was very impressed to see how well they have kept all equipment, for which credit goes to Sister Ellis. Our plan was to do TURPs therefore we decided to check diathermy machine but was told there is some problem with the machine. After going around in theatre I was surprised to see a C-arm, 3 anaesthetic machines and 2 diathermy machines (ERBE).



Figure. C-arm and anaesthetic machines in theatre

Shalini tried to check the setting for resection but was unsuccessful. It was disappointing to know that there was no catalogue in theatre. I told Dr Aberra that it looked like we couldn't do TURPs. Dr Aberra took us to their medical store and there we spotted another ERBE new diathermy machine. There was a catalogue and Shalini took that with her and also contacted ERBE customer service. We came back to hotel around 5pm and went through the catalogue to gather information on settings.

Dr Catherine Royce, Dr Samson and Imabet from Arba Minch arrived at Haroni around 7pm. We went for a meal together. Dr Royce summarised her work and details of Arba Minch Hospital. Dr Royce and I planned this visit with following objectives

1. To consider the possibility of a link between Hawassa and Arba Minch for pathology specimen processing and referral for urology cases.
2. To train theatre staff in maintenance of basic endoscopic equipment.
3. To explore support from Urolink to Arba Minch.

Arba Minch is a city in southern Ethiopia, located in the Gamo Gofa Zone of the Southern Nations, Nationalities, and Peoples Region about 500 kilometres south of Addis Ababa. It is the largest town in Gamo Gofa Zone as well as Arba Minch Zuria woreda and the second town in SNNPR next to Hawassa. The town also is served by Arba Minch Airport. Arba Minch hospital serves an area of 2 million people.



Figure. Dr Samson, Imabet and Dr Catherine Royce from Arba Minch

20th March 2012

We travelled to hospital with the Team from Arba Minch and reached hospital ~ 8 am. Dr Royce wanted to meet the local pathologist. Dr Aberra introduced her to Professor Khan. Prof. Khan informed us that there are 2 full time pathologists in the department and would be happy to process specimens from Arba Minch.

We all went to theatre. Shalini decided to teach how to set up for a cystoscopy. First she explained about equipment and telescopes. This session's main focus was to learn about how to check optics, how to assemble equipments for cystoscopy and how to clean equipments. All participants were encouraged to handle instruments & demonstrate putting everything together. Delegates from Arba Minch also took part in this session.



Figure. Shalini with theatre staff



Figure. Imabet assembling a cystoscope



Figure. Dr Samson from Arba Minch assembling a cystoscope



Figure. Shalini teaching cleaning of instruments

After the teaching session, I demonstrated optical urethrotomy on 2 patients and use of a guide wire during this procedure. In the afternoon, Ms Royce and I, along with Dr Aberra, went down to meet Medical Director Dr Wegen Shiferaw. I stressed that, to promote endoscopic procedures in urology, training of theatre staff is very important and there should be at least 2 senior staff members should be responsible for inventory and maintenance of equipment. I was given assurance that Dr Aberra will get full support. Shalini did a short teaching session on diathermy setting to biomedical staff members.

We returned back to the hotel and then Shalini assessed Arba Minch's equipment. She spotted some problems with telescope and gave some cleaning tips to staff nurse from Arba Minch.

21st March 2012

We arrived early to set up teaching for TURP equipment. Shalini continued with her excellent teaching style and constantly involved all staff members including consultants. At the end it appeared that theatre staff members were more comfortable with instruments. This was evident in the afternoon when I performed 3 TURPs. Arba Minch team left around 1 pm.



Imabet demonstrating set up for a TURP

22nd March 2012

Shalini was planning to leave Hawassa by lunch time. I therefore suggested to Shalini that we should have a session on diathermy machine. She very kindly agreed to do this. She went through the basics of diathermy and how to set it for a TURP. During this session participants were asked to perform and setup machine for a TURP.



Mathew (theatre manager) showing setting up a diathermy machine

Dr Aberra kindly arranged transport for Shalini to go back to Addis. I along with Dr Aberra performed 2 TURPs and 1 bladder neck incision. Mr Biku Ghosh from Gwent Link joined us. We were sad to know that Gwent Link has decided to discontinue further contributions and this was his last visit.

23rd March 2012

I arrived ~ 8 am to hospital and had a meeting with theatre manager, Matgeta. I wanted to get some feedback on teaching session. I was glad to know that all theatre staff felt that it was very useful and would like this to be repeated during next visit. We performed 2 TURPs and I could see the benefit of training session. We stopped theatre at 12 as hospital had planned to facilitate Mr Biku Ghosh for all his contribution. This ceremony was attended by all senior hospital staff. In the evening Dr Aberra invited all of us to his house for a dinner.



Figure. Dr Biku Ghosh receiving a certificate of appreciation from Hospital Manager

24th March 2012

Dr Aberra came to hotel early and we had a long discussion. We agreed on following points

- To prepare a laminated list of equipment for each procedure for theatre staff.
- To start teaching sessions for theatre staff.
- To practice TURP on a prostate model/apple.
- To visit urologist in Addis and organise a 4-5 day workshop on TURP.
- To develop link with Arba Minch.

Dr Aberra informed me that the hospital is getting a CT scanner. There is talk about a HDU/ITU like facility. Two full time pathologists and one radiologist have been appointed. He dropped me at the bus station to catch a bus to Addis. I reached Addis around 6pm and took my return flight at 01:15 hours.

Summary

What has been achieved at Hawassa in 2 years?

1. We have managed to set up basic endoscopic urological services within the surgical unit and now urology clinic is run separately.
2. Theatre staff members have become familiar with basic endoscopic procedures & maintenance of endoscopic equipment.
3. Dr Aberra has performed ~117 cystoscopy (flexible & rigid) and 12 TURPs in last 12 months with assistance.

What went well on this trip?

1. Reinforced training on maintenance of equipment and diathermy to theatre staff and surgeons with good feedback (Appendix 3 & 4).
2. I observed better understanding and team work among theatre staff.
3. Hawassa referral hospital is now fully equipped to perform all urological endoscopic procedures on the lower urinary tract e.g. Cystoscopy, optical urethrotomy, TURP, BNI and cystolitholapaxy.
4. Managed to organise first meeting between surgical staff from Arba Minch and Hawassa team.
5. Established local contact (Shalini, Kenya) for Dr Aberra for further support in both training and procurement.

Future plan

1. To organise a trip along with a trainee experienced in TURP. This will allow supervision for Dr Aberra and his team. There will be opportunity for trainee to learn open prostatectomy.
2. To consider Medical Student Electives along with urological trainee.
3. To arrange basic endoscopic equipment for Arba Minch.

Acknowledgements

I am thankful to Mr Ru MacDonagh Chairman, UROLINK, for his continued support and to Dr Aberra for tireless efforts in facilitating this visit. I could not have done without the excellent support from Mr Jaimin Bhatt, who arranged donation from Storz to complete the full set of endoscopic equipment at Hawassa Referral Hospital.


I would like to express my sincere appreciation to May Eltibi, Head of Surgical Business, Middle East and Africa, Olympus Medical for organising Ms Shalini Srivatsan, Olympus Representative from Nairobi, Kenya to visit Hawassa. I am grateful to Shalini for providing a number of valuable training sessions to surgical staff.

I would like to acknowledge Karen Kenyon, Territory Manager, Yorkshire, Coloplast for providing 3 way catheters for TURP.

Appendix 1



Appendix 2



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
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