AZ Project: Moshi-Dakar

Chapter 1

My name is Alexandra Zachou. I am training to become a urologist in London-UK. In 2011, I was awarded the British Urological Association Scholarship (Urolink-BAUS) to attend the J.Eshleman Reconstructive Workshop in Tanzania and I was subsequently invited, in 2012, as a presenter to the first West African Urological Symposium. This is how, for the first time, I made contact with my African colleagues, worked with them and built upon a professional friendship, on the background of a voluminous medical workload.

Fueled by my desire to offer help, as an individual doctor, to the medically deprived Sub-Saharan Africa (SSA) population, and to learn from the experts how to bettermanage diseases that, nowadays, rarely affect the Western world, I decided to apply for a supplementary year of clinical experience in the developing world to the London Deanery of Surgery; my application was accepted!

Finding myself, at the end of September 2013, in an airplane landing at Kilimanjaro International Airport (KIA) in the early hours of the morning, made my heartthump;in anticipation and excitement. The wonderful adventurous journey I have been organizing for over 16 months was no more a mental and paperwork exercise. It was actually happening; my foot on the groundin Tanzania was the official grand opening!

On red, sweet-scented soil, a walk amongst jacaranda trees, under the whole-hearted saluting white presence of Kilimanjaro's mountain peak brings me daily to the 07.30am meeting that kick-starts the ward round at the Kilimanjaro Christian Medical Centre (KCMC) hospital Urology Department in Moshi. As a urology trainee I was greeted and engulfed swiftlyby the dynamic team, led by Prof. Alfred K. Mteta, who took over from

the department's founder, the late Dr L.Eschleman. Only such an organized department could possibly be coping so efficiently with the large amount of adult and paediatric urological cases. In adults, symptoms due to benign prostate enlargement and urethral strictures are the usual pathologies bringing patients to our attention, while in children, cancer and anatomical malformations are the major pathologies leading to prolonged hospital admissions. One cannot help thinking that if only medications and prenatal screening were more widely and readily available, our patient numbers would certainlybe much smaller.

There are surgical Operations every day at KCMC, but on Wednesdays and Fridays an hour is allocated toGrand Rounds presentations where residents from all departments teach the rest of the clinicians something new, based on the ongoing KCMC research. Teaching is one of Medicine's cornerstones; in our department this is further augmented by coaching all thirty 4rth year medical students who are with us for a month, on ward rounds, in theatres and, at least twice per week, with didactic tutorials from each resident. Being in SSA, our teaching of managing common urological presentations and emergenciesroutinely involved the assistant medical officers (AMOs); these well trained nurses do service in the community and their role, work and skills should be nothing less than highly regarded and respected. Most of the time, rural hospitals are run purely by these individuals. I came to really appreciate their contributions only after participating at a medical Safari!

While I was in Moshi, our department participated in four working week-long surgical specialty outreach safaris; I was a participating doctor on three of them.

We reached Gonja by car for such a session organized by the College of Surgeons of East Africa. It is a small hospital, of 60 beds, hidden in the thick jungle of Mpera Mountains, and is the heart of a large community relying on farming of bananas, corn and cassava. The 7-hour long, difficult, road trip to Moshi-KCMC, which is the Northern Tanzania's tertiary referral centre, is a major undertakingand usually only feasible for those people who can afford it; they are a minuscule fraction of the local population.

With my colleague and kindly supported by the two AMOs who usually run this hospital, along with five nurses,we performed 17 urological operations and managed 2 emergencies, The consumables were really very scarce and the electricity generators were playing up on us. But we managed alright!

Dareda, a hospital near the hippopotamus-land of Babati, was our second destination which we reached by small airplaneas part of the African Medical & Research Foundation (AMREF) initiative, which generallyoccursevery two months when funds are available. (www.flyingdoctorsafrica.org). The rainy reason was a bit late this year, according to our pilot Sam, who had taken off early in the morning from Nairobi. We reached a steamy hot, drenched and welcoming site, after dropping off gynaecology, plastic and orthopaedic surgeons to Iyambi, Kiomboi, Itigi, Manyoni and Makiungu Hospitals. Amongst the activities carried out in Dareda, the heavily attended outpatients' sessions and the management of the emergencies encountered merit a special mention. The final visit to Kilema hospital, the closest to our base, served as a grave reminder of the unfortunate fact that so very many people who need specialistmedical help are unable to seek it due to financial and geographical constraints.

The words above describe the KCMC urological department's routine activitiesbutthe 10th Jacob Eshleman Urology Workshop, that took place at the end of November 2013, was an exciting and rewarding event for our entireurological community! Expert colleagues from the UK, the Netherlands, Sweden, South Africa and all the East African countries met once again, shared experiences, discussed management and operated upon 24 very difficult cases of patients suffering from intersex states, trauma and/or urethral strictures. The participating patients had arrived from all over East Africa and even those that were not operated upon were very grateful for the event as it is rare to have the world's experts treating local patients who have run out of medical solutions to their problems.

In Tanzania, unlike in Western countries, being a doctor is still a vocation and thus a continuous, daily activity. However, at the weekends when the workload is usually lighter, there was time to discover the near-by geological beauties at the foot of Kilimanjaro and the surprisingly diverse local flora and bird species. Similarly, there was

time to participateinnumerous activities organized by the several active and blooming local charities run by health care professionals fuelled by enthusiasm, astrong ethic and based on a genuine compassion for the ubiquitous suffering.

The Image Doctors conference in Arusha (www.image-doctors.org) was an outstanding educational meeting where HIV, malaria and improvements in the surgical specialists outreach organization were thoroughly discussed. On the other hand, the children screening initiative by the KCMC medical students' charity, (www.Shine-a-Light.org) brought a group of us out to the community's primary school in Kifaru village for a weekend where we assessed,advised and/or treated nearly 150 children per day. On our way back to KCMC, sitting in a mini bus surrounded by few colleagues and medical students and admiring the scenery of rural Tanzania, I could not recall of a more satisfying and rewarding experience, just before Christmas.

Now, it's nearly April. Having met my primary goal of gaining significant experience in urethroplasties and open surgeries, I am packing up my whole life once again, in a slightlymelancholic frame of mind. I have to leave behind good friends and colleagues. And Moshi- this little town that has provided me with perhaps the loveliest possiblehuman experiences of my adult life so far.

KCMC urology trainees & a Dutch senior colleague

KCMC Urol Dept Workload September 2013- March 2014				
Adult Urology		Pathologies	Paediatric Urology	
BPH	211		Hypospadias	30
Urethral Strictures	80		PUV	9
Bladder Tumours	44		Wilm's Tumours	9
Prostate Ca	11		UDT	12
Stone Disease	14		DSD	6
Fournier's	4			
Renal Tumours	7			
Others	26			

AMREF Medical Safari-Dareda

Part II: DaKaR

April 2014-September 2014

At 2.00am of a mid-March Thursday I found myself once again at the Kilimanjaro airport. My colleagues were nearly all present to this nocturnal fairwell-exchange of wishes for speedy reunion; the bonds amongst people interwoven under unusual and demanding circumstances are too strong to pretend them being frivolous.

I was uncertain if leaving Tanzania at this time of compromised sensorium was good or not. But when the Sun was up I was once again standing amongst my baggages; under the same Sun, in the same clothes, 2 time zones away from departure point on the grounds of Senegal's international airport, straight to the other side of Africa; from the Indian to the Atlantic coast.

Dakar is the capital, of the most culturally accepting country of West Africa; Worlof its idiom and French its colonial verbal inheritance.

The general hospital of Grand Yoff (HOGGY) is the academic centre for urology; my colleagues here come from: Chad, Cap Verde, Burkina Faso, Niger, Benin, Guinea Con'Acry and obviously Senegal.The urology department has 25 inpatient beds. 2 theatres devoted to open and endoscopic work respectively, both functional Tuesday to Thursday and a busy daily outpatient clinic, with a cystoscopy/ prostate biopsy suite.Mondays was my day at the clinic, Tuesday to Thursday at the operation theatre, Friday I was performing minor operations under local-anaesthesia.

Medical students in small groups of 2-5 were attending the activities of our department mixed in the groups of trainees in other surgical specialties varying from neurosurgery to gynaeology. Formal tutorials were taking place usually on Tuesdays and Fridays. I also participated to the teaching of midwifes and nursing staff at the university central location twice, complimenting the urological and urogynaecological team.Wednesday late afternoons we were holding the departmental meeting deciding the operational lists for the coming week and discussing the further management of challenging cases.

As part of the IVU-med initiative, a week course of reconstructive urology took place benefiting the department by the American expertise. 32 cases of intersex and complicated Hypospadias repairs were operated upon.A clinical 3-day long surgical teaching session was carried out addressing urological upper tract and lower tract pathologies surgical management too, carried out by French military urologists. The department also participated to a UN-coordinated outreach to Burundi. 2 consultants went over for 7 days to offer fistula repair surgery.

I was proud to organize and assist with a workshop run by Dr Roger Bodley, a consultant radiologist based in Australia with extensive experience in teaching doctors in the developing world; with models we made of gelatin and individuals doctors' and patients' participation and 3 ultrasonographic (USS) machines we taught the local trainees how to use USS for diagnostic and interventional purposes, something that none had previous experienced previously.

I was delighted also, to organize the very first PCNL workshop in the West African region; Dr Graham Watson –founder of MediTech charity and specialist in stone management, came out to Senegal during my stay in that effect- to teach the local urologists how to perform PCNLs. We performed together the very first PCNL in West Africa- followed up of half a dozen operations at each of his visits.

During the weekends, quite a few times I went onto free consultation sessions with generalists, paediatricians and gynaecologists in deprived areas within Dakar and towns at its outskirts, namely Pikin and Thiess. It was uncomfortable at times because the patients would come along to demand free drugs but would not want to be examined or give a full account of their symptoms.

Dakar is described by many as the sole city able to bridge Europe to true Africa. Its famous art Bienalle took place during my stay and amongst many participating international artists I met there, were also many art-appreciating United Nations (UN), Non-Govermental Organisations (NGOs) and charities workers that make up a rather particular ex-pat community of European and North American well educated multi-linguist altruistic young professionals wanting to help with the development of West

Africa- especially in the areas of community, health, sanitation, water distribution and agricultural infrastructure; as expected, some of them were running fistulae programs and the conversations we had did widen our individual perspectives of thisfemale problem highlighting ways of augmenting each other's efforts and activities drawing from our particular experiences. About the same time, the International Fistula Day took place. In the capital, different educational and awareness-raising events were organized; amongst them a number of interviews for national and private television channels of my senior colleagues, some of which I facilitated. After 22 weeks in Senegal, I finally found myself during sunset, sitting on the white sand of one of its surfing beaches, bypassed by the ubiquitous regular dusk runners and joggers, sipping on a green coconut's milk, hearing the distant tam-tam music and contemplating my departure- or the closure of a circle: from the cold excelling grey English Valtic sea to the kindness of the tropical Indian ocean to the roughness of the Atlantic ocean; the time came that I should leave the South West for the North West of Urological teaching and return to my base in the UK in order to complete my training.

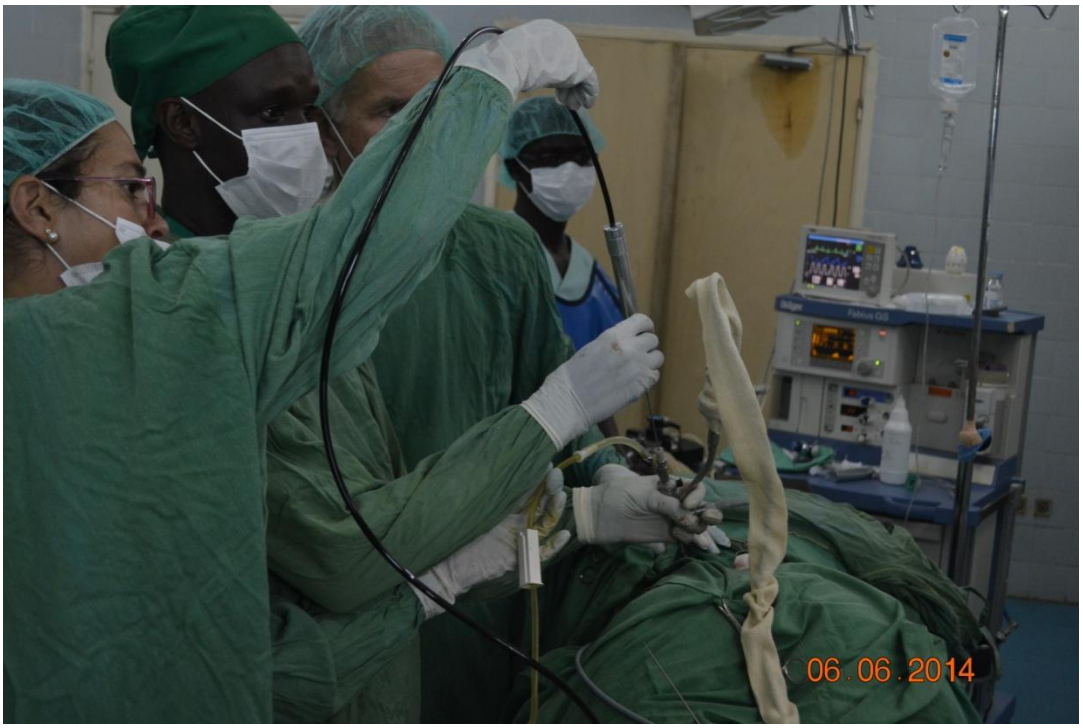
HOGGY Urology Dept Workload April 2014-September 2014				
Adult Urology		Pathologies	Paediatric Urology	
BPH	179		Hypospadias	18
PCa	63		UDT	13
Urethral Strictures	58		DSD	9
Stone Disease	52		Upper Tract Path	3
Renal Tumours	9		Others	5
Fistulae/Female Recon	62			
Others	32			

Senegal: PICTURES

1. The department enriched by the American Team

2. We looked after the children until they are anaesthetized ..! From hug to hug!

3. Teaching the local trainees how to use the ultrasounds –with Dr R.Bodley



4. Teaching Prof L.Niang how to perform PCNL – with Dr G.Watson

Professional Conclusion:

Working in different countries as a surgeon improves one's perception of the diseases' spectra of manifestation and management, while enabling participation to surgical activities beyond comparison to the UK standards. My OOP-E has been a globally enriching experienceand based on the subjective data presented in this report can be highly recommended to any interested urologist-in-training, as a mean of exposure to different surgical realities.

Personal Surgical Exposure during my OOP-E:

6 months				6 months			
	KCMC Hospital, Moshi, Tanzania				HOGGY Hospital, Dakar, Senegal		
	Reconstruction	Oncology	General Urology including Trauma		Reconstruction	Oncology	General Urology including Trauma
1st Surgeon	24	6	12	1st Surgeon	22	3	45
1st Assistant	43	15	30	1stAssistant	54	32	44
Observer	10	8	15	Observer	15	11	19

I would like to cordially thank all the members of BAUS-UroLink for supporting my personal project. For me, UroLink represents all the humanitarian, educational and altruistic ideals that should form the moral foundations of every conscientious surgeonin the developed world. I wish to express my commitment to these principles; being further involved in the future, with any UroLink project, as directed by yourselves would be an honour and a pleasure.

Once again- Thank you.

Warm regards,

Alexandra