UROLINK visit to Awasa November 2018

The Team

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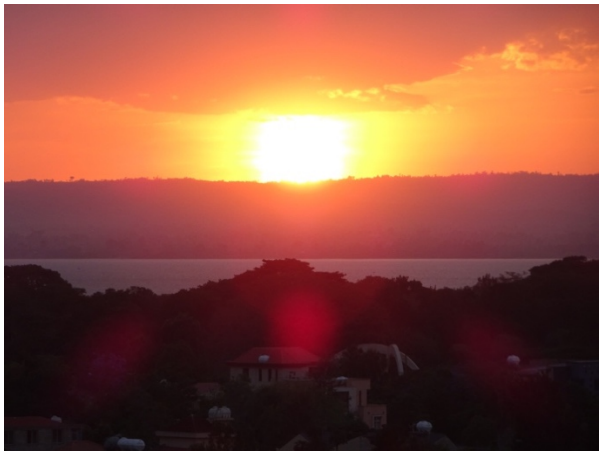
Travel

Heathrow to Awasa via Addis with Ethiopian airlines. Travel organised by Key Travel; Ethiopian made multiple changes to the itinerary which resulted in an inexpensive hotel in Addis being booked for the night of 30th November. Hotel bus pickup from, and return to, Awasa airport; transit time down to 30 minutes as a consequence of a new Chinese built road. University organised coach to hospital in the morning, tuk tuk back. Travel very cheap. Shuttle bus from Hotel in Addis. Some problems generated by a lack of immigration checks at Addis, which meant we all entered Ethiopia without our passports being checked. On our return journey David and Ram had some negotiation with the immigration officials despite having previously obtained online visas. Resolved without too much hassle.

Accommodation

Central Awasa hotel was generously provided by the University of Awasa Reasonable standard for locality, but frequent power cuts, no safe and very poor showers. Has pool and spa facilities (!). On-site restaurant, but food not great and breakfasts monotonous. WiFi on daily voucher. Approx 2Km from city centre yet similar distance from Lewi resort at the lakeside. Characteristic local service.



We had a short stop over in Addis in the way back due to a flight change. The hotel Lobelia in Addis was brilliant and provided a shuttle to the airport.

Hospital interactions

Getch has taken over the running of the unit after Dr. Aberra's retirement in September. Dr. Aberra has applied for another contract.

Sat 24/11/18	Review 13 adult cases and plan for further management Patients listed for surgery, further investigations and 1 discharged Review 6 paediatric cases

Mon 26/11/18

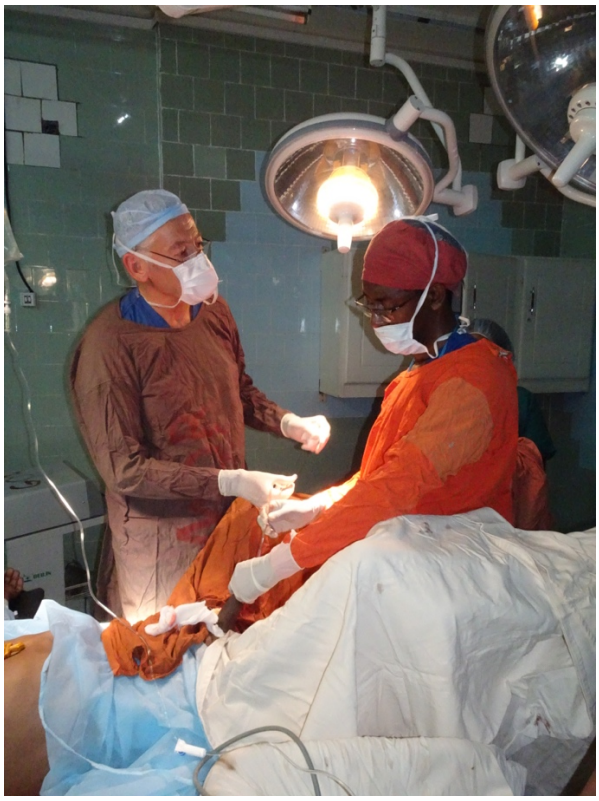
2 theatres with 2 surgeons in each. Lists better organised than previously. Now 7 theatres and much better equipped with new stack and lights.
Getch in theatre whole time and Aberra no longer employed.
3 cases postponed due to lack of time.

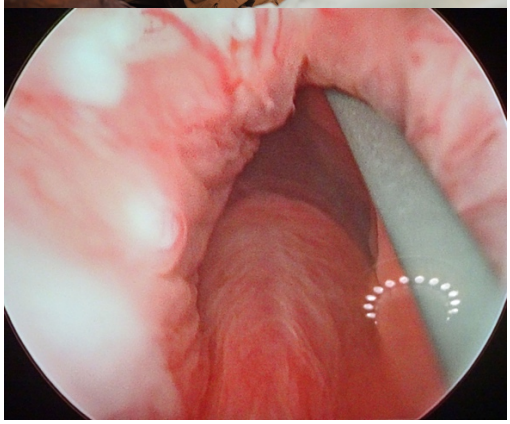
Paediatric list delayed due to lack of oxygen.
Only 1 minor case completed.

Tue 27/11/18

Review another 4 cases
2 Theatres with 2 surgeons in each.
All cases completed

Paediatric list curtailed after 2 cases done due to lack of nursing staff.
3rd case completed after negotiation with hospital director.





Wed 28/11/18

Review another 4 cases
2 Theatres with 2 surgeons in each
All cases completed

No paediatric list this day.

Thu 29/11/18

2 Theatres with 2 surgeons in each
Only 1 major case completed in 1 theatre due to its complexity
All other cases completed in the second theatre

Paediatric theatre
3 cases planned, one cancelled due to chest infection but another Substituted

Summary of operative activity

Procedure	Number
Adult urology	
Cystoscopy/Flexible cystoscopy	3
Endoscopy and dilatation	8
Anastomotic urethroplasty	3
Augmentation urethroplasty	3
Fall astride anastomotic urethroplasty	1
Revision/primary bulbo-prostatic urethroplasty	3
Paediatric urology	
Full-length hypospadias repair and correction of chordee	1
Revision/primary hypospadias repair	2
Epispadias repair	1
Disruption of urethral valves	1
EUA micropenis	1
EUA & urethral fistula repair	1

Social

Sunday 25/11/18 Day off on lake Awasa based around the Lewi resort hotel.

Wednesday 28/11/18 Dinner with Getch

Overall impression

Adult urology

The situation that existed previously is significantly improved with cases much better worked up and patient's with realistic expectations. There is a significant need for a second urologist and associated junior support. It is hoped that Anteneh Tadesse, the current registrar, may want to join Getch. This would undoubtedly improve morale and throughput for their very considerable workload.

Morale and the theatre environment are not great, but this seems to be poor across the whole of the healthcare sector in Ethiopia at present. Basic facilities in the theatre environment, water (there was none for 4 days), changing rooms and rest facilities either need desperate, or substantial improvement. Equipment is still a problem, although the presence of a stack, monopolar and bipolar diathermy and improved lighting in one theatre are better than on the last visit. Ideally, there ought to be some investment in basic surgical equipment (forceps, needle holders and the like) and there is a desperate lack of choices of appropriate suture materials. We were also concerned about the care of endoscopic equipment and packing of sterile supplies, which were all randomly processed together. There is very variable commitment to getting the best outcome for the patient by a significant number of the adult theatre nursing staff.

Paediatric urology

Ethiopia has a population of 105 million of which 50% are under the age of 14. Therefore, Awasa probably demands staffing consistent with a tertiary paediatric urology centre in the UK. Currently it's resourced by 1 paediatric surgeon who only has an interest in urology in childhood. The number and complexity of cases currently far outweighs the resources available, although the quality of the current surgeon is very high, and he communicates well. Issues, regarding retention due to low morale, are very significant here. The dedicated paediatric theatre team is highly professional, but the equipment base is low, especially as far as endoscopy is concerned. Should the current incumbent remain in Awasa then it would

be worthwhile revisiting the centre but, if not, supporting a national paediatric urology service based in Addis would be a more worthwhile endeavour.

Acknowledgements

Hawassa University – accommodation and coach transport
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Mr Pete McInally – headlight
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Home surgical units – instruments, out-of-date disposables