



## **Urolink Visit Report**

**Richard Menzies-Wilson  
Kisiizi Hospital, Uganda  
4-11th November 2023**

### **Objectives of the camp:**

The Kisiizi Hospital Urolink has been running for over 10 years and usually welcomes urologists twice per year to provide urology training to local surgeons and surgery to the west region of Rukungiri, Uganda.

With the help of UK urologists and Kisiizi charity, local surgeons have been learning endoscopic bladder outflow surgery under supervision. Local surgeons spend 1-4 years onsite and rotate onwards thereafter. The Urolink camp offers local surgeons the ability to learn bladder outflow surgery under supervision.

1. To provide a training camp to local surgeons to run endoscopic benign bladder outflow surgery.
2. Local surgeons underwent training on patient selection, preoperative investigation requirements, surgical technique of TUR & BNI, post operative management and complications.

### **Team:**

A group of three Urology surgeons - Mr Adam Jones (consultant), Paul Hadway (consultant) and Richard Menzies-Wilson (ST6) - ran endoscopic surgery supervised training theatre lists in Kisiizi Hospital. Four local surgeons were trained throughout the

week. We were joined by a consultant general surgeon (Kumaran Thiruppathy) and consultant anaesthetist (Suzie Gleeson).

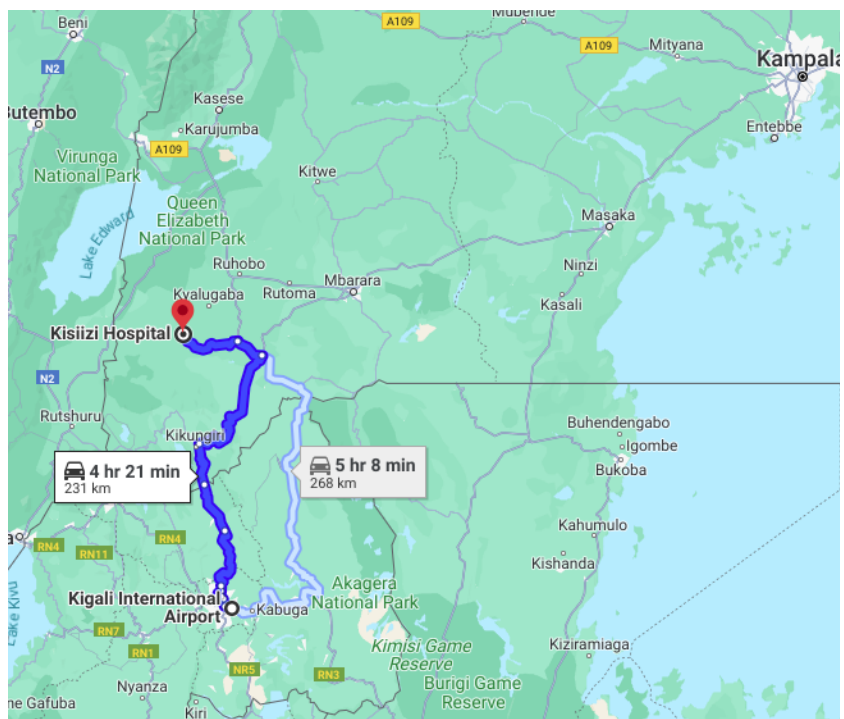
### **Kisiizi Hospital charity, Uganda**

Kisiizi Hospital is situated in the Southwest of Uganda and covers a large geographical catchment area. It is home to a regional school of nursing. The Hospital has a 250-bed capacity. The hospital is non-government run and therefore 'fee paying', any fees paid by patients or families account for between 15-40% of the cost of treatment. The hospital charity runs local sustainable businesses that have been set up since its founding in 1958. There are two resident specialist general surgeons and junior doctors in training. The hospital surgeons receive sub-specialty training and camps on a regular basis by visiting specialty teams.

### **Getting to Kisiizi Hospital, Uganda**

We took a 9-hour international flight from London Heathrow to Kigali (Rwanda) via Brussels. The team stayed overnight in Kigali and the next morning took an internal transfer via bus across the Rwanda-Uganda border to Kisiizi (231 km 4.5hr trip).

Upon arrival we stayed in guest accommodation provided by the hospital charity. We were generously provided with local cuisine three times per day by the hospital which was an incredible experience.





Costs including flights, visas, accommodation, airport transfer shuttle buses were supported by Urolink (BAUS.org.uk). Surgical supplies and support were also donated with thanks to Royal Berkshire Hospital & charity.

Left - Right: KumaranThiruppathy, Richard Menzies-Wilson, Adam Jones, Paul Hadway

### **Bootcamp Preparation**

Due to the equipment requirements of endoscopic bladder outflow surgery, this requires preparation by both visiting surgeons and local surgeons. Over the past decade, Kisiizi hospital has obtained a 'stack', cystoscopes and resectoscopes. These have been re-used for many years and are of varying functionality. Single-use consumable parts (guidewires, loops, rollerballs) are generally re-used and in short supply. In order to run the surgery training camp, we brought additional supplies of resectoscope equipment, diathermy & monopolar back up equipment, two-way and three-way catheters, giving sets, guidewires and s-curve dilators.



Paul Hadway sorting the endourology kit on Day 1

Locally, patients had been seen in clinics in the months leading up to the bootcamp and put on waiting lists for bladder outflow surgery. The majority of these were catheter dependent. Due to the high cost of glycine irrigation fluid, sterile water was used during the camp. Large volumes of sterile water were distilled onsite for 6 months and stored securely leading up to the camp.

## Clinics

On arrival on Sunday evening, the team ran a clinic to triage patients and allocate to theatre lists. History and examination were supplemented by PSA results and occasional urethrogram imaging.

Suitable patients were booked for: TURP/BNI; cystoscopic urethral dilatation; trans-vesicle prostatectomy, subcapsular orchidectomy.



Paul Hadway reviewing a urethrogram of a bulbar urethral stricture with local surgeons

## Wards

Patients had traveled days to reach the camp and so they stayed the whole week on the ward. Family members stayed by the patient's bedside to provide much of the perioperative care.

Irrigation fluid was administered through reused plastic bottles and collected in plastic buckets on the floor.



The surgical ward



Post TURP irrigation on the surgical ward

## Operating theatre

Two theatres were run in parallel for 5 days of the boot camp. All endoscopic operations were supervised by visiting surgeons, with the majority done (in-part) by local surgeons. All were performed under spinal anaesthesia.

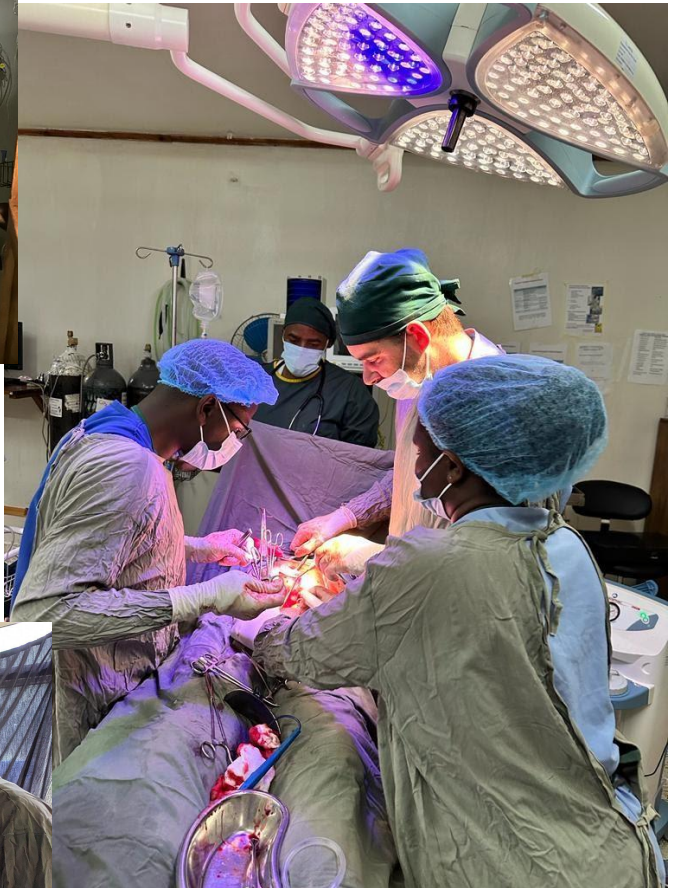
Whilst the local surgeons have limited experience with endoscopic surgery, they are well trained and



experienced in open surgery. The training went both ways and I was lucky to be walked through both a trans-vesicle open prostatectomy and subcapsular orchidectomy.



Adam Jones demonstrating a TURP



Open trans-vesicle prostatectomy with the local surgeon



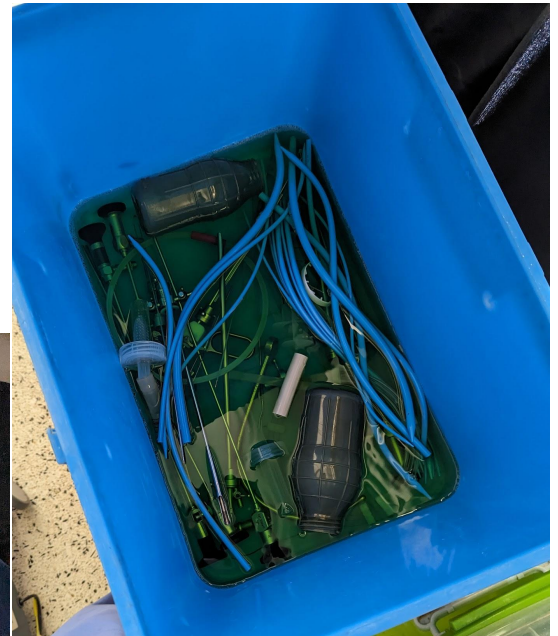
Paul Hadway demonstrating the resectoscope equipment

## Sterilisation

Surgical equipment was manually sterilised between ases in our liquid sterilisation box. Sterilisation was always made easier by a fabulous view of crested cranes protecting their eggs in the nest!



Adam Jones sterilising with a view



The sterilisation bucket



Drapes and gowns were all steam sterilised and frequently damp from fresh laundering. All patients were covered with gram negative antibiotic cover and there were no postoperative infective complications.

## Operations performed

Over the camp our team performed 31 Urology operations, a laparoscopic AP resection for rectal cancer, 2 colonoscopies and a neonatal colostomy for Hirschsprung's disease.



Kumaran Thirupathy teaching a laparoscopic AP resection with anaesthetic support from Suzie Gleeson

Urology Operations included:

TURP	17
Cystoscopy + urethral dilatation	8
Channel TURP	3
Subcapsular orchidectomy:	2
Open trans-vesicle prostatectomy	1

HOSPITAL  
ILLNESS

9/11/2023

**THEATRE LIST**

NO	SEX	WARD	DIAGNOSIS	OPERATION	BP	HB	COMMENT
5	M	S/W	Urethral Stricture	Urethral Dilatation		14.4	TRPD ② electrolytes
6	M	S/W	BPH	Open Prostatectomy		15.9	Prostate size ≈ 600 ② electrolytes
2	M	S/W	BPH	TURP			
1	M	S/W	BPH	TURP		15.4	Prostate size ≈ 6
7	M	S/W	BPH	TURP			Prostate size ≈ 500
9	M	S/W	BPH	TURP			
54	M	OPD	Hypospadias with Urethral stricture	Urethral dilatation			

HOSPITAL  
ILLNESS

9/11/2023

**THEATRE LIST**

NO	SEX	WARD	DIAGNOSIS	OPERATION	BP	HB	COMMENT
	M	S/W	BPH ? G Prostate	Channel TURP		13.8	② Na <sup>+</sup> → 132.4
	M	GYN	G Colon	Colonoscopy			
	M	Thuma	Chronic leg Ulcer	SSG			Stable
	M	C/W	Hirschsprung's Disease	Colostomy			Stable

One day's operating



## **Teaching and sustainability**

We had the privilege to operate with exceptionally well trained lead surgeon Dr Paul. He has been at Kisiizi for four years now and so is almost independent with TURPs/BNI. There were three other junior surgeons who were new to endoscopic urology surgery and we look forward to continuing their training over the coming years.

Along with bladder outflow surgery, the local team were keen to continue to learn laparoscopic skills from Urologists and general surgeons in the future. We hope to continue to bring other specialities (general surgery and anaesthetics amongst others) to Kisiizi to grow our collaboration.



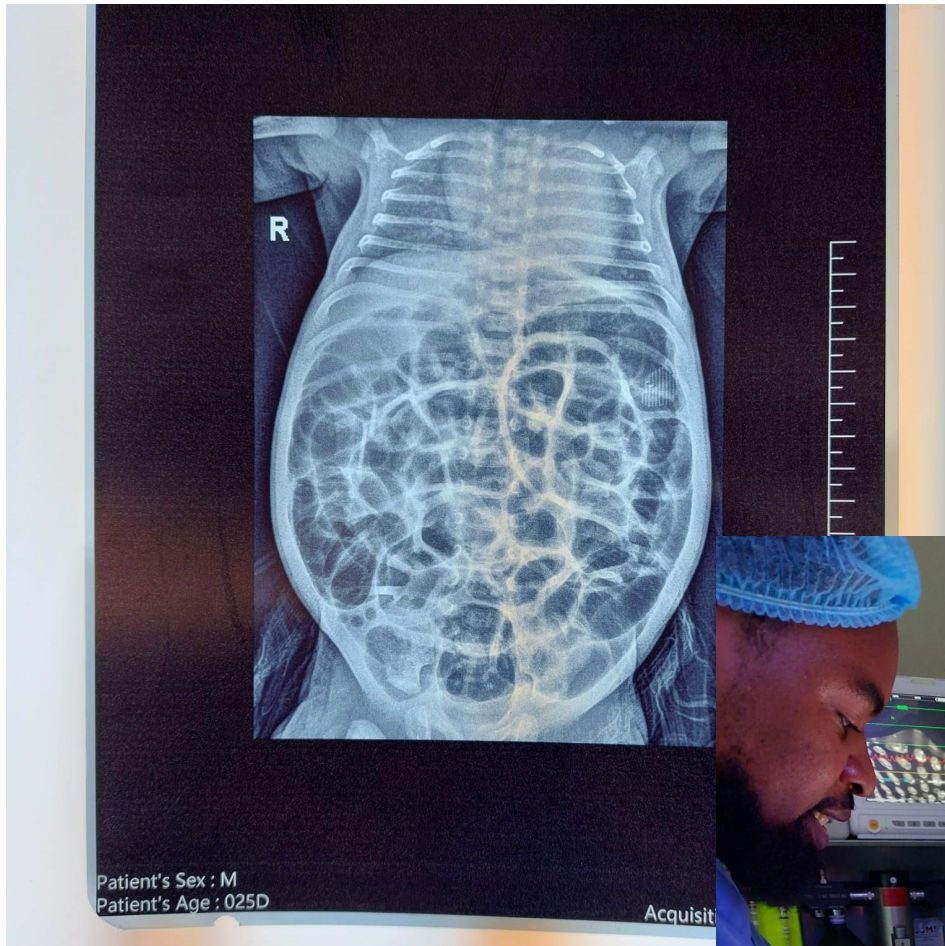


Adam Jones



Left - Right: Richard Menzies-Wilson,  
Adam Jones, Paul Hadway

Richard Menzies-Wilson



XRAY of neonate with Hirschsprung's



Suzie Gleeson with the local anaesthetic practitioner



Left - Right: Suzie Gleeson, Paul Hadway, Kumaran Thiruppathy