

## **UROLINK TRIP TO LUSAKA**

**28<sup>TH</sup> NOVEMBER – 8<sup>TH</sup> DECEMBER 2001**

The party consisted of Miss Christine Evans, Mr. Patrick Duffy, Mr. Ken Queen, Mr Derek Rosario and Mr. Nigel Sammon.

We set from Gatwick Airport on Monday 27<sup>th</sup> November. Apart from some excessive baggage payment which was considerably more than was expected, it has gone up manifoldly since the September 11<sup>th</sup> disaster. The trip was uneventful. We did have considerable problems however at the other end in Zambia getting the equipment through. This again was unexpected, as I had had absolutely no problem eighteen months earlier.

We were greeted by Mohammed Labib, also we were being filmed for Channel 4 by RDF film makers who are doing a documentary on the visit. I spent the afternoon rescuing the medical equipment from the customs, while the others took a ward round with Derek Rosario who had been in Zambia already for one week preparing cases with Dr. Labib and his report is attached to this.

We had an extensive number of very interesting cases, nineteen in all for us to operate in the next few days at the workshop and if necessary to continue into the following week.

First day the 28<sup>th</sup> November. Mr. Patrick Duffy undertook the operating theatre list. He originally had an epispadias, an extensive one without bladder extrophy but the four year old boy escaped from the hospital with his father over night which was a considerable pity and is not unknown in this part of the world.

Patrick however continued with two hypospadias's, one with a re-do and also a urethral fistula, in children ages five to nine. He was assisted in theatre by Dr. Labib and watched by five of the workshop delegates. In the lecture theatre, Christine Evans gave lectures on carcinoma of the penis, bladder reconstruction and diversion. Ken Queen spoke on carcinoma of the prostate and surgery of Warfare and Derek Rosario on urethral strictures to an audience of thirty doctors.

In addition Nigel Sammon attended the wards. He set up the new flow machine and undertook to do a flow rate on the urethral strictures which were to be performed later in the week.

The flow rate machine was brought especially for Lusaka University Teaching Hospital (UTH) by monies raised by UROLINK.

In addition Miss Evans, Mr. Ken Queen and Dr. Derek Rosario did ward rounds to sort out the patients for the following days. There are four extensive vesico vaginal fistulae, one stress incontinence, there is half a dozen difficult urethral strictures and three bladder out flow tract obstructions, one of which is a carcinoma. It will be dealt with in the following days.

The accommodation for the doctors is at a Lodge and we have been the guests of the Ministry of Health in thanks for us coming over, which is very generous of them.

Day two. 29<sup>th</sup> November

Miss Evans, Mr. Ken Queen, Derek Rosario in the operating theatre in two parallel theatres.

Mr. Patrick Duffy. He gave talks on epispadias hypospadias and paediatric oncology to an audience which was very well received.

In the first operating theatre Miss Evans undertook a continent diversion on a twenty two year old girl, six years after her recto vesico vaginal fistula. The tissues were completely rock solid and there was no way there was going to be any form of repair from below or even above, so we did a continent diversion in the form of an Indiana pouch, using the appendix as a catheterising channel. The second operation was a cystoscopy for another lady with a vesico vaginal fistula which had been repaired in April. There was calcification over the vaginal sutures and when I scoped her there was a bladder stone. The fistula is above the bladder neck in the triagone. I didn't actually see the ureteric orifices, but it is repairable by an open abdominal procedure which I will do next week. In the afternoon I did a further vesico vaginal fistula case, who had also had a recto vaginal fistula as well (with a defunctioning colostomy two years prior). This patient has had four repairs before and so after EUA and cystoscopy and seeing the size of the hole (which was below the bladder neck) I decided to close the bladder neck and insert appendix as Mitrofanoff catheterising channel. The bladder capacity looked reasonable, but will take a bit of stretching, but I thought it was worth saving the bladder especially as the patient is not terribly keen on having any form of diversion. I hope this bladder neck closes. The tissues are reasonable, but I did actually pack the gap between the urethra and the bladder neck with omentum, so I am hopeful that it will actually close.

In the other theatre Mr. Ken Queen did three TURP, one prostatectomy, one difficult stricture where he landed out of the urethra so they put to the supra pubic and one optical urethrotomy which Mr. Rosario did with the greatest of ease!

Day 3 Friday 30<sup>th</sup> November Parallel Theatres

In the morning I performed a vesico vaginal fistula from the vaginal approach using a Maritias graft and a sling around the trigone to try and improve the continence. Readers would be interested to know that the theatre light had to be held in position by a selection of poor Registrar's whose arms were weary after they had been holding onto the light for ten to fifteen minutes. Then I did a colpo suspension on a nurse who had stress incontinence. This was straight forward. On the other side Derek did five urethral strictures, with the new Storz optical urethrotome, all successfully. In fact we have done such a large series in the last two days that one of the Registrar's is going to write them up as case reports, all these chaps are going to have their follow up with intermittent self catheterization which hasn't been done before in Zambia and this is going to be a trial, Nigel will teach them how to self catheterize before they go home next week.

In the third theatre Patrick was operating in the separate paediatric theatres on three further hypospadias.

That is the end of day three. We are all knackered and off to the Victoria Falls tomorrow.

Said good bye to Derek.. They have had a wonderful two weeks with the film crew.

Day 7 Tuesday 4<sup>th</sup> December

Back in Lusaka having had an excellent weekend resting.

Ken Queen went to out-patients with Nigel Sammon to see the patients and to set up the flow machine for the patients and they also found that Dr. Labib had got a bladder scanner which had been donated by D+U last year.

A urethroplasty was performed today by myself, which was on a young man with a very long post infective urethral stricture and perineal fistula which we laid open as a first stage anterior urethroplasty. The second case was a high vesico vaginal fistula, it was related to childbirth, but might have been due to a hysterectomy. This was the patient with stones and was repaired abdominally with a two layer closure and omental packing stenting the ureters at the same time. Thereafter a further urethrotomy was performed, unsuccessful these are very difficult long strictures. In the afternoon we did a ward round. In the evening we were again entertained magnificently by the Labib's, by his wife who is an excellent cook.

Day 8 Wednesday 5<sup>th</sup> December

I attended the clinic in the morning and then went to the COSECA meeting of the ASEA. COSECA is the College of surgeons of East and Central Africa and they have also now included Southern Africa and it is now called COSECA. It is now two years old and this was the first AGM. This is an exciting new venture which will allow the surgeons of this part of the world to take their own exams. They have collaborated with the Royal College of Surgeons of Edinburgh and some of the format for the exams will be taken from the Royal College of Surgeons of Edinburgh with their help and guidance. The Rahima Dawood Travelling Fellowship Lecture was given by Professor Loeffler who spoke extremely well about surgery in post colonial Africa. He was scathing to a certain extent by the inertia of the universities and would welcome the presence of a new college to see if they could advance the surgical techniques and ability to the advantage of the poor in this part of the world.

Day 9 Thursday 6<sup>th</sup> December

I found out yesterday that the budget, per month for the whole of the University Teaching Hospital of Lusaka, which is a 2000 bedded hospital is equivalent to £60,000:00. How on earth they manage to run a huge hospital on even that shoestring I have no idea. Also last year there was a strike of Zambian doctors over pay and at that time when the strike started there were twenty surgical registrars. Because they wouldn't increase their salaries, ten of them left and they have not been replaced, so there are only ten now. These Zambian doctors are very well trained and tend to go to South Africa and Botswana, wherein the latter, certainly the pay is considerably better.

Ken Queen and Dr. Labib went to theatre this morning. They did two TURP's and two open prostates. One of the TURP's was done by Dr. Labib using our new Olympus equipment and the new diathermy which works extremely well. Dr. Labib did an open transvesical prostatectomy, 110grams. with great skill, but this is not unsurprising since this, as he tells is twenty five per cent of his work.

I went to out-patients with Nigel where he taught the stricture patients from last week how to self catheterise. I saw patients including one young boy with a renal calculus, most uncommon in this country. He will need to have an open nephrolithotomy. I also saw a large number of men with retention, urethral discharges, one girl with a vesico vaginal fistula which she had had since March and not having had anything done as yet. One very unwell looking elderly man with a perineal fistula of the urine whom I wanted to do a urethrogram on, because I couldn't pass a catheter but he had no money, so I couldn't let him forego what in fact was necessary treatment.

Christmas came early for him and I gave the equivalent of £10.00. for a urethrogram which incidentally I performed myself. The radiologists there are over stretched to do many of the procedures which are done by other doctors. This man had a short urethral stricture at the bulbar urethra and it will be eminently treatable. Why he is so ill, I am not quite sure, so he was admitted.

In the afternoon we went to the Conference of the ASEA and listened to some lectures on Orthopaedics and Infection and Patrick gave a very excellent dissertation on management of hypospadias.

I have been extremely welcomed by all the members of the ASEA, not only as a urologist, but also my role as a member of counsel at the Royal College of Surgeons of Edinburgh. There is a lot of good will between the new college and the Edinburgh College which needs to be continued to be fostered.

Day 10 Last day, Friday 7<sup>th</sup> December

I am chairing a session at the Conference on Urology. There are three papers from Zambia and one from Malawi.

Dr. Labib tries very hard to do clinical research here under great difficulties, but gave the results for his VVF which looked quite impressive and also a technique of immediate approximation of the membranous urethra in pelvic fractures of which they get a lot in this part of the world, due to road traffic accidents. (Not very good drivers)

We have had an excellent stay in Zambia, very well worthwhile from both our point of view and from theirs I suspect. I have managed to give a cystoscope to the urologist in Mandola who I met at the conference, and also Christopher Samkange who came from Harare. He had great difficulty getting there because it is almost impossible to travel out of Zimbabwe at the moment and I gave him an optical urethrotome. The rest of the equipment including, diathermy, a resectoscope and cystoscope set, optical urethrotome, articulated teaching piece, 100 HIV testing kits, numerous catheters and Lofric catheters and sutures went to the Lusaka UHT.

From our point of view we went out to operate in certainly more difficult circumstances than usual, and necessary exchange of ideas and people is needed between the two continents and all of us want to go back again.

I would like to thank Dr. Labib and the University Teaching Hospital of Lusaka for their great kindness and also to his wife for entertaining me so royally and the wonderful dinners which she provided for all of us over the three weeks.