

Visit to Mnazi Moja Hospital, Zanzibar and Kilimanjaro Christian Medical Centre, Moshi, Tanzania – October 16th to November 11th 2001.

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Having received the Karl Storz Urolink Travel Award earlier this year, I was able to visit the Department of Urology at Mnazi Moja Hospital in Zanzibar, before joining up with the Urolink Party for the Urology Workshop at KCMC in Northern Tanzania.

Mnazi Moja, Zanzibar:

An informal twinning arrangement exists between the Department of Urology in Taunton and that in Zanzibar. This has led to several previous visits, and I follow in the illustrious footsteps of 2 previous Taunton Registrars, Tim Porter and John Probert, in sampling the delights of the 'Spice Island'. Arriving on an extremely crowded ferry from Dar es Salaam, my wife and I were met at the port by Mohamed Jiddawi, the local Consultant Urologist, who used his influence with the immigration officials to expedite our journey through customs.

Having found our feet, the next morning I joined Mohamed in the outpatient department for a Urology/General Surgery clinic. He works with 2 'Senior Registrars' covering Zanzibar for all Urology and General Surgery. The hospital serves a population of 800,000 on the 2 islands of Zanzibar (Unguja) and Pemba, and from this vast sea of pathology came approximately 30 patients for assessment. With no appointment system the clinic runs on a purely first come – first serve basis, and patients are seen by 2 doctors consulting from the same small room, limiting the possibility of privacy for the patients. The majority of urology patients were either catheterised for acute urinary retention, or complaining of common conditions such as testicular swelling, loin pain or haematuria. The catheterised patients had the option of long-term catheterisation or open prostatectomy. However, surgery could only go ahead if patients could

afford to purchase the disposable items required for their surgery, such as cannulae, syringes, sterile gloves and catheters – these were not provided by the hospital.

PICTURE: At work in Zanzibar

Operating lists took place twice a week, and during my 2-week stay I was able to take part in 6 trans-vesical prostatectomies, 3 rigid cystoscopies and a handful of hydroceles and inguinal hernia repairs. To everyone's frustration, operating lists were regularly curtailed by a lack of sterile drapes, particularly if the previous night had been busy with surgical emergencies. We were sometimes forced to carry out open prostatectomies without diathermy, as the single working machine was required in the adjoining theatre. It seems, however, that I was lucky, as for the 2 weeks before I arrived the theatres had run out of bulbs for the overhead lights, causing the cancellation of all non-emergency surgery.

Mnazi Moja hospital offers much to the British trainee, particularly the opportunity to see a considerable amount of open urological surgery. I would, however, recommend a longer stay to really make the most of the visit. The limited resources, particularly in the operating theatres, meant that I didn't see as much as I had hoped in my 2 weeks, and I would suggest 4 weeks as a more useful length of time.

Kilimanjaro Christian Medical Centre, Moshi, Tanzania:

Having squeezed in a quick trip to Ngorongoro Crater, we made our way to Moshi to join the Urolink party for the '4th Biannual J. Lester Eshleman Urology Workshop'. The faculty consisted of Phil Thomas and David Dickerson from the UK, Pieter le Roux from Cape Town, and from Holland, Theo de Reijke and Peter Vijverberg. I was joined by a second British trainee, Debbie Skenerton, from the South-Thames rotation, who had just completed an eventful ascent of Kilimanjaro.

PICTURE: COURSE PARTICIPANTS

The course began with 2 days of teaching on the use of ultrasound in urology. On day 1, we had lectures and practical sessions on ultrasound of the bladder and kidney, followed on day 2 by ultrasound of the prostate and scrotum. As many of the participants were regularly using ultrasound themselves, these sessions appeared to be extremely useful for the local participants. One could not fail to be impressed by the stoicism of the patients who acted as 'guinea-pigs' for these sessions, particularly on the second day where the scans were of a personal nature, to say the least.

By day 2, Phil, David and Pieter were beginning to realise the size of the task that awaited them for the rest of the week. 22 patients with complicated urethral strictures had gathered in Moshi from all corners of Tanzania. The majority of these had undergone previous surgery, either at KCMC or elsewhere, usually in the form of optical urethrotomy or anastamotic urethroplasty. On Tuesday afternoon we gathered together to review the cases for the next day, 3 cases for each surgeon, and one could only speculate as to how far through the list of 22 we would get.

Days 3, 4 and 5 consisted of early morning lectures (on tissue transfer techniques, buccal mucosa etc) followed by all day operating lists in 3 theatres. David Dickerson operated in isolation in the Urology Department Theatre, whilst Pieter Le Roux and Phil Thomas worked next door to each other in general theatres. Most of the local Urologists tended to drift between theatres in order to maximise the number of cases they were able to see. This left me with the opportunity to assist Pieter Le Roux with several cases, including 2 anastamotic urethroplasties, a buccal mucosa graft and an Orandi flap for a lengthy penile stricture. Despite the difficulty of many of the cases, 21 of the 22 cases were completed, with the unfortunate final patient booked in to be operated on the following week.

I enjoyed the course, and in particular the opportunity to meet surgeons from so many countries and hear the tales they had to tell. 7 African countries were represented in Moshi, from Ethiopia in the north, to South Africa. Evenings were spent usually with the entire group at a local

restaurant. The final evening was spent at the Impala Hotel for the workshop dinner – it was clear from the speeches how much the local participants appreciated the hard work of Phil, David and Pieter.

PICTURE: Pieter Le Roux and his audience

CONCLUSION:

It was eye-opening to see the conditions in which the Tanzanian Urologists are forced to work. I was struck by the dedication they show, and the lack of cynicism or bitterness one might expect in such trying circumstances. I returned to England with a heightened appreciation of just how good many aspects of the beleaguered NHS actually are. I would like to thank all the Urologists working at Mnazi Moja and KCMC for their fantastic hospitality, and hope that I will be able to return at some point in the future. My thanks also to Urolink and Karl Storz for the award of the travel fellowship, and Wyeth, Pharmacia and Yamanouchi for their financial support.