UROLINK TRIP TO KURDISTAN CHRISTINE EVANS

Saturday 13th, Sunday 14th May 2002. Damascus, Syria.

Got up at 5.00 to go to the airport to negotiate my 50kg. 7 piece of excess baggage to Kamishli (Syria). Having lost forever the pressurised air at security at Delhi airport I am a bit lighter. Despite 'phoning from Delhi I am not on the passenger list. I get on a standby and go on the first plane (there were 2 more extra flights). I arrive at Kamishli at 9.30.a.m. to be met by a non-English speaking member of the Patriotic Union of Kurdistan (PUK). Two pieces of my luggage were missing including all my clothes and one very large suitcase containing much of the equipment, all my slides and the flow machine. (The only thing UROLINK paid for). We waited for the next flight at 11a.m. but <u>no</u> baggage arrived. The last flight was at 3.00.p.m. but Khaled Sulieman (PUK) decided I should proceed that day to the Syrian/Kurdistan border. The bags could follow tomorrow.

At this point I had no idea what I had let myself in for. I know I was going to Duhok, but not where, or whom to stay with; previous e-mails hadn't been enlightening. The PUK got me a PDK (Patriotic Democratic Party of Kurdistan) visa in Kamishli. The PDK are the other political group in the country, run more of it, are a bit more powerful, and, until recently, were at loggerheads with the PUK.

The drive took one and a half hours, the countryside was lovely; lots of villages, green grass, as it is spring, and funny machines digging holes in the ground in addition to an oil well. The river Tigris then came into view. I went through the Syrian checkpoint, which was a small shack, down to the river where my driver puts my 5 pieces of luggage into a tiny boat with an outboard motor. I followed, having shaken hands with Mr Sulieman, and off I went, across the river, without a clue what was on the other side. As I said I'd had no clothes, only my passport, tickets home, 400 US dollars; 'here goes' I thought!

On the other side I got out and waited. An English-speaking Kurd, working as a translator, came to tell me my transport, which had waited 4 hrs for me, had left. After going yet again through the customs, this time in a bigger building and accompanied by a cup of tea, I'm off in a taxi paid for in \$4.00 Syrian to Duhok. This ride was 80km of hair-raising driving through beautiful mountains at the end of which I was deposited at the PDK building at 5.00.p.m.

It was like coming into Shangri La, lovely country, good buildings, shops, even a supermarket; fortunately no McDonald's! The Kurds get their goods from Quatar, Dubai and Iran and travel in and out through Turkey and the rest of the world via Syria in 4 small boats across one river crossing.

Kurdistan is run by the KDP: they have their own currency, but no credit cards or cheques and have no banks. US dollars are the main method of payment for foreigners.

Professor Fahrad appeared from nowhere. He put me up in a 4 star hotel, which was pretty good but had no plug in the bath, sent his driver out with me to buy a pair of trousers, T-shirt, socks and pants, which cost \$10, then took me out for a meal.

Professor Fahrad is the Dean of the Medical School in Duhok hospital. This has 400 beds and 250 students. I visited the theatres next morning and met Dr. Sharkar the urologist, and checked the equipment. There was a reasonable Olympus resectoscope, but only1 loop was in a usable condition. They do some laparoscopic surgery so already had a video and camera; additionally they had a C arm so percutaneous nephrolithotomy (PNL) looked a viable proposition later in the trip.

I met Bahzad Koye, a Kurdish urologist from Sweden (ex Romford) at lunch and travelled by car, there are no trains in Kurdistan, over beautiful mountains and past villages to the town of Erbil a city of 1 million inhabitants with the oldest citadel in the world, founded in 4000BC. I then met the dean of the Medical School, Professor Hamanajen, a chest physician, and urologist Dr. Pishtewan for dinner.

Tuesday 16th May 2002.

I did a pre-op ward round for the next day's list. The wards were excellent and very clean. I then went to see the Siemans Lithotriptor that was installed but which hadn't been working for 2 months due to the lack of a spark gap replacement. Apparently there is difficulty in obtaining these replacements from the <u>WHO</u> as they can also be used to make nuclear weapons! I gave 2 lectures on the Mainz II sigmoid urinary reservoir and incontinence, which were very well attended, to about 30 doctors including some gynaecologists. I saw the President of the University. I think I am such an unusual species, a British surgeon who has managed to get to Kurdistan, that everyone was pleased to see me. Dr. Fouad Henari of SHEIK (Society of Higher Education in Iraqi Kurdistan) from the UK, who organized my trip and visa, met me in the evening and told me, much to my surprise, that I was the first British doctor who had got into Kurdistan via the boat crossing at the Syrian border. He hadn't told me before, but said he had thought I would make it, to show others it was possible!

Wednesday 17th May 2002.

A very early start with a huge operating list with 20 patients on it. The urologist, Dr. Pishtewan, did the major open cases, the residents, the orchidopexies and varicoceles and I did 6 endoscopic cases. These were two difficult strictures, but as there were no optical urethrotomes I did direct vision dilations using a guide wires and filiform dilators passed under local anaesthetic. The teaching piece I had brought with me was invaluable until I found a video stack unused next door; it had been there for 6 months! I insisted on using the stack and did the last cystoscopy under GA showing everyone the value of video-endoscopy; apparently it had not been used due to medical politics and worries about the WHO. We then went off to see the ancient citadel and tried to buy some post cards; they managed cards of Erbil but without any envelopes. Erbil is definitely not a tourist site. I then returned to an evening clinic, between 6 and 8.30, of seven patients who had come to see me. Bahzad acted as the interpreter. I did 2 cystoscopies and 1 prostatic biopsy in a private hospital which they allowed me to use free of charge to me and the patients. It had been a wonderful day. Everyone works from 8.00.a.m. to 8.00.p.m. here with no alcohol, no drugs, no immorality, no AIDS, their only vice being smoking.

Thursday 18th May 2002



Outdoor Consultation in Koye Hospital, Kurdistan

Off to Koye, 1 hr away, a small town with a hospital which was really Third World. No operating cases arranged. I lectured on prostatic hypertrophy and carcinoma of prostate and saw a few inpatients and out-patients. I found the operating theatre had a dangerous looking ancient diathermy machine.



Very old and dangerous diathermy in use in Koye

There were 4 new diathermy machines from the WHO in the stores there for over a year. I got 2 out of mothballs and found that they were all in working condition but had no active leads; no one knew, or would admit, why they are missing!



New machine in stores, unused

The whole hospital was a shambles and all of the doctors were totally demoralised. I donated them the biopsy gun and needles. We returned to Erbil where I met the assistant Prime Minister KDP Mr Samabdul Rakman, in his palatial office, and discussed with him the problems with equipment, supplies and the problems of emigration of doctors with the English language test leaving Kurdistan. He spoke excellent English and was a delightful urbane man. The President of the University, Professor Barzinji gave me a present of jewellery as a thank you for coming - amazing! I then gave a further lecture to the gynaecologists on urological complications before dinner with the Minister of Health, the Dean and many of the doctors at the hotel.

Friday 19th May 2002.

An operating list took place despite this being the theatre staff day of rest. I did a high VVF repair, by an abdominal approach, a retropubic prostatectomy, which they made me do despite their obvious ability in this operation, and insertion of JJ stent without x-ray guidance.



Operating on vesico-vaginal fistula in Erbil

After lunch we travelled into the PUK area. Again the countryside was beautiful with high mountains and a picturesque dam, where hundreds of people were taking their day off picnicking in the sun; donkey rides, boating, dancing and ice cream were all available!

Met in Sulaimani by 3 urologists, visited 3 hospitals and 3 theatres from 7 to 10 p.m. and saw patients for the next two days operating. There was unbelieveable pathology, especially stones, bladder tumour, awful strictures and epispadias. Crashed into bed, exhausted, at 11.00.p.m.

Saturday 20th May 2002.

A normal working day here! It started with a ward round, then at 10.30.a.m. we operated on a recurrent low VVF (the 3rd operation) showed them how to do Martias graft, then I lectured to the 4^{th} year medical students on the prostate. The medical school has about 60 students in each year. We then went back to the second hospital to do a right rip and pluck nephro-ureterectomy. The resectoscope was all wrong and needed different components such as an irrigating sheath. We, at least the hospital manager and one of the general surgeons (Dr. Kalandar), finally managed to get the lithoclast together working with compressed CO₂.

Another evening dining at the house of one of the surgeons with massive amount of food being eaten at about 10.30.p.m.

Sunday 21st May 2002.

Today I did a total cysto-prostatectomy and Mainz 11 uretero-sigmoidostomy in the small Shorish hospital. There was an excellent anaesthetist for the cystectomy who reduced my blood loss to less than 1 L blood due to good hypotension. The operation was on a 40 year old farmer with a T 3-4 TCC bladder although I thought the lymph nodes may have been involved. I then gave a lecture, on impotence, which was packed with doctors and students. Dr. Bahzad Koye and his brother Hiwa, an ophthalmologist trained in Sweden, gave out questionnaires, to the medical students, to see whether they intended to leave Kurdistan after graduating, and if so where to and why. Unfortunately, most of them want to leave.

In the afternoon I carried out a difficult TURP, with a German Stolle resectoscope, and a did a successful retrograde using the C arm of a new x-ray machine in theatre for the <u>first</u> time! The ancient, male, radiographer was ecstatic. We then had a lovely last night, dinner being taken with a collection of surgeons and a psychiatrist.

Monday 22nd May 2002.

Up at 6.30.a.m. to drive for 6 hrs from Sulaimani to Duhok. Did an afternoon ward round with Dr. Sharkar one of the two urologists in the University Teaching Hospital. This was a good hospital with better bed spacing and privacy, but much more difficult working conditions. Two urologists for 800,000! Most of the problems were stone related, but there are <u>no</u> JJ stents and they have not had any for months. Many of the patients go to Mosul, in Iraq one hour away, for treatment privately, even Ithough they are very poor. The two urologists have only 8 hours operating a week to treat the patients; there were 5 general surgeons who didn't seem to be any better off.

Tuesday 23rd May 2002.

Endoscopic list and supposedly PCNL. Took an hour to sort out the equipment, and much to my surprise, found that the optical urethrotome worked! The C arm also worked, but his was operated by a radiographer who wouldn't keep his foot on the pedal. Apparently, he is afraid of the x-rays/radiation; I suspect he smokes 40 cigarettes a day! Once we got the C-arm working I found the table wasn't radiolucent so the two PCNLs were, unfortunately, cancelled. We then found a bladder stone to use the lithoclast on and, wonder of wonders, I found out that there was piped compressed air, so we used the lithoclast successfully on the bladder stone evacuating the fragments with the Ellick evacuator I had brought with me. This proved that we didn't always need

the compressed air cylinders we left the UK with and which had been 'lost' in transit, probably still with security in Delhi airport, and it was worth dragging the lithoclast half way around the world. Everything was seen by all on the video camera. Eureka!

The nurses here are paid abysmally, about \$25 a month, not enough to pay the rent, so when they finish in the government hospital they do extra jobs. They command little respect yet the theatre sister here was excellent; she was the only one who knew how the resectoscope worked.

In the evening I had dinner with the Dean and met the President of the University, an engineer, and the head of surgery in the hospital and explained to them their urology was 25 years behind the first world.

Wednesday 23rd May 2002.

Well it was a big one! I asked Dr. Sharkar afterwards why we had wanted me to do the right radical nephrectomy but he just smiled enigmatically and said he wanted to see how I did it! We did a thoraco-abdominal incision due to the size of tumour, a melon of approximately 3Kg weight. Blood loss was about 750mls. I then gave a lecture on stone disease and recommended the very good article in BJ Urol Int Supplement on the Developing World by Rivzi et al. on Management of stone disease. Stone disease is still a huge problem in Kurdistan partly due to dehydration, infection and partly dietary. They all drink tea till it comes out of their ears, but there isn't a decent cup of Nescafe to be had anywhere!

In the afternoon Barhad Koye and his brother Kiwa left to go back to their family in Erbil. This was my last afternoon shopping with Khalid, the driver, in the bar. My tooth was giving me gip after I had broken the filling 4 days ago; I went to a dentist 2 days ago to have it trimmed but it just got worse so I decided to plug the gap with chewing gum.

Last final dinner. I haven't paid for anything, the hospitality has been amazing.

Thursday 24th May 2002.

I gave the flow rate machine to Professor Farhad; unfortunately the printer was on the blink so I will get it replaced and send it back later next month with Dr. Fouad Henari. I visited the postnephrectomy patient, who was looking very well, and all of the other post-operative patients from last 2 days. I said goodbye to everyone but promise I will be back next year after I retire. We drove back to the Tigris then took the boat taxi to Kamishli. This was followed by an argument with Syrian Airlines about the weight of my baggage so I'm forced to leave one empty suitcase behind with the taxi driver. Off to Damascus next day, then Dubai and home.

Post script

This was a truly wonderful trip. The Iraqi Kurds are wonderfully courteous and hospitable; I only paid for my laundry in the ten days I was there. The medicine is a mix between 2nd and 3rd world. There were good clean hospitals, good teaching (all in English) good standards in theatre, but a sorry lack of equipment. Poverty but <u>no</u> squalor.

I left in Erbil. Storz telescope and stone punch (they need full Storz TURP set)

Salaimi Teaching aid and ureteroscope.

Duhok Flow machine (when replaced) complete Olympus Resectoscope and PNL set.

Loads of catheters and sutures all over.

<u>Costs</u>

Airfare, I managed to incorporate it into my FRCS Ed examiners trip to Delhi by going economy rather than business class.

Excess baggage about \$500.00. Will be paid for by SHEIK. Hotel in Kamishli and Damascus x 2 \$100. Taxi \$60.

<u>My thanks to</u> Bazhad Koye for being with me and interpreting and helping out with the surgery, his brother Kiwa for just being there. Professor Farhad (Duhok), Professor Hamajen (Erbil), Deans of Medicine, urologists Dr. Sharkar (Duhok) Dr, Pishtewan (Erbil) Drs. Aso, Ismall and Zare (Sulamaini). To Fouad Henari (SHEIK) for organizing the PUK visa etc, and to the wonderful people of Kurdistan.

Christine Evans May 2002