

## **Report on a Visit to Aberdeen Clinic & Fistula Centre Freetown, Sierra Leone, Nov 2005**

### **Introduction**

Sierra Leone is a small country in West Africa with a population of 5.3 million & an area of 28,000 square miles (about the same size & population as Scotland). The average life expectancy for a man is 39 years. The average income is \$200 per annum. The corresponding figures for the UK are 76 years & \$34,000. In Western Europe the risk of a women dying during pregnancy or childbirth is 1:35,000. In West Africa the risk is 1:12

Sierra Leone is a former British colony that gained independence in 1961. The country was ravaged by a ten year civil war that ended with a UN brokered cease-fire in 2002.

Freetown (pop 1 million) is the capital of Sierra Leone. Aberdeen is a western suburb of Freetown. The Aberdeen Clinic & Fistula Centre (ACFC) is a specialist fistula hospital & paediatric clinic. The hospital treats women with vesico-vaginal fistulae (VVF). This is a condition brought about through inadequate obstetric care, resulting in an abnormal connection between the bladder and the vagina. VVF sufferers persistently leak urine and are often shunned by their communities.

The hospital was built in 2004 funded by Mercy Ships International, a Christian medical charity, and AOG a Geneva based charity funded through the oil industry. The hospital is run by Mercy Ships with 2 US surgeons performing most of the surgery with local nursing and theatre staff. Visiting fistula experts regularly attend and the centre was developed with advice from the long established fistula hospital in Addis Ababa, Ethiopia.

### **Hospital & Staff**

The ACFC has approx 90 beds in 3 wards.

There is one operating room with 2 operating tables, permitting simultaneous operating. There is a small pathology lab with a technician & microscope for basic blood analysis. There is a clinic area which runs a daily general paediatric clinic. There is a small examination room with a portable ultrasound machine. There are no x-ray facilities. There is an onsite laundry & kitchen, providing food for all patients and staff.

The current surgeons at ACFC are Dr Josette Hunter & Dr Jerry Putnam, both US gynaecologists. They are volunteers working for Mercy Ships and have committed themselves to ACFC for a minimum of 2 years. The Director of Nursing is Marianne Lako, a Dutch woman with long experience of nursing within Mercy Ships. Local nurses have been employed & trained. Local theatre staff are employed and local anaesthetic nurses are used.



## **Philosophy**

Mercy Ships is a Christian medical charity & the ACFC is run as a Christian Institution. This means that the faith of the staff has an important role in the running of the centre. There is no faith discrimination in terms of patient selection, but patients are encouraged to learn about Christianity during their hospital stay and there is a daily Christian worship ceremony to start the day.

Many of the women suffering from VVF are emotionally traumatised and socially isolated. They will usually have suffered a stillbirth and the subsequent stigma of a fistula and loss of a child. Usually these are girls sold into marriage at a young age who become pregnant before their bodies are physically developed enough to give birth. Typically these women suffer for 7 years before getting treatment.

An important part of the care given to these patients is emotional support and education. They are taught basic literacy and craft skills. The staff work hard to engender self-respect in the patients & successful surgery is marked by a "Dress Ceremony" in which the newly dry patient is given a new dress to symbolise her new start.

## **The Surgery**

Nearly all surgery is performed under a spinal anaesthetic given by a nurse. Virtually all repairs are performed via a vaginal approach, including some ureteric re-implantations. Difficult cases requiring general anaesthesia or an abdominal approach are postponed until a visiting anaesthetist comes, often in conjunction with a visiting surgeon. Theatre lighting is poor with an unreliable electricity supply. Patients return to the ward with catheters draining into open buckets to save on catheter bags.



### **Personal Impressions**

I gained immense benefit from this visit. I learnt much about a condition that is rare in the UK, but common in Africa. I began to understand some of the issues surrounding healthcare in Africa. I learnt new surgical techniques and how to improvise and manage in a less than ideal environment. I saw the success of a holistic approach to patient care.

On a personal level I made new friends, and was deeply impressed by the warmth of the people of Sierra Leone who live in great poverty and uncertainty.



I would recommend a visit to other urology trainees and hope to return myself.

Please contact me with any questions.

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