

UROLINK report for Kurdistan 26 April to 13 May 2004

Travelled by Turkish Airlines to Diyarbakir, Southern Turkey via Istanbul. Very helpful about excess baggage only paid 100 pounds which SHEIK will pay as the equipment is for Kurdistan. Southern Turkey full of soldiers, the Syrian border manned with watchtowers their side only, seems a poor country but the hotel \$100, wicked.

The taxi arranged by PDK took me over the border into Kurdistan through all customs at breakneck speed, less than an hour, as I was 'a doctore' what a cheat felt sorry for the others waiting for ever but I did nothing to stop him. Went to Duhok; met Prof Farhad for lunch then on to Erbil. The roadblocks became a bit difficult the closer we go:, don't blame them there was a suicide bomber, huge number of deaths including the deputy Prime Minister, in February.

Erbil 27 April

Lovely to meet the Dean, Professor Jaff and the urologist Dr Pistewen after 2 years. Now 6 urologists, they have got their freedom from the general surgeons, now a separate department 60 beds and 3 daily operating theatres all for themselves for 5 days a week and a working ESWL and CT scanner; the former was on the blink last time I was there.

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They appear to be doing good teaching for endoscopy as they have a teaching video stack but they still do cystoscopies in males under no GA with a rigid scope, cruel. They need a flexible scope, to set up a one-step haematuria clinic [therefore, a portable or use of an ultrasound]. It would be useful to send one of them to train in paediatric urology [no paediatric surgeon of any kind in Kurdistan] and another to train in laparoscopy. To do percutaneous nephrolithotomy would also be useful but there is no C-arm in theatre at present, so all JJ stents and baskets done blind. I have left them an Olympus 10F ureteroscope from Glan Clwyd which is working pretty well.

Operations done

Reimplantation of ureter for post hysterectomy ligation 3 weeks prior.

Lue Procedure [plaque incision and vein grafting] for very marked ventral curve Peyronies.

Urethrotomy difficult, succeeded

TUR bladder tumour large papillary mostly cleared and checked their resectoscope working satisfactorily

Suprarenal tumour assisted Dr P on this private US Kurd, he was fat

Dr Pishtewan did a lithoclast on a bladder stone in a twelve year old boy and we checked the equipment was working after its journey from the UK

On my birthday they gave me a cake and sang to me, wonderful. The Minister of Health, Dr Jamil, whom I met for dinner, like last time, was most helpful and works hard for the urologists, he gave an amazing large picture in relief of a landscape with a mountain. Really kind. Then I set off to Sulaimani on May 1st past the beautiful river of Dukan to be met in the hotel that evening by their urologists also now also numbering 6.

Sulaimani

I went to the Chwarbakh hospital early next morning met Dr Jamil the manager who is a urologist, this hospital is for urology only it is small, cramped but recently painted and is less chaotic than I remember 2 years ago. The theatres are clean and fairly spacious. I checked over the equipment. No teaching stack, no teaching aid I left one last time and now damaged by being autoclaved. The ureteroscope I left last time also unused they also have 2 others from WHO so I took mine back. The resectoscope Scholle [a WHO throw out] German and obsolete, has 1 loop so the urologists are terrified to use it., in case it breaks during a procedure. They have tried to replace it, no joy, looks like a Storz single prong to me.

Afterwards a ward round with all the staff, 8 in all including trainees. Very interesting cases including a 2-day old baby with exstrophy. There was one patient who had had a nephrectomy unwisely, I thought, for hypertension thereby reducing his renal function dramatically, there are no isotopes scans in the whole of Iraq [although there were 15 years ago]

so it is difficult to determine individual renal function. We sorted out the lists for the next 3 days. I did a prostate biopsy with the biopsy gun I brought, and will leave with them, and then resected a large papillary tumour of bladder which I checked the scope all working well including diathermy, light a bit poor.

I stayed at the Ashti hotel as the main Sulaimani Palace [a posher place] is full of Americans and there are bollards and all sorts outside to prevent terrorists driving in. The best thing about this place, apart from the people and the countryside, is the Internet café, two blocks down the road: they get quicker service than in my village in North Wales which does not have broadband [yet].

I gave a lecture to the urologists on urinary diversion, saw an amazing number of patients and did a bit of operating: see list. I also gave a lecture to the whole medical fraternity on 'Urology Update in Kurdistan' and managed to see the Minister of Health briefly, but saw his deputy Dr Kalanda and the Dean, Dr Ali, and made a plea that there was no teaching in endoscopic urology, the trainees were standing around in theatre bored to death as there is no teaching stack, also made a plea for a new set of endoscopes, a flow machine and for some outside training especially in paediatrics and endoscopy. At present, 30% of urology is still done by general surgeons, partly because of the lucrative private practice and partly because the urologist are separated, and the main casualty is at the teaching hospital so the surgeons see most of the emergencies. The one case which I hoped to see was a young unmarried man, a teacher, who

had lost his penis completely, bitten off by a donkey, he didn't manage to get to see me but I believe he is getting help to go overseas. I have advised him to have his phalloplasty done by George Hage in Amsterdam.

Operations done this week;

Colposuspension x 1

Membranous urethroplasty x 1

TURP x1, TURBT x 1

Stone in bladder diverticulum using the Lithoclast

Cystoscopy + biopsy etc x 4

Watched in between cases Dr Ishmaeel do an excellent repair on the bladder exstrophy and also hypospadias repair and a bilateral orchidopexy.

There was a great deal of good surgery and enthusiasm from all the urologists especially Dr Aso and Dr Ishmaeel: they really have not progressed in endourology since I was last there, but I am hopeful my visit will have moved things on.

Set off early to Erbil at 6 am to go to the Second Medical Conference which has been arranged by Dr Jamil in the Ministry of Health, in an excellent conference venue. I gave a lecture on 'Surgery in Developing Countries'. I think I am beginning to know something by now ... There were numerous good papers on all topics from the whole of Iraq (doctors

had traveled from as far as Basra and Baghdad). The paper that caused the most discussion was about mesh hernia repairs and I caused a bit of a rumble by telling an American doctor from Tennessee that, thanks to his and my leaders, we Americans and Brits were now very limited in our travel and most unwelcome in the Near and Middle East.

Then a half day trip to the country to a green place in the Erbil landscape called Shaqlar full of shops and ice cream outlets run by Muslims, and liquor shops run by Christians. I left for Duhok on the 7 May.

Duhok

I spent Saturday 8 May looking at the equipment in order to do a PCNL [percutaneous nephrolithotomy]. The C-arm new and excellent, the table awful and not X-ray suitable, as was the case at the last visit, but there was enough vision to get to the kidney percutaneously. Also checked the resectoscope: they have a Scholle as well, and some spare loops, so asked and got one for Sulaimani, also a Storz scope both working except the Scholle went up in smoke when I used it next day!! Then did a ward round - large number of interesting cases including 2 suitable cases for PCNL. As usual, excellent lunch, I like this mid-afternoon break and rest. Staying at the Sulav hotel comfortable but absolutely no alcohol.

The following day was successful in doing a PCNL, a 'Eureka' moment we got the staghorn out completely leaving a small calyceal stone for ESWL. This is certainly the first done in Kurdistan and maybe in the whole of Iraq.

Operations done:

PCNL x 2 In the second I got into kidney but vision poor due to bleeding, we need better needles and a decent Amplatz sheath which I will arrange, everything was a bit “Heath Robinson” and a decent operating table is essential, if we are to continue.

Ureteroscope failed [no ureteric dilators, sheath 10F]

Rectus fascial sling

Repair VVF [vesico vaginal fistula] 4th go - operated from above, a bit of nightmare to get into the pelvis but managed with excellent assistants, Dr Mowfak and Dr Sharkir.

Right Vasovasostomy on oligozoospermic man who had bilateral hernia repair aged 3 years. Vas completely occluded by repair suture: operation done with magnification loupes.

TUR bladder tumour

TUR bladder neck [scope blew up]

Cystoscopy, removal of, insertion of JJ stent, retrograde x 4

The Lithoclast was successfully used for the PCNL, using piped compressed air. The lithoclast was left in Duhok on the clear understanding that it was shared between the 3 medical schools organised by Dr Jamil in Erbil.

The President of the University, Dr Asmat, met me, I stressed the need for a new operating table, more endourology training and I will find some courses in the UK for both a senior and a trainee. The most needed thing in Duhok is more operating time. Now there are 2 half day lists per week a maximum of 8 cases, which is ridiculous. When can endoscopy be done e.g. for haematuria, strictures etc? A separate, all-morning, GA list is needed at least. I am pleased to see that endoscopy in both Duhok and Sulaimani with rigid scope is under GA. The standard and speed of anaesthesia was very good throughout.

I gave a lecture on Urology Update again, stressing most of these needs to, amongst others, Prof Farhad, Dean of the medical school.

I left to go to the border Wednesday afternoon driven by Khaled, Prof Farhad's driver: he still remembers Hamlet is something to do with Shakespeare. I changed to another taxi the Kurdish side of the border and then came up against a most unpleasant couple of Turkish soldiers. They opened all my cases, scattered papers, dirty laundry, looked through my photos on camera including an erector test on a Peyronie's disease: all this I could take but not the leering and jeering. When I told one of them I was old enough to be his grandmother he told me to 'piss off' so I called him a bastard and left. The driver kindly repacked the strewn luggage. I shall not go that way again. Hopefully there will be a flight to Erbil when I return Autumn 2005.

Costs

Flight from Heathrow to Diyarbakir via Istanbul £425. paid for by Urolink

Excess baggage Heathrow Turkish Airlines 37Kg overweight, £100 very reasonable, Istanbul £50 to be paid for by SHEIK [Society for Higher Education in Iraqi Kurdistan]

All hotels and hospitality [including laundry] very kindly given by the medical schools; Erbil, Duhok and Sulaimani, likewise transport within the country.

Taxi from Diyarbakir to Kurdish side of the border plus negotiating the border \$150 also paid by me again on return.

Taxi Border to Duhok \$10; Duhok to Erbil \$40. I gave him \$10 extra for negotiating roadblocks - I don't think he enjoyed the journey!

Hotel Diyarbkir x 2; total £130

Thanks

To all the doctors I met in Kurdistan, especially Dr Jamil the Minister of Health, Prof Jaff, Dr Pishtewen, Dr Mohammed, and 'Green Eyes' in Erbil. Dr Ishmaeel, Dr Aso. Dr Jamil and Prof Ali and Dr Kalanda in Sulaimani, Prof Farhad, Dr Shakir, Dr Mowfak, Dr Asmat in Duhok.

Special mention must go to the registrars who ferried me, took me sightseeing, found me internet cafes and generally made my life comfortable - Dr Abbas in Erbil, the two urology registrars in Sulaimani, and Dr Mohammed in Duhok

Also, the donation of £1,500 from American Medical Services which helped towards the cost of the Lithoclast, which I left in the country. The rest was paid for by Urolink who also paid for the biopty gun left in Sulaimani.

Finally, to the wonderful people of Kurdistan, hopefully their lives will now improve. I look forward to returning.

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