

## **Report from KeyMed representative on visit to Mnazi Moja Hospital, Zanzibar, January 2004**

**Mac MacIvor**

Sunday set-up. No problem. Due to time constraints, the UES-30 had to travel with me, as we were too late for air freight. Despite my packaging being lighter than normal - well padded soft bag - the unit was functional upon arrival in Zanzibar, despite incurring a slight dent in the rear casing.

Prior to Ru MacDonagh (Urologist) arriving from the UK, Mohammed Jiddawi, local surgeon, took me to the hospital, to recce their existing kit. Unfortunately, the very old existing camera, which Mohammed had intended to utilise for the medical training, was swiftly condemned by me, as unusable (irreparable camera cable fault). Fortunately, and unbeknown to Mohammed and myself at this time, Ru had, in his possession, a Stryker single chip camera, which his hospital had donated.

Having inspected the hospital's own kit, inclusive of Wolf telescopes, in poor condition, and having advised as to suitability, or otherwise of various diathermy units/instrumentation, Mohammed and I retired to await Ru's arrival.

Upon arrival, all kit was unpacked, inclusive of the telescopes etc, provided by KeyMed. We then satisfied ourselves that we had a complete working system.

Monday AM we arrived at the hospital to set up the kit. Some teething problems with the Stryker camera, consistent with an underlying cable fault, which I suspect will result in the not-too-distant failure of this unit. However, the unit did function during the list, which is the most important factor.

Regarding the UES unit, training was carried out for Mohammed, and one or two of his key personnel. They all appeared happy with the kit operation. Justification for my attendance was verified on several fronts. Aside from the obvious UES education, there were a number of small, usually insignificant points, which would have wiped out the whole visit for Ru, such as light guide adaptors. Ru was unfamiliar with the mechanical compatibilities, and but for my attendance on this point, or A N Other, he conceded that the whole trip would have been a failure.

The main type of procedure carried out was Trans Urethral Incision of the Prostate. The main comedy moment of the otherwise very business-like day was when Mohammed announced to Ru, the identity of his first patient, approximately half an hour prior to the procedure. He was the local Khazi. Spelling may be incorrect, but I do remember the term from the movie, Carry On Up The Khyber. Apparently he is the Muslim clerical leader. The look on Ru's face, when he realised that he could not make a mistake with this one, was indeed a missed photo opportunity.

In short, and up until the point at which I departed on Tuesday, the visit was a complete success and

It would be easy to conclude this letter, factually, as is. However, and as one who, presumably along with others, may have had a perspective which subconsciously challenged the motivation behind KeyMed supporting this type of charitable work, I feel that is important to state first hand my emotional perspective, having visited this type of massively deprived environment.

In short, the feelgood factor is fantastic. Not from the 'colonial Brits abroad, handing baubles to the natives type mentality', but truly from doing something that actually makes a difference. One diathermy unit, a few resectoscopes and accessories, and life changing operations to real people. A bit of knowledge, both clinical and technical, and it really makes a difference. Sounds a bit soppy, I know. But it does need to be said. Mentally draining trip, but immensely rewarding.