UROLINK REPORT ON ZAMBIA / KENYA – NOVEMBER 2008

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Pre-amble:

My links with UROLINK date back to 2005, when I first met Ru MacDonagh, who has been a role model in every manner. Having been born in Kenya where I trained as a doctor and surgeon, I relocated to the UK to train in my chosen field – urology. As a British citizen of Kenyan birth and Indian ancestry, I have often been called a 'true child of the British empire' by my friends! UROLINK has provided me an ideal opportunity to maintain and strengthen links between my past and present, and has reinforced my vision for the future – that of building bridges within the world of urology and to contribute to this great specialty in all aspects.

I first met Christine Evans (CE) in Harrogate in 2007 for my MRCS Clinical Finals when she examined (and passed) me! The next time I met her in person was on leap day 2008 during my graduation drinks ceremony in Edinburgh, where I went and introduced myself to her, and told her of my interest in UROLINK.

'Africa or Kurdistan?' was the question she popped, as to where I would like to go. Coming from Africa, I chose Kurdistan, much to my wife's disbelief of wishing to go to Iraq! I left it to CE to decide where she felt I would be of more help. And much to my wife's relief, CE asked me to join her to Zambia in November 2008. (Would still love to go to Kurdistan though!)

Meanwhile, my involvement with UROLINK increased. I then met some other members of UROLINK, and was amazed at how each one of them was a role model too, like Ru and CE. From John McGrath to David Cranston, who I met during my registrar interviews, to Phil Thomas, with who I helped piece together (or tried to) an information pack for his urethroplasty workshop in Mombasa in October 2008. I was awarded the UROLINK travel award of £1000 towards the cost of my Zambia trip, for which I am most grateful to the committee. As the flight was passing through Kenya, I spent a week in Nairobi on my return where I forged more links. Before I left, I made a list of aims and objectives for my visit.

Lusaka is the capital city of Zambia, which is a land-locked country in Southern Africa.

This was going to be a historic visit, as sadly for UROLINK, Africa and me, my first UROLINK trip was going to be Christine's last UROLINK trip to Africa. I would like to dedicate this report to her.

Aims and Objectives:

To establish and continue links between UROLINK and Africa, in particular Zambia.
To identify areas of need where UROLINK could possibly support promoting urology service and education.
To teach students and junior doctors.
To learn and train in open urological procedures.
To make more friends.

Week 1, University Teaching Hospital, Lusaka, Zambia

Day 1:

Christine and I flew out from London Heathrow via Nairobi and arrived in Lusaka on Monday 3rd November 2008. Kenya Airways were very good, but seemed to want to give CE a special seat on the wing, as her ticketed seat number was 19H, whereas the last alphabet for a window seat was G! After the visa formalities, my luggage was almost picked by a stranger. Thankfully, the security officers at the exit were checking everyone's luggage identification stickers with the tickets, probably due to previous experiences! We were met by Mohamed Labib, Professor and Head of Urology, UTH Lusaka, together with his son Ahmed. Mohamed is also the current Chairman of Urology section of the College of Surgeons of East, Central and Southern Africa (COSECSA). An extremely humble, gentle and affable person, Mohamed and his equally hospitable wife Mona and son Ahmed instantly made us feel very much at home. CE was right in her previous reports to say that Mona's cooking is unparalleled!

Prof Mohamed Labib, UTH, Lusaka

The weather was great: bright sunshine, quite hot, with temperatures of 28 - 30°C. After a hearty lunch with the Labibs and CE, I checked in at the Longacre Lodge, a fairly basic but comfortable accommodation.

Day 2:

Tues 4th November 2008. First day at UTH Lusaka. Huge hospital spread over a large campus. Pleased to see a separate Urology ward and department, that too in Africa. Ward conditions can be a lot better, though CE tells me there is an improvement, with new curtains. Fairly clean wards. Met the local Urology team: Dr John Kachimba, a young enthusiastic consultant who is also head of the surgery division for the hospital, their three urology trainees, Victor, Michael and Sam, and the ward staff with nurse Felix standing out.

We went round with CE, Mohamed and the team, and made a list of operations for the next 3 days. The male and female urology wards are different. Each side have about 15 – 20 patients. Children are nursed in the female ward. The age range was 13 to 70 years, majority of patients being between 30 and 50 years old. There was a wide variety of diagnoses: bladder cancer (younger patients), advanced prostate cancer, hydronephrosis, BPH with retention, bladder stones, urethral stricture, and vesico-vaginal and rectovaginal fistula, etc.

CE and I then went to a busy out-patient clinic where again we saw a wide variety of cases. It was interesting to note how we take so much for granted here back home. A lot of men we saw clearly had locally advanced prostate cancer on DRE. PSA testing is not readily available, except privately where it costs up to £30 - £50, way above what a lot of these patients can afford. Local or distant staging is a distant dream. I quickly realised that urology in this part of the world is more about life, and less about quality of life, which was quite sad. I was however pleasantly surprised to see at least 2 men with erectile dysfunction, as this is something that is often ignored by both patients and health-care providers in this part of the world. All we could do other than counsel was scribble a private prescription. Interesting to note as more men are now seeking help in an area considered taboo in this part of the world.

At lunch time, CE and I conducted a mock viva practice session for candidates sitting the regional equivalent of MRCS, known as MCOSECSA. I shan't give any further details other than a comment from CE while she used live surface anatomy on a blessed soul: 'That's a fine piece of leg!' If only the nervous candidate would stop poking about my femoral triangle while trying to answer! Overall, a good viva session.

Christine teaching MMed Surgery students sitting for the regional college examinations (MCS-COSECSA)

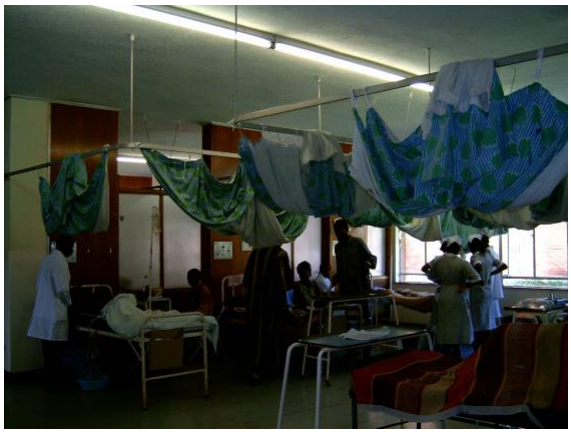
Day 3:

Wednesday 5th Nov 2008. Morning started on a high note with news of Barrack Obama trouncing the US presidential elections. Operating theatres started late, as only one theatre nurse. Extremely hot in theatres. Lists only run half days, as no staff in the afternoon. Labib showed me their endourology Olympus tower, which is unfortunately locked in a room, and seldom used due to lack of trained theatre staff to look after the equipment.

Assisted in a radical cystectomy and Mainz II pouch formation, which Christine showed. Fancy operation. Also assisted in a transvesical Freyer's open prostatectomy. Reminded me of my Nairobi days.

Further mock viva practice, surface anatomy thankfully confined to the triangles of the neck today! I also conducted a few more sessions.

Day 4:
Thursday 6th Nov 2008. More operating. Refashioned a proper double-barrelled colostomy for a young unfortunate girl with a double VVF and RVF. We decided to take her to Monze where Dr Michael Breen, an Irish gynaecologist, performs lots of good fistula repairs. More about Michael in the Monze part of the report. Unfortunately, her 'colostomy' was initially made using caecum, and she was passing stool thru' the RVF. We corrected this. No stoma nurses or stoma bags, she had been using a piece of cloth around her tummy to cover her previous stoma, so I improvised a used IV fluid bag into a stoma bag with adhesive tape. Lots of empty IV fluid bags. She was pleased. I also performed a Mathieus repair for penile hypospadias with John Kachimba. More viva practice today.



Male urology ward, UTH Lusaka.

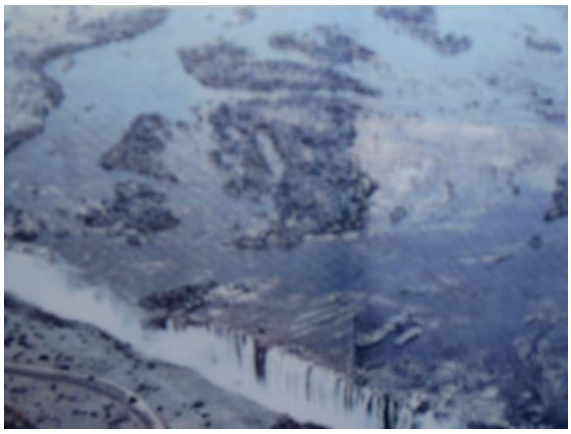
Day 5
Friday 7th Nov 2008. Last day in UTH for me. Performed another transvesical prostatectomy, also performed an open nephrostomy in a man with bilateral hydronephrosis. I also assisted in an open cystolithotomy. Great fun.

Final day of viva practice. Met the dean of medical school briefly with CE. Took a bus in the evening to see Victoria Falls at Livingstone. Good roads mostly, no speed limit though! A retired magistrate seated next to me. CE stayed on in Lusaka, and we agreed to meet on Sunday in Monze, where we arranged to take 4 cases to operate on (2 fistulas, 1 open prostate, 1 stricture). Christine and I paid for their transport to Monze.

Day 6
Sat 8th Nov 2008. Nice reasonable hotel in Livingstone, good friendly staff. I cycled 10 miles from Livingstone through Victoria Falls National park to the Falls. Very hot and dry. Stopped along the banks of the Zambezi, saw some elephant droppings, thankfully not too fresh. The Falls at this time of the year can be a bit disappointing, as the Zambian half is dry, with only the cliff face. Impressiveformation and height over the gorge though, and the Zimbabwean side still very impressive. Told the Zambians are diverting their side of the water upstream to generate electricity which they sell to neighbouring countries. Fair enough. Bought a souvenir of 1000 billion Zimbabwean dollar bill from a desperate Zimbabwean for one US dollar! Poor man hadn't eaten for a few days, so gave him my lunch and 3 US dollars. Just as well about lunch as then went over the bridge on no-man's land, with an adrenaline gush at the Vic Falls bungi! No, my brains didn't get mashed, my eyes didn't pop, my retinas didn't detach, and my ankles didn't dislocate. Preferred the gorge swing to the bungi though. And Christine told me if she was younger, she would have done it too!

Day 7
Sun 9th Nov 2008. David Livingstone's description of Vic Falls that 'angels must have stopped in mid-flight to gaze at this marvel' could not be more apt, as I went on a microlight flight (with a pilot) over

and around the falls. This was possibly one of the most memorable moments of my life, a view and feeling so awesome. Bonus viewing of elephant, crocodile, buffalo and other game from the air.



Angel's eye view of Vic Falls from the microlight. Vic falls gorge swing below.

Made my way to Monze by bus. Met by Michael Breen, a pleasant, truly inspiring Irish gynaecologist who has dedicated his life treating the poor in this amazing place, Monze Mission Hospital. Also met a retired British surgeon from Southampton, Michael Thompson and his wife Judy, a very nice couple who have recently come to help out in Monze.

The evening was one I will never forget. I was having a light snooze when Michael arrived and asked me to join him to review a 12-year old lad who had fallen off a moving vehicle, although the initial history given was that he fell off a tree. He had a head injury with a bruise on his left temporal area, very drowsy but irritable, GCS of 9/15, and an obviously dilated and unequal left pupil. Plain xray confirmed a linear fracture, but his signs were worrying. UTH Lusaka which has the only CT scanner in the whole country was at least 4 hours away, and even then there was no guarantee of a getting a scan. After speaking to his family, we decided to take him for emergency burr holes, which yielded both an extra- and a sub-dural haematoma. We lifted a bone flap, thanks to the one old Gigli saw, and to my neurosurgical rotation in Kenya. We evacuated the clots, and hitched his dura to periosteum. The brain was pulsating which was a good sign. He survived the operation and we were hopeful, but post-operatively, he developed ventilatory problems and succumbed. The 'ICU' in Monze is a 6 bed-ward with only a pulse-oximeter and one oxygen cylinder with a mask. One nurse. No water. No ventilator. That night, I heard the wails of Monze for the first time, though I had read about them (some site on Google), and I couldn't sleep. Little did I know that I would hear these wails for the next few days. I asked myself what we could have done differently. In the end, I thought not much else given the dire circumstances. Without surgery, he would die. With surgery, there was at least some hope. Unfortunately, hope failed us that night.

By then, Christine who had slept through her scheduled bus stop only to realise she had passed some 100km, found her way back to Monze in a rickety old taxi.

Week 2 – Monze Mission Hospital, Monze, Zambia

Day 8:

Monday 10 Nov 2008. Michael starts his day early, irrespective of the previous nights work. An amazing chap. Every morning, goes to church from 6.30am. By 7.30am, he is in the wards, where his eager team of trainee clinical officers and nurses are awaiting, ready to present patients. Antenatal, postnatal and gynaecology wards. I was most impressed with the clinical knowledge of these young individuals, although not surprised as they have an excellent teacher who fires questions during the rounds. 'What are the 5 P's of pre-eclampsia?' and so on! By 8am , we went into a small room where Michael did 10 obstetric ultrasound scans in 15 minutes, scribbling a report and plan for a queue of women. By 8.15, he is in either theatre or clinic.

Michael Breen showing student clinical officers and nurses on an improvised innovation to control post-partum haemorrhage, a real killer in Africa – a simple balloon attached to a Foley's catheter!

We had 2 cases today, a patient with a ureterovaginal fistula. I assisted CE who performed a Boari flap. I then assisted Michael in my first ever VVF repair. After we were through, the clinical officers asked me if I could do an emergency tracheostomy on a young 10 year old boy who had upper airway obstruction from gross oedema after a snake-bite to his head. Another startling sight with gross facial and neck oedema, he had very prominent stridor. With the help of the CO anaesthetist, Mr Phiri, who is very skilled, we were able to intubate him. This relieved his obstruction, and we asked the family to rush him to Lusaka for anti-venom, as none available in Monze. Unfortunately, we later found out that he died just on reaching Lusaka.

Day 9:

Tues 11 Nov 2008. Again routine of ward round at 7.30, US scan at 8.00, and theatre at 8.15. I performed my first open Millin's retropubic prostatectomy under CE's supervision. She is an extremely good teacher, pity she has retired! I then assisted her in an anastomotic urethroplasty. In the third case, there was no scrub nurse, so I doubled up as CE's scrub nurse and assistant. Swabs and needle counts correct! And not for lack of an anaesthetist, but more for learning, I administered the spinal anaesthetic under Mr Phiri's watchful eye.

In the afternoon, went for a swim with Michael and CE (who sat and read a book by the pool). Michael's house help and cook, a very nice lady called Fallus (CE was a bit tickled about the pronunciation!), looked very well after us. Some of the best pizza, lemon sponge cake, home-made marmalade – she must be Monze's best kept secret!

Day 10:

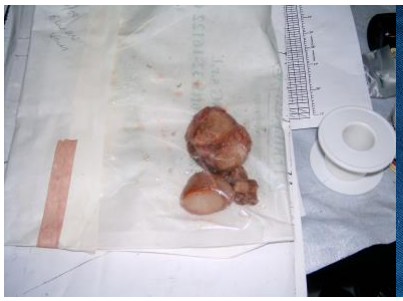
Wed 12 Nov 2008. After the same morning routine, we had the 2 fistulas from Lusaka to repair, one being the complex VVF / RVF which Michael repaired very well. With Michael's supervision, I performed the other VVF repair.

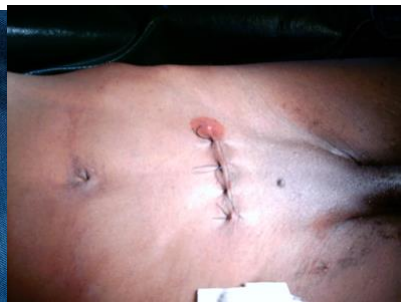
After we finished, one of the junior doctors (FY1 equivalent) came to theatre looking for a chest drain. Further down the corridor, on a trolley was another young lad, probably 15, with a swollen face and upper chest. He was visibly gasping for breath, and was unconscious. By the time we went to assess him, he had breathed his last, and despite ABCs we could not revive him. There was marked subcutaneous emphysema all over. I glanced at his chest X-ray (taken over an hour ago in the triage area) and this showed a massive tension pneumothorax. Ran and got 2 large bore needles and stuck them in his second interspace. Loud hissing sound. This didn't revive him, but the FY1 and nurses probably learnt how to manage a tension pneumo better. More wails followed.

Michael asked me to speak to the junior doctors, COs and nurses and go thru basics of trauma.

Day 11:
Thurs 13 Nov 2008. Last day in Monze. Started at 7am with teaching for the teams. Went through basics of trauma management, and drew upon events in the last few days. Sought feedback from teams on how to improve service delivery. Also went thru' basics of urethral catheterisation.

Theatres – performed an open cystolithotomy and cystoscopy, a paediatric orchidopexy for undescended testis with Michael Thompson, and an open nephrostomy with CE in a pregnant woman with severe hydronephrosis and UTI, yielded cloudy urine.





Some of the bladder stones we removed by open cystolithotomy in both UTH and Monze. UTH has equipment for endourology donated via UROLINK and contacts but no trained theatre staff

When I walked through the wards, I saw other patients, our postops all doing fine, mothers who had delivered babies by caesarean sections etc, and realised that despite the 2 unfortunate incidents, there were many successes all around. Later on, drafted some exam questions for Christine for anatomy etc.

Monze was a truly humbling experience. Made me reflect about life, and to appreciate what we have. Marvelled at the good work that goes on here, though a lot of help is still needed, from equipment to training and education. CE and Michael dropped me to the bus station, and went to Lusaka where I met up with John Kachimba to discuss some of their needs (theatre nurse training etc). Michael had been an excellent host, and Christine an excellent teacher and friend.

Week 3: Nairobi, Kenya
Fri 14 Nov 2008 to Sat 22 Nov 2008. Other than meeting my family and friends, I used my time in Nairobi to teach postgraduate trainees at the University of Nairobi key current concepts in management of BPH / LUTS on one day, and prostate cancer on another. I also got involved in helping my previous supervisor, Prof Pankaj Jani to set up and run the very first COSECSA Basic Laparoscopic workshop in Kikuyu PCEA mission hospital, where I spoke on history of laparoscopy, and technique of creating a pneumoperitoneum, followed by hands-on training on dry-lab models. Kikuyu is a small town on the outskirts of Nairobi where my late grandfather was born over 100 years ago.

Budget:
Flights £500
Temporary registration £100
Solicitor's fees £ 17 (Notary public) for registration
Visas £75
Accommodation / meals £ 400

Acknowledgements:
UROLINK for Travel Award £1000
Christine Evans
Mohamed and Mona Labib and family, Lusaka
Michael Breen and Fallus, Monze
John Kachimba, Lusaka
All the helpful staff who I met at UTH and Monze
Pankaj Jani, Nairobi

Recommendations:

To promote links with Zambia, where there is already a training programme in Urology.
To weave regional links between Zambia and other centres in East, Central and Southern Africa, eg Moshi, Nairobi, Mombasa and Zanzibar.
To help acquire basic equipment eg flexible cystoscopes for earlier diagnosis especially bladder cancer.
To share information on education and training.
To promote urology theatre nurse training, and get their endourology setup running.
To support exchange programmes for African trainees (eg BAUS education courses / BAUS meeting)
To link with other specialties to develop joint workshops, eg anaesthesia, obstetrics, surgery etc.
To help develop local guidelines relevant to local needs and availabilities

Conclusion:

In summary, my 3 weeks in Africa with Christine Evans on this fantastic UROLINK project were extremely useful in achieving all the aims and objectives I had set out before. The friendships made will last a lifetime. I learnt to value everything more. It was not only an excellent lesson in urology, operating, education, management, but life in general. Christine is a truly amazing character, with unfazed enthusiasm. She has asked me to carry on her good work in Zambia, and I am grateful for this honour and trust. Whereas I am certain I cannot fill her shoes, I will do my best to ensure that the bridges that she has built over the years are strengthened further.