

Urolink Travel Report 2011**Department of Urology, KCMC Hospital, Moshi, Tanzania****Journal/Diary****Tuesday 16th August**

I left home at 0630 taking the early morning train to London. From Kings Cross, it was a quick trip across town to Paddington station, where I took the Heathrow express to Terminal 5. Despite having three large bags, the process was easy and actually saying goodbye to my wife was the hardest part of the morning. I was swiftly negotiated through check-in and after paying an excess baggage charge, it was a dash to the departure gate, arriving with minutes to spare. Subsequently, delays in departure and therefore a missed connection at Nairobi meant an impromptu night in Kenya. After 2 hours of arbitration, I arrived at the hotel around midnight. Overall, a hard day of travelling with a few hiccoughs along the way but ultimately one step nearer by final destination.

Wednesday 17th August

Back at the airport by 0615, partially refreshed by a few hours in the hotel. Long queues and a modicum of jostling irritate me at such an early hour. I passed through passport control without any problems and had been told the night before that my bags had been re-directed to the first flight to Kilimanjaro at 0830. No boarding pass meant more queues and ultimately missing another flight. It turns out I was never re-booked and I was asked to pay for a new ticket. After some 'huffing and puffing', I was placed on the 1030 flight without additional charge. There were some tense moments so early in the trip and I could only hope things would improve. It did not! My bags failed to make an appearance at Kilimanjaro and my transfer had charged me for the failed attempt to pick me up the night before. Finally, I reached KCMC just after lunch and settled in.

Thursday 18th August

A restless night in my new one star accommodation on the doctor's compound meant that I was tired as I started the day. I was also 'developing an aroma' and generally a little fed up. Hallelujah! My bags would be in town by lunchtime. I spent the day orientating myself around town and unpacking made me feel a lot more relaxed. I managed to change money to local currency with a bit of help from a local taxi driver and a quiet back-room bureau exchange. Town is busy and I was approached frequently by the local street traders. I notice that I have had a few items stolen from my backpack at some point since leaving London. I should have tried harder to get my bags wrapped at Heathrow.

Friday 19th August

It was exciting to finally get into the hospital and meet my new colleagues. Dr Africa (ironic - I know), showed me around and even bought me a cup of tea. The rest of the day was spent in theatres watching TURP and speaking to the chief – Dr Mteta. Essentially, it all feels very familiar but the surroundings and equipment are so different.

Saturday 20th August & Sunday 21st August

I keep the momentum going by attending the ward round with the resident on call – Dr Frank Assimwe. So many unusual cases and plenty of work to keep me busy in theatres over the coming weeks. We spoke about the similarities and differences between our respective departments and made plans for all the patients with the young intern in tow. After exploring more of town and meeting some friendly folk who helped me sample the local brew, the remainder of the weekend was taken up with church and preparing for the week ahead. I did not want to get caught out if asked anything on the cases: Wilm's tumours, scrotal elephantiasis, radical cystectomy, ambiguous genitalia etc.

Monday 22nd August

Teaching ward round for 90 minutes by Dr Mteta. The large group discussed every case and questions were fired to unsuspecting parties. After, I assisted in the Wilm's nephrectomy and some smaller cases. I was immediately struck by the high level of surgical skill and knowledge my peers demonstrated. This is due in part to their greater depth of exposure of general surgery which will remain a core component of their work in the future.

Tuesday 23rd August

A day of TURP with the other consultant – Dr Jasper Mwambo. The other residents have an MCQ paper to perform so I am left alone to assist. The prostates were large and dealt with expertly despite the slightly inferior equipment (non-irrigating resectoscope, poor optics, dextrose irrigation). Doses of Lasix and IV fluids substitute for routine irrigation and the patients are packed off to the ward.

Wednesday 24th August

The early part of the morning was spent marking MCQ papers for the medical students' anatomy exams. We then met as a group without the bosses for a case discussion. This appears routine practice and a chance to learn from interesting cases going through the department. Once again I was impressed by my colleagues' dedication and industry. The remainder of the day was taken over by the large scrotal elephantiasis case. A simple scrotoplasty was converted to a partial penectomy

as the tissue appeared cancerous. I was surprised that this was only coming to light half way through the operation and amazed by the counselling process for the patient, who was under a spinal anaesthetic. A penectomy was performed. This is a long way from the MDT approaches seen in the UK.

Thursday 25th August

I met a young boy who had recurrent Wilm's tumour today. He looked very unwell and had returned for more chemotherapy. He is a Masai lad and so had failed to re-attend the hospital after the initial surgery. We had a long debate about possible management strategies. Ultimately, the most poignant question was asked – "should we not preserve the chemotherapy for someone who has a better chance?" It struck home that little resources are available and the difficult decisions that sometimes need to be made. Later, I observed two anastomotic urethroplasties; which is a common operation performed for urethral stricture disease here at KCMC.

Friday 26th August

Smaller cases again today; mostly endoscopic. We performed a mini-laparotomy and cystoscopy/EUA on the child with ambiguous genitalia. It was somewhat complex and again limitations in what affordable tests can be requested make things more challenging. I have decided to spend some time looking into these cases at KCMC and learn more about this difficult topic.

Saturday 27th August & Sunday 28th August

Running, swimming and exploring for the most part over the weekend. I also managed to get online for the first time since arriving. Priceless! Essentially, to simply check my emails, I have to walk 45 minutes; hope the power is working, negotiate with the locals and finally pay through the nose! Too often, one or more of these steps are too prohibitive and I end up trudging home.

Monday 29th August

We reviewed some interesting neonatal cases today and discussed them with the Chief. Operatively, I got the chance to assist in an open pyeloplasty. An interesting case based on IVU findings with an intraoperative PUJO identified. We performed an Anderson-Hynes dismembered pyeloplasty. These types of cases are invaluable, as current trends are for laparoscopic approaches in the UK.

Tuesday 30th August

It was my wife's birthday today and it was a difficult time being so far away from home. I had a chance to shine today as I performed a bilateral orchidectomy and circumcision under local anaesthetic. Hopefully bigger cases will follow. Also, assisted in an urethrocutaneous fistula repair and excision of peri-umbilical granuloma.

Wednesday 31st August & Thursday 1st September

EID Celebration – no work

Friday 2nd September

No operating today as the medical students are sitting part of their final exams and the residents too were subjected to their end of year assessments. I helped run the OSCE session in the morning which was very similar to those I have helped with at home. In the afternoon, I observed the residents perform old fashioned clinical exams with real patients and present their MSc dissertation proposals.

Saturday 3rd & Sunday 4th September

I spent the weekend catching up on some reading and paperwork that needed my attention. I also enjoyed a swim at the local YMCA pool (50m pool; entry £1) before catching up with a few friends at the local watering –hole for a drink and to watch a movie. Watching the Lion King in an outdoor cinema in deepest, darkest Africa was certainly unique. The beer was wonderfully cold too!

Monday 5th September

Back in the swing of things after the disruptions during the previous week. Normal service resumed with ward rounds and a few cases on the operating list. Most notably: an unusual presentation of groin, scrotal and perineal masses after Fournier's gangrene. A bit of a 'hatchet job' but we managed to excise some friable tissue contiguous between all compartments. Really not sure what we were dealing with today, possibly a cold abscess but a satisfactory result in the end. No pathologists are available to confirm the diagnosis. Time in the evening for some R&R with a good book.

Tuesday 6th September

A long awaited chance to perform a radical cystectomy and observe a MAINZ II urinary diversion. Unfortunately, it was clearly obvious that the tumour had progressed in the time the patient had been waiting on the ward (approximately one month). We did not have any staging information so performed a mini-laparotomy to ensure that the tumour was unresectable. The second case went

more with the form book. Ureteric obstruction of unknown cause but an absent ureteral orifice noted at cystoscopy along with potential evidence of schistosomiasis. Maximally invasive incisions were made and I successfully re-implanted the ureter without any obvious pathology found. A new pathologist is being recruited, so no reports for at least 3 months!

Wednesday 7th September

A surprise invitation to lead the group discussion this morning! Thankfully, I had some material prepared and we discussed some aspects of treating penile tumours. Lesson – always have a Power Point presentation to hand! Quickly into theatres after the academic session, we shared out the cases of the day. I was right on-hand to be able to perform an open prostatectomy for an enormously, enlarged prostate in an 83 year old man.

Thursday, 8th September

I felt oddly off-colour today. Nothing specific; just lethargic and general malaise. I think it is simply a case of tiredness with feeling slightly homesick. I have failed to resolve the internet problems so I have not been able to have a good chat with my wife for nearly a month. I would encourage others visiting Moshi (if longer than 4 weeks) to invest in a dongle for their laptop (approx. £50). Work was interesting as usual; as I performed a Fournier's debridement. Also, another chance to see the senior resident perform a urethroplasty for a complex posterior urethral stricture in a patient 2 years following a pelvic fracture after an RTA.

Friday, 9th September

A change of pace today after a fantastic week of open urological surgery. A few TURPS and simple endoscopic cases. After lunch, we moved over to the university buildings for a teaching session on 'Team Based Learning'. I was not expecting to be involved in this type of workshop whilst in Africa but the two educationalists from USA conducted an interesting and informative session. There will be two further workshops next week to compliment the topics covered today. This is a fantastic resource that just seems to have fallen into my lap. Finally, I managed to get through to home on Skype this evening which brought a smile to my face.

Saturday, 10th September

I had planned to hike the foothills of Kilimanjaro this morning with some of the medical students from Germany, Denmark, Norway and England. An eclectic bunch!! Unfortunately, heavy rainfall overnight and this morning meant that the trip has been postponed until tomorrow. Fingers crossed for better weather! It gave me a chance to make a start on the medical records for the paediatric cases that I had finally managed to secure. Top tip – make sure the department head is involved in

the process, otherwise you will be pushed from pillar to post and generally out of pocket as there is a charge for retrieving each file.

Sunday 11th September

Another wet day but we decided to commit to the tour today. A long day with plenty of hiking and things to see. It takes an hour to get to Marangu village by dala dala and getting a lift back proved difficult. The guide made the trip interesting and upbeat. A nice lunch at the caves and a great waterfall were the highlights.

Monday 12th September

Back into work and I had one of the medical students in tow to help with the paediatric list. A bilateral orchidopexy for UDT was well within my comfort zone but proved a little more difficult due to an intra-abdominal testis on the right side. The second case was a posterior urethral valve baby which were clearly demonstrated on urethrocystoscopy. An emergency testicular pain was explored before I headed to the second of the teaching workshops.

Tuesday 13th September

A similar day with paediatric cases followed by the final teaching workshop. An extraordinary case of a child with a megapenis/megaprepuce was operated on first. Only 3 days old, it appeared that he had a patulous urethra presenting as a dorsal penile swelling. The patient was circumcised and the redundant urethral tissue excised and reconstructed. The second case was a posterior urethral valve baby, with the valves clearly demonstrated on urethrocystoscopy. An emergency testicular pain was explored before I headed to the workshop. A quick dash into town to change some traveller's cheques and arrange a climb up Mount Meru. Finally, I got to see the England v Argentina rugby match at one of the hotels. Toasted their (narrow) victory with a few bottles of Killimanjaro beer.

Wednesday 14th September

Thankfully a quiet day with some endoscopic cases and time to work on my audit. Feeling a bit tired after the excitement of the rugby the night before! The day passed uneventfully and I enjoyed the opportunity to look back and reflect a little on what I had achieved over the last month. More in store for the final couple of weeks!

Thursday 15th September

As usual, I spent the morning on rounds and in theatre with a chance to observe a sub-inguinal varicocelectomy. It was obvious that my fellow residents had sneaked this patient on the list, as these types of cases are few in number. After more routine endoscopy work, I escaped to town to plan the final part of my climb up Mount Meru and pay the final monies due! A big dent in the budget and I think that I will be on rations next week.

Friday, Saturday and Sunday 16-18th September

The most exciting, terrifying, exhausting and inspiring days of the trip (and possibly my life). An extensive report of the trip from planning to execution is written elsewhere (supplementary report) but simply these three days challenged me both physically and mentally. Ultimately, the sense of achievement was unbeatable and the views from the summit were sublime.

Monday 19th September

Back to the day job! My legs ached with every movement but definitely the best night's sleep since leaving home. I needed to have my wits about me, as I had lined up an open prostatectomy to perform and was quizzed about bladder exstrophy-epispadias complex at the hastily arranged residents' teaching. I admire the attitude to review and understand difficult clinical cases and the team approach to learning. The prostatectomy went well and this type of surgical exposure has proved to be invaluable. Last week I had been invited to attend the "Flying Doctors" visit to the Serengeti region but there was no room on the plane. Sadly, miscommunication and ill-planning has meant that I have missed out again this week. The next trip is not until December, so unfortunately I will not experience the rawness of operating in such a unique and challenging setting.

Tuesday 20th September

Ouch! My legs are extremely stiff and sore which makes me look like some sort of geriatric wandering around the wards. Plenty of interesting cases today, so no time to be ponderous. The visiting consultant from Holland helps to take me through an orchidopexy and TURP. It is much harder with the equipment available here. Thankfully, a small prostate and no dramas. High praise from the anaesthetic team who comment in Swahili - *"He seems to know what he is doing"*! The final case of bladder injury following failed SPC placement was led by Dr Mteta. An excellent example of a careful exploratory laparotomy and bladder repair. Back to the house to prepare my talk for Thursday!

Wednesday 21st September

Legs still painful – note to self: avoid climbing mountains! The day kicked off with a comprehensive talk about posterior urethral valves (PUV) and the subsequent planned research. A component of the residency training is to complete a dissertation and the projects are very interesting. Furthermore, I had my first opportunity to perform some urethral surgery. As it was one of my primary goals, I was delighted to be allowed to perform the surgery independently. Back to the house to finish my presentation followed by dinner at the student house up the road.

Thursday 22nd September

I thoroughly enjoyed the opportunity to present the data from my audit on sexual ambiguity treated at KCMC. In some ways, I wished I had picked an easier topic but the work seemed to be understood and we discussed in length the potential future strategies for caring for these patients. I was humbled by Dr Mteta's generous words of praise and also that he felt that the department was *"failing this neglected group of individuals"*. I am glad that I managed to find an area where I may be able to improve matters with a little more hard work.

Friday 23rd September

The finishing line! The day was started with an abbreviated ward round to allow us to arrive on time at the academic Grand round. These sessions had been interrupted during my visit but would usually occur on a more regular basis. It offers a forum for young researchers and their supervisors to discuss research proposals and recent results with a wider community. Our own resident Dr Ingenwe presented his PUV proposal with good effect. This contrasted nicely with his fellow speaker who was a pharmacist interested in monitoring therapeutic levels of antiretroviral (ART) medications with thin layer chromatography in HIV & AIDS patients. It was a stimulating academic hour and the foundations for solid research looks viable at KCMC. After the meeting, I gained further experience in urethroplasty surgery before taking time to thank everyone in the department for making my visit so welcoming and productive. I left the hospital tinged with sorrow but thankful for the opportunity to meet some dedicated and thoughtful people and to experience so much in a short space of time.