

**Project Dakar, Senegal****Graham Watson**

Because of the proximity between Banjul and Dakar and because of the fact that Dr Alexandra Zachou was spending 6 months of her year in Africa based there, it was an ideal opportunity to visit on both of my trips to West Africa. On my first visit I brought a nephroscope and a lithoclast (made in Sri Lanka) both purchased with funds from the Medi Tech Trust. I visited the Hospital General Grand Yoff and found a very well-organised and well-equipped Urology unit. There were two urology lists running throughout the day. The endoscopy theatre had a basic table, a camera stack and an excellent C arm. The centre trained residents from the entire Francophone surrounding region and so I met trainees from Chad, Cape Verde Islands, Burkina Faso, Ivory Coast who were spending most of their Urology training in Dakar. I did not witness any laparoscopic surgery but they were performing TURPs and urethroplasties to a high degree of proficiency. They even had a holmium laser and performed laser lithotripsy regularly. At the time of my visit they had broken their last laser fibre (Storz Calculase) and the laser fibres I had brought from the UK were not compatible (a marketing ploy by the companies). The head of the department was Prof. Serigne Gaie and heading up endourology was Prof Lamine Niang. Prof Niang told me that with his sub specialisation in endourology he treated more stones than BPH. He understood completely that there was a place for PCNL in key centres and between Prof Niang, Dr Zachou and myself we initiated the first PCNLs in West Africa.

Some of the problems I encountered had an amusing side. I had landed in Banjul, Gambia and the lithoclast was spotted on X-raying my luggage at customs. An Idi Amin type character complete with swagger stick stood over me while I unpacked my suitcase and he seemed to lose interest. His second in command gestured to me to pack up and go which I duly did only to have a parade ground yell from his superior who told me to come straight back and explain myself. I avoided incarceration. Dakar customs was a far more organised process and customs was straightforward. When we came to check the lithoclast just prior to the first PCNL however there was no sign of life when we switched it on.- enter Mandela, a biotechnician lured from

Gambia, who assured us it would be up and running by the time we needed it. An hour later there was a message to confirm that it was working. (The Sri Lankan lithoclast works off a standard gas cylinder in a standard manner and it breaks even the hardest stones unlike some of the European devices). Alexandra had set up a number of cases of varying grades of difficulty. She assisted Prof. Niang under my guidance and we performed 3 successful PCNL clearances on that first visit. The procedures were performed prone using a trolley to support the legs so that the renal area could be brought away from the pillar of the table. The stones were extremely hard and large. I imagine that they were calcium oxalate monohydrate. With the exception of a patient who had renal insufficiency the recovery was excellent and the department was amazed by the contrast with open surgery. It was clear to me that PCNL was appropriate for this unit and that there was sufficient expertise to establish it permanently in Dakar. I therefore left the nephroscope and lithoclast with them. The second visit was much more straightforward and I was able to stay unscrubbed while Alexandra and Prof Niang completed the puncture and total clearance of the stones. On this occasion the only complication was that I had bet Alexandra a bottle of champagne that she could not succeed without me and I regret to say I am a bottle of champagne the poorer.

I have therefore left a nephroscope and lithoclast as a permanent loan to the unit in Dakar. In return I have asked for a yearly report on the number of cases performed and I hope that the local team will contact me if any difficulties arise. It is my hope that we can build Dakar up into a centre which will disseminate expertise in PCNL to surrounding countries.

Finally I would like to acknowledge how important Dr Alexandra Zachou was in making this visit a success. She expended a great deal of time and effort in collecting the cases and reorganising the working of a busy unit so that we could have a concentration of stone cases. She picked up the multiple points of technique and was the continuity in passing these on to the local team. The head of department in Dakar made sure that I got the message that they all appreciated Dr Zachou enormously because of her industrious attention to the patients and her proficiency.