



Urolink Visit Report – Ndola Teaching Hospital, Zambia, 13th – 21st September 2025

Background:

An initial scoping visit was undertaken in Sept 2023. Since then virtual multidisciplinary team (MDT) meetings have been run to promote bidirectional learning and the teams in Ndola (Zambia), Exeter and Wexham Park (UK) have undertaken regular remote discussion on a wide variety of urological topics, as well as discussing complex urological cases to promote educational understanding and management of both common and specialist urological conditions.

Pre-trip planning

Dialogue and discussion prior to any trip are essential to maximise the effectiveness of the visit, as well as defining clear objectives. The focus of this first operative visit was on developing endoscopic services and prostate biopsy services

To facilitate travel logistics the following documents were signed/stamped and taken as printed hard copies

- Medical equipment donation letter provided by BAUS Urolink
- Copy of visit acceptance letter signed by host institution Senior Medical Superintendent & Ministry of Health stamp
- Copy of signed letter between Urolink and local host urologists outlining purpose of visit
- Certificate of medical indemnity cover for 'medical humanitarian/voluntary work' cover
- Professional registration

We all took own theatre shoes and scrubs. No lab coat required as in some other places. Laptop for delivering presentations + adaptor for Mac to plug in USB drives.

Travel

- London Heathrow via Addis Ababa (Ethiopia) to Ndola International Airport
- Zambian visa on arrival at Ndola International Airport (currently free for British passport holders)
- Pick up from airport kindly arranged by Mumba Chalwe, but plenty of local taxi available if needed

Accommodation

- The Urban Hotel Ndola – close to hospital and good selection of food and drink. Discounted rates available online via booking websites. Good quality of accommodation with fast and reliable WiFi.
- Transport each day provided by hospital transport in morning and team gave lift back in afternoon. Main road to hospital under renovation.

Aim:

The first clinical visit was planned with a focus on prostate conditions since this accounts for a major part of the day-to-day workload of urology in Ndola. During a 5 day intensive surgical camp Urolink urologists worked alongside NTH urologists with the following aims:

1. Prostate biopsy – to develop TP (transperineal) prostate biopsy services in Ndola
2. TURP – endoscopic management of enlarged prostate to treat patients in urinary retention with catheters in-situ (and associated diagnostic work-up for lower urinary tract symptoms)
3. Bidirectional educational exchange for both consultant and residents

In addition, simulation sessions and knowledge exchange through practical and theoretical teaching were run concurrently alongside the workshop.

Updates since last visit:

Dr Simon Mukosai now works as lead of another hospital. Dr Mumba Chalwe is now head of department for Urology, comprising 2 separate units but with a once weekly shared grand round. Dr Nktambo is lead for unit 1 and Dr Lungu Makani lead for unit 2.

Background

See previous Ndola 2023 report

Week schedule (brief description here as further detail included in reports from TUF fellows Mike and Rustam, see Urolink website 'visit reports')

Sunday 14th Sept:

Arrived at Ndola airport via Ethiopia. Met by Dr Mumba and came straight to hospital to do ward of patients in preparation for starting cases in theatre Monday AM. Discussed patients and list order.

Monday 15th Sept:

Met Dr Banda medical superintendent and discussed long term aims of link should also include education & research

Based in main theatre with 2 theatres available each day – with a focus on endoscopic work in 1 theatre and open surgery or other cases in other theatre. Worked well as ability to move cases between theatres as needed based on pre-operative assessments and work-up.

Initially covered talks on:

Equipment

Trouble-shooting set-up for endoscopic surgery

Essentials of pre-operative work-up

Performed 2 cases of TURP in Ndola:

Initially some issues with attaching giving set and irrigating fluid but this was a good exercise in getting wider team involved. An engineer was available as during 1st TURP had some issues with diathermy pedal but resection managed successfully. Another patient scheduled for TURP was found to have massive prostate on TRUS so plan changed to perform TVP (trans-vesical prostatectomy). Developed a TURP to checklist and nominated roles for members within team.

Tuesday 16th Sept:

Visit in theatre from Dr Banda

Concurrent cases of biopsy of pelvic mass in 1 theatre and open TVP in next door theatre
1st TURP by Dr Mumba went very well

Review of TVP cases on ward round – contrast with TURP

Ward round at end of day – cancelled 1 TURP as after treatment for prostate cancer ('surgical castration') is now voiding with no LUTS

Wed 17th Sept:

Further cases running concurrently in both theatre

Further talks on how to do TURP

TURP bleeding

TUR syndrome

Simulation training on how to do TP biopsy

Channel TURPs (patients had catheters in for between 5 – 7 years, changed every 2 weeks!)

Thurs 18th Sept:

Channel TURP performed by local team

Further TVP

First use of stone punch

First TP prostate biopsies

Fri 19th Sept:

Local adaptations to prostate biopsy

Further TP Bx

Further TVP

Highlights:

- **Pre-op assessment and work-up**

The pre visit work undertaken by urology team in Ndola was a major part of being able to run the week effectively. Discussing and selecting appropriate patients prior to the day of surgery was essential and understanding diagnostic pathways (for example prostate sizing and then selecting whether to perform TURP or TVP helped select appropriate patients for initial training)

- **The role of diagnostic work-up**

Although both flexible cystoscopy and trans-rectal USS are available in Ndola, prior to this visit they would not form a routine part of pre-op work-up or outpatient clinic assessment. By demonstrating the utility of both flexible cystoscopy and TRUS prostate sizing in the outpatient (or inpatient ward) setting then hopefully these will become more routinely used in future. We emphasised that this was **not** a 'TURP and prostate biopsy workshop' but rather a 'diagnostic workup of prostate conditions' week

- **Having 2 theatres (endoscopic and open)**

Having ability to run 2 theatre lists was a luxury but also enabled efficiency and ability to select patients to the correct operation (eg TURP vs TVP). It also enabled wider training of both local team and opportunity for TUF residents to assist with some open surgery

- **Bidirectional educational exchange**

This was a strong theme of the visit and builds on the model from the webinar series. Ndola urologists were teaching UK residents (TUF fellows) in 1 theatre on eg open approach to bladder during TVP whilst in theatre next door UK urologists were teaching on steps of TURP. This led to a very cohesive and open atmosphere and promoted good discussion and dialogue as the week progressed.

- **Equipment**

Trouble-shooting equipment issues is a major issue for any endoscopic workshop. Pre-visit discussion was essential, as well as bringing/donating equipment that will enable ongoing sustainability of endoscopic prostate surgery (eg Ellicks, loops, stone punch etc)

- **Importance of diagnostic work up / case selection**

Many examples during the week, but emphasised that the success of a visit should not be measured by how many operations were performed. Ensuring appropriate diagnostic work-up and case selection to ensure that operations were only performed when indicated and also that the correct operation or management strategy was chosen.

Examples included:

- Not performing a channel TURP (after surgical ADT and subsequent TWOC meant patient was voiding with no bothersome LUTS). This highlighted the need for pre-op assessment and work-up
- Not performing a cytoreductive nephrectomy (in a patient with an IMDC poor risk score with extensive and widespread metastatic disease). After MDT discussion patient was able to access systemic treatment via cancer hospital in Lusaka (not often routinely available)
- Not performing prostate biopsies in patients previously investigated with no change in PSA
- Performing TURP or endoscopic stone treatment rather than TVP

- **Longitudinal benefits of links & TUF fellows**

Link with Ndola first came about partly as a result of longer term Urolink work with University Teaching Hospital in Lusaka (myself and Dr Chalwe first met in 2016 when we

were both residents), which highlights the benefits of supporting trainees to engage with Urolink activities at earlier stages in their careers.

- **Successfully enabled endoscopic prostate surgery and trans-perineal prostate biopsy**

As highlighted in the reports from the TUF fellows Mike and Rustam, the week was successful in a wide variety of ways, including plenty of opportunity to teach, learn from each other and develop longer term links. Ultimately the aims of enabling endoscopic prostate surgery (TURP) and transperineal prostate biopsy were achieved, with the 1st TURPS performed in Ndola by the local team having good post-operative outcomes (TWOC successful and shorter length of stay). Some of the patients with metastatic prostate cancer unable to have TVP had excellent outcomes and were catheter free after having had 2 weekly catheter changes for in some cases up to 7 years! Prostate biopsy technique was also refined and training delivered, enabling 1st TP biopsies with hope that this will lead to lower infection rates, obviate the need for antibiotics and improve diagnostic accuracy.

I would like to say a huge thank you to TUF (The Urology Foundation) for supporting TUF fellows in this regard, the development of TUF travel awards is already demonstrating impact in advancing global urology care as evidenced by 2 TUF fellows (Mike and Rustam) on this trip and Nish Bedi returning as a consultant having previously been a TUF fellow during training. They were all invaluable in helping to plan, prepare and deliver the educational activities for this trip and will continue to maintain ongoing links with urology in Ndola, either with further visits or via ongoing CPD or research and educational collaborations.

Outcomes

- Post visit MDT for update on patient outcomes (scheduled for Nov 2025)
- Ndola team to keep surgical logbook of case volume
- Sign off work-based assessments for TUF fellows (in collaboration with unit leads)
- Consider timings of future visits and scope (potentially complex urethroplasty, endoscopic stone surgery (C-arm available))
- Sign formal MoU and consider grants for further funding

Post visit update and assessment of outcome

Initial post visit debrief undertaken in November 2025

Full discussion of patient outcomes undertaken March 2026

Key highlights:

- All patients who had channel TURP during visit voiding and catheter-free
- TURP has continued with numbers of cases performed independently by local team
- Transperineal prostate biopsy has continued and moved to outpatient setting highlighting local adaptation / utilisation of available resources. No post procedure infections to date
- Histology results of TP Bx presented

- ISCP assessments for UK trainees / TUF fellows completed jointly by Urolink supervisors and Ndola urology unit leads, highlighting utility of trip to enable UK trainees to achieve global urology competencies for CCT and further experience of structured assessment/familiarity with ISCP for international colleagues

Acknowledgements

I would like to thank BAUS Urolink for ongoing support towards improving global urological care, and my colleagues Nish, Mike and Rustam for all of their hard work and enthusiasm both before and during the trip.

I would also like to thank TUF for supporting both Urolink activity in Zambia and the TUF travel awards – an invaluable opportunity to inspire urologists to become involved with global urology.

And finally huge thank you to Ndola Urology team for hard work and dedication and for being such welcoming hosts for the visit.



Theatre team with visit from Principal Secretary for Health