

<b>Final Visit Report : October 2020 - September 2021</b>	
<b>Country visited</b>	<b>Tanzania</b>
<b>Institution or workshop</b>	<b>KCMC, Institute of Urology</b>
<b>Dates of visit</b>	<b>October, 2020 – September, 2021</b>
<b>Team members</b>	<b>Dr.Tilaneh Leyeh</b>

### **Hospital politics**

- **Staffing –**

There are five Urologists active all the time. I had an opportunity to have activities with all urologists which helped me to get experience from every one of them. Two general practitioners and one COCECSA urology resident had also been working with me. Starting from April/2021, Urology MSC residents joined us. There were also interns doing two weeks attachment I Urology. Sixteen nurses and eight medical attendants have been working on different sections of the institute

- **Attitude towards training**

Every staff member was happy on training and cooperative in all time of my stay. Starting my training in a time when there was no resident in Urology, I had a great opportunity to involve in every activity and to interact/work together with colleagues of different departments during consultations. All staff members in general and Urologists in particular were happy to help me in getting the best experience in my stay at KCMC. In addition, I had time to assist some laparoscopic procedures in General surgery; faculty members were helping and cooperative.

### **Clinical interactions**

- **Outpatients, ward rounds and organization**

There are two days per week for outpatient service and two days per week for minor operations. The ward has a total of 40 beds for adults and 6 beds for pediatric patients. There are 5 rooms for clinic and one room for ultrasound (most of the time TRUS is performed).

I had been doing ward round every morning with urologists, registrars and intern doctors. Due to language barrier, I was not that much involved except at emergency conditions.

- **Operating theatre numbers, staffing and equipment availability**

Major operating theatre has 2 tables (one for endoscopic and the other for open procedures). There is one table for minor procedures which is located near to urology clinics. There is theater schedule list for surgery every day; two urologists are assigned

per day for major procedures. There were 3 - 5 nurses (on different times) and 1 medical attendant working in operating theater. They are cooperative and energetic in their activity. Equipment available for endoscopic procedures: – ‘Basic’ endoscopic equipment for both adults and pediatric size is available. Cystoscope (Rigid and Flexible), Resectoscope (Monopolar and Bipolar), URS (Rigid and Flexible), different endoscopic forceps and DVIU knife...

Lacking – Lithotripter, ESWL, PCNL

- **A daily synopsis of what was achieved**

Daily, there were 3-6 different procedures performed. I learned a lot on how to manage on different case scenarios and perioperative complications. I also learned on the types of different endoscopic materials, how to assemble/handle; and clean/disinfect them after use. Starting from the second week of December (my 2<sup>nd</sup> month of training), my seniors start allowing me to do the first 10 – 15 min of TURPs. Progressively, I was allowed to do TURP and TURBT partially and later to complete the procedure.

On the last three months I practiced TURP more frequently and I was able to manage intraoperative complications independently.

- **Table: An overall synopsis of what was operated on**

Procedure	Observed	Assisted	Partially performed	Independently done	Total
<b>1. Endoscopic Procedures</b>					
TURP/TUIP	20	10	47	50	127
TURBT	5	3	4	10	22
DVIU/BNI		5	8	23	36
Urethrocystoscopy (Diagnostic)	2	4	2	20	28
Herniotomy + PPV Ligation				7	7
URS	1	11	2		14
Ureterocele: Transurethral Incision		2	1	1	4
PUV Ablation		3	1		4
Stenting/R. Pyelography and Stent Removal				4	4
Cystolitholapaxy				2	2
Endoscopic Removal: FB bladder (Published as a Case Report)		1			1
<b>Subtotal</b>					<b>249</b>
<b>2. Open Procedures</b>					
Urethroplasty	1	8	1	7	17
SPC ( New, Revision of	3			7	10

Complicated ones)					
Nephrectomy (Tumours and non-excreting Kidney)	2	5	1	2	10
Stone Surgery ( Ureteral, Bladder, and Kidney stones)	1	3		3	7
Dismembered Pyeloplasty		1	1	1	3
Hypospadias Repair	1	3	1	4	9
Gonadal Biopsy - DSD		1		1	2
Testicular Fixation for T. Torsion	2			1	3
Vesicostomy Closure				3	3
Radical Cystectomy		3			3
I and D for SSI and Fournier's Gangrene				3	3
Iatrogenic Bladder and Ureteral Injury ( Emergency Intraop Consultation)				3	3
Orchidopexy: UDT	1	2		10	13
Incisional Biopsy for Penile Ca				2	2
Radical Orchiectomy		1			1
Testicular Biopsy for Infertility	1			1	2
Retropubic Simple Prostatectomy				1	1
Laparotomy for Neuroblastoma			1		1
Subtotal					<b>93</b>
<b>Grand Total</b>					<b>342</b>

#### Encouraging Conditions:

- Overall, there is good patient flow and good numbers of procedures were performed. I had good time of exposure and experience on basic Endourology procedures. I had also assisted some radical cystectomy/ urinary diversion procedures.
- I noticed the hospital system and the national health insurance system is helpful for patients to get the clinical service easily.
- Urologists are active in writing articles and publication with exemplary team spirit. I was part of one case report which is published.

#### Challenges:

- There were times when Patient flow significantly reduced (COVID 19, Farming season)
- There was no endoscopic surgery for renal and ureteral stone diseases- PCNL, ESWL

- **Acknowledgements**

I would like to express my special thanks of gratitude to all BAUS and Urolink members for giving me this golden opportunity of training in Urology and providing me different valuable reading materials and training webinars; these mean a lot for my professional development. Drs. Suzie, David, Shekhar, Steve, Paul... Thank you all for your support in every aspect.

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Last, but not least I want to thank all staff members in KCMC, Institute of Urology, Tanzania especially the Urologists for great skill and clinical experience they gave me.

- **Future Plan at Hawassa University Hospital**

With Dr. Getaneh and others joining Urology, we will try to expand Urology service.

1. To establish stronger urology unit independent of General Surgery with separate nursing staff, OR and ward
2. To have US at Urology Clinic for TRUS and to scan Kidneys
3. To start performing endoscopic stone surgeries; URS, PCNL
4. To start residency training after establishing feasible setup
5. To do research in different aspects in Urology and General Surgery