

UROLINK visit to Hawassa University Comprehensive Specialized Hospital (HUCSH) March 2020

Team

Paul Anderson
David Dickerson

Adi Manjunath
Steve Payne



David, Paul, Demake, Tilaneh, Steve, Getch and Adi

Travel

Heathrow to Awasa via Addis with Ethiopian airlines. Travel organised by Key Travel; they hadn't booked seats for the outbound journey which cause some hypertension on the day of travel. Hotel bus pickup from, and return to, Awasa airport; transit time 30 minutes due to the new road; £15 cost for transfer. Getch and Tilana picked us up to take us to the hospital in the mornings and brought us back most evenings; tuk tuk the rest of the time. Travel very cheap, about £1 for a one-way trip for 2 in Bajaj between hotel and hospital. COVID 19 health questionnaire and temperature check on entry into Ethiopia. Baggage ticketed all the way through.

Accommodation

Oasis International hotel was generously provided by the University of Awasa. This was much better, and more friendly than the Central Hotel, but no safe or AC. Better than on last visit there with few power cuts and reasonable showers which even had hot water due to some infra-structural upgrading. On-site restaurant; food was fine but breakfasts were a bit monotonous. WiFi sporadic and restricted bandwidth. Approx 4Km from city centre but generally quieter than Central hotel and more pleasant in the evenings. Walking distance from Lewi resort at the lakeside.

We had a short stopover in Addis and booked into the hotel Lobelia in Addis . This was a brilliant base for a few hours and provided a shuttle to and from the airport.

Hospital interactions

Getch has taken over the running of the unit and has been joined by Tilaneh Leyeh and Demake Dawit. The theatre staff and juniors are more settled under Getch's leadership, a role he is developing well.

The global surgical confidence is growing. Tilaneh is a general surgeon who is going to be trained in KCMC for a year and will then return to Awasa. Demake is working three days a week at USH and it is anticipated that he will be working there full time in a year. Dr Aberra, who founded the unit, is now working one day a week.



Tilaneh, Demake, Getch and Kibruyisfa (resident with an interest)

Hospital interactions

- Sunday 08/03/20 Review 7 adult cases and plan for further management
Patients listed for surgery and further investigations
- Monday 09/03/20 2 theatres with 2/3 surgeons in each. Lists better organised than
previously. Now 7 theatres and much better equipped with new stack
and lights.
Getch, Tilaneh and Demake in theatre whole time
Getch performing 2 complex cases under Paul's supervision
Demake assisting Steve and then performing simple BPA under
indirect supervision
- Review another 3cases
- Tuesday 10/03/20 2 Theatres with 2/3 surgeons in each.
1 very complex re-do BPA in each theatre with USH urologists
assisting
2 endoscopic assessments
All cases completed

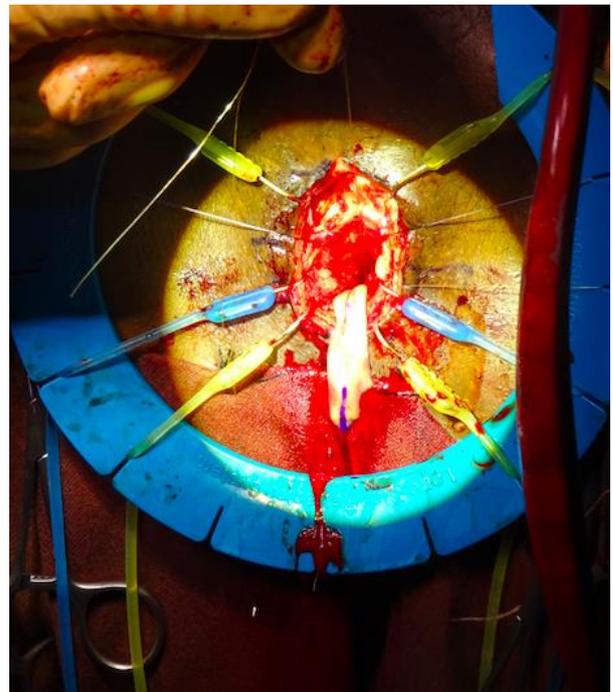
Review another 2 cases



Getch and Paul doing a full length urethroplasty

Wednesday 11/03/20 2 Theatres with 2/3 surgeons in each
Grafting procedures in each,
Staged hypospadias repair with Getch leading
1 endoscopic assessment
All cases completed

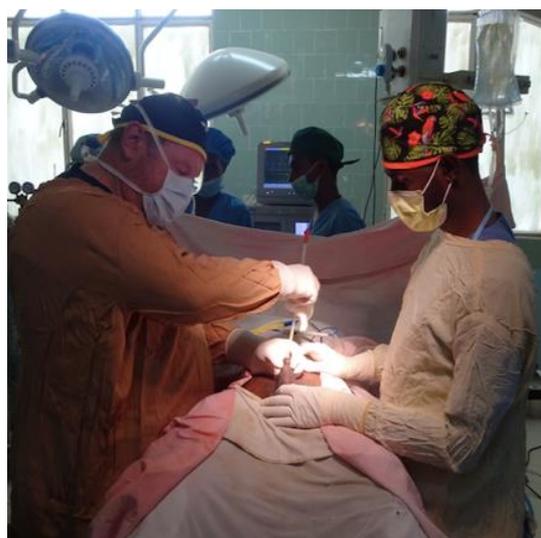
Review another 4 cases



Getch and Paul doing a complex re-do urethroplasty with graft

Thursday 12/03/20 2 Theatres with 2/3 surgeons in each
All cases completed

Friday 13/03/20 1 Theatre with 2/3 surgeons
1 case completed
1 case cancelled as unfit by anaesthetists



David and Steve teaching Tilaneh

Summary of operative activity

Procedure	Number
Adult urology	
Cystoscopy/Flexible cystoscopy	3
Endoscopy and dilatation	2
Anastomotic urethroplasty	2
Augmentation urethroplasty	2
Augmented anastomotic urethroplasty	1
Primary bulbo-prostatic urethroplasty	3
Revision bulbo-prostatic urethroplasty	2
Primary hypospadias repair	1
Revision of hypospadias repair	1

Social

Tuesday 10/03/2020 Dinner with Getch and his wife at their home

Friday 13/03/2020 Dinner with Getch, Tilanah and Joseph, the head of surgery, at Haile Resort

Overall impression

The department is developing and growing, now with three potential consultants in 2021. Cases are much better worked up and the patient's are better briefed with realistic expectations of the outcomes from intervention. However, there is a significant shortage of what we would call fundamental diagnostic equipment; no flow meter and no bladder scanner.

The physical environment in the hospital in general isn't great. Repairs have not been done, the level of cleanliness is not good and there doesn't seem to be much impetus to do anything to improve things.



- Morale in theatre seems to be a little better than on our last visit 15 months ago.
- Basic facilities in the theatre environment continue to be poor. There was only water sporadically and the changing rooms and rest facilities still need substantial improvement. Equipment is still a problem, especially disposables such as sutures and catheters. A stack, monopolar and bipolar diathermy and improved lighting in one theatre are better but there has been no improvement in other theatre facilities since our last visit.
- We continue to have concerns about the care of endoscopic equipment and packing of sterile supplies. Maybe, some help with nursing organisation of equipment and disposables would be beneficial.
- Neither flexible cystoscope was functional and one was still being used despite the outer casing disintegrating. It was suggested that this was discarded, or repaired, which is probably economically non-viable. Replacements would be a significant boon.
- The incoming new consultants in the department could do with e-learning support such as access to the BJUI Knowledge. This will be requested.

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Home surgical units – instruments, out of date disposables