

Urogynaecology workshop – Malawi February 2024

Ala'a Sharaf

Project aims

There is minimal management of female incontinence in Sub Saharan Africa apart for Obstetric fistulas. The aim of this project is to train local surgeons in Malawi to assess and treat female incontinence, and to support them in training others in the region. We were success in our bid for funding from Meditech to support this project.

The initial project plan therefore was:

Objective 1 – Upskilling of the urology and gynaecology consultants at KCH to assess and manage female incontinence.

Objective 2 – Acquiring a Urodynamics machine for KCH – complete

Objective 3 – Assisting with the management of complex incontinence associated with obstetric fistulas.

Objective 4 – Trainee Fellowships

Pre visit preparation

Prior to our arrival in Malawi, we coordinated with the local team to promote awareness of our visit, aiming to identify patients who would benefit from our expertise. Through two extended online meetings, each lasting two hours, we meticulously discussed patient cases and formulated comprehensive management plans for each individual.

Training Workshop

The workshop was planned over 5 days. The attendees were trainees in Urology and Gynaecology form Malawi (Lilongwe and Blantyre) and 4 Urological Consultants from Tanzania and Ethiopia. A pre and post workshop questionnaire was completed by the participants.

On February 3rd, 2024, the Team (3 Urological Surgeons and 2 trainees) embarked on the journey to Malawi. Due to the absence of direct flights, our travel itinerary spanned nearly 24 hours. Upon arrival, we were graciously received by the hospital's designated driver. Following check-in at our accommodations, we proceeded directly to the hospital to conduct our initial clinic session. There, we assessed approximately 18 patients and obtained consent from those deemed suitable for surgery the following day.



Day 2

The second day of our program commenced with an assembly of all participating delegates. Our agenda commenced with didactic teaching sessions, followed by live surgical demonstrations. The operative training was focused on 2 local Consultants. Collaborating closely with the local team, we successfully performed four surgical procedures. Subsequently, in the afternoon session, we established the urodynamics equipment, conducted urodynamics assessments, and provided training in this domain. Two patients underwent urodynamic evaluations on this day.



Day 3 and 4

Our activities on the third day included conducting post-operative ward rounds and continuing educational sessions alongside further live surgical procedures. The surgical procedures were carried out by the local team under our supervision. Additionally, we conducted additional urodynamics training and facilitated four more patient assessments using this modality.

Day 5

Further live surgery was performed including a rectus fascial sling by the local surgical team under supervision. A dinner event was arranged for the attending delegates, fostering networking and camaraderie among participants.



Day 6

Prior to our departure, further teaching was carried out and we performed one final surgical procedure. In total, we reviewed over 130 patients, 13 had surgical procedures and 14 had urodynamics throughout the duration of the workshop.



Future Plans

We intend to maintain regular monthly multidisciplinary team meetings with the local team, facilitating ongoing collaboration and knowledge exchange. Additionally, we plan to revisit Malawi in twelve months to assess progress, provide further training, and offer continued support to the local team.

Acknowledgements

We would like to thank Meditech for their generous support of this project, and Kamuzu Central Hospital for hosting and supporting the workshop. The local team lead by Dr Priscilla Philips-Mwanza were outstanding, and the previsit preparation was key to the success of the visit and should be standard before any future Urolink workshops.

Faculty

Miss Tamsin Greenwell, Mr Nikesh Thiruchelvam, Mrs Suzie Venn -

Mr Ala'a Sharaf, Mr Wilson To - trainees

Summary of Activities

	Teaching	Operating	Clinic	Urodynamics
Day 1	-	-	2 clinics, 18 patients reviewed	-
Day 2	Lectures in SUI Urodynamic lecture and real time interpretation of results Live surgery	Three rectus fascial sling and one colposuspension	-	Set up new urodynamic machine One urodynamics case by AS
Day 3	Lectures on OAB, intravesical Botox, bulking agents, clam cystoplasty Live surgery	2 x local surgeons performing two colposuspensions assisted by TJG and NT Urethral diverticulum by TJG. 1 diagnostic cystoscopy under GA		4 x urodynamics studies performed by local clinicians supervised by AS
Day 4	General teaching session including case discussions. Live surgery	rectus fascial sling by local gynae/urologists supervised by NT (unscrubbed)		Patient assessments x 4 Urodynamics x 3
Day 5	Live surgery	rectus fascial sling by local gynae/urologists supervised by NT (unscrubbed) A Colpohysteropexy was performed by TJG	OPD x20 patients WT with local physicians	Six urodynamics supervised by WT
Day 6	Lectures on Ureteric reconstruction, neuropathic bladder, and urodynamics in neuropathic bladder by WT / NT	Ureteric reimplant for post c-section and hysterectomy for placenta accreta by NT		

