

## Newsletter October 2020

The world is a very different place following our last newsletter in December. Since mid-March there have been no Urolink visits abroad as a consequence of COVID 19, but the virtual world Europe has inhabited since then has meant we have still been able to help support our linked centres. It has also given us the opportunity to consider how we may help provide 'remote assistance' to our colleagues in LMICs until the pandemic is brought under control, or a vaccine is available.

Fortunately, the COVID pandemic has not had too great an impact in much of Africa, by comparison to the rest of the world, as you can see from this WHO data:



[WHO](#), accessed 01/10/2020

A lack of PPE in the early days caused much anxiety in sub-Saharan Africa. However, the rapid return to normal clinical turnover has meant that the burden of clinical work is just [as](#) large for our partner centres in Africa as it was before the pandemic. Many areas, such as Lilongwe, have seen a significant build up in cases needing TURP due to lockdown there.

## **Pandemic impacts**

The major issue for Urolink over the last 6 months has been the limitation in travel, with FCO advice being firmly against travel to most of Africa, and many other countries around the globe. Whilst that advice varies, and changes on an almost daily basis, many countries have allowed foreign entry with certain screening requirements. However, the necessity to quarantine for two weeks on returning to the UK has stopped most Urolink-associated activity outside the UK.

Whilst clinical work in our link centres has been least influenced by COVID 19, exams, meetings and education have been markedly affected. The COSECSA FCS exam, and annual meeting in Lusaka this December have been cancelled, [and postponed until 2021](#). The written exams will be taking place as normal and the MCS will be organised 'in country'.

The BAUS physical meeting in Birmingham, postponed from June to November, has been cancelled but a virtual meeting will take place [between 9<sup>th</sup> and 1<sup>th</sup> November instead](#). BAUS has allowed COSECSA member trainees free access to all aspects of this meeting by a person secure login using link vouchers.

As face-2-face (F-2-F) workshops have not been able to take place, innovation has facilitated the development of online teaching resources. BJUI Knowledge modules are available to all BAUS registered members, and their trainees, in linked centres and further webinars are planned by Nick Campain in collaboration with the Zambian trainees and Mumba Chalwe-Kaja. Charles Mabedi is running a virtual emergency surgery course in Malawi later this month.

To facilitate dissemination of information about it, the [Urolink website](#) has been extensively overhauled, and updated. There is extensive literature, and advice, about co-operative working with partners abroad, which includes youtube videos and podcasts, including a [podcast with Tim O'Brien](#), BAUS President about Urolink's activities. Shortly, it is hoped to have link centre contact information available on the website; this will sit behind a member login to gain access to this information. It will, however, give potential visitors a significant amount of information about the individual sites, their personnel, as well as travel, and local, information. All members are recommended to have a look at, or listen to the articles [on the site](#).

Zoom has made an enormous difference to the Urolink executive; regular meetings have taken place which have been able to include colleagues from Lusaka and Lilongwe. It is hoped that this platform can be utilised for more extensive dialogue within a variety of forums in the near future.

## **Remote assistance**

Without Urolink being able to provide F-2-F support members, and the executive, have turned increasingly to emerging technologies to aid communication and provide practical, clinical, assistance. Although links have always had good contact by email, WhatsApp or mobile phone, the need for solid WiFi provision in all areas has never been more important

so that software solutions for communication, discussion and education can evolve very rapidly.

It is hoped that some form of MDT forum for discussing difficult cases can be developed with many of our linked centres, and Shekhar Biyani and Graham Watson are exploring the use of Mixed reality (MR) solutions for remote mentoring. [Proximie](#) and Microsoft's [HoloLens](#) systems appear to be the main software/hardware contenders, although platform stability locally and cost associated with software licences are significant factors that need to be explored before a major commitment is made to this technology.

## **Funding**

Urolink has continued to enjoy exceptional support from the BJUI and TUF, as well as individual fundraising efforts and bequests. New grants are becoming available, due to TUF's generosity, for UK-based trainees who want to spend time abroad at the end of their training. Of course, the current travel restrictions make it difficult to predict when those visits can take place. Keep an eye on the [funding page](#) on the Urolink website to keep updated. Boston Scientific has made a generous donation to support the link between Urolink and Kamuzu Central Hospital (KCH) in Lilongwe.

Urolink continues to be grateful to those individuals who want to raise funds for the charity; if you are interested in donating, or want to publicise a sponsorship for Urolink's benefit then contact [Hannah](#) or [Tricia](#).

## **Updates on current link centres**

### **[University Teaching Hospital \(UTH\), Lusaka, Zambia](#)**

There are strong relationships between a number of Urolink members and the UTH in Lusaka. Paul Anderson and Nenad Spasojević have a well-developed relationship which we hope will continue for highly specialised reconstructive cases once the travel situation improves. Shekhar Biyani and Nick Campaign are well established in their liaison with Victor Mapulanga. Victor has recently confirmed that he would, ideally, like a C-arm to help with the UTH stone service; he is going to see whether the local orthopaedic team will co-fund this, whilst Urolink will look at how this could be funded from the UK. Victor tells us that good maintenance support for X-Ray equipment is available in Lusaka. Vanessa Savopoulos is coming to Leeds for a Fellowship shortly, and Shekhar Biyani plans to run a trainee Boot Camp in Lusaka later next year.

### **[Hawassa University Comprehensive Specialist Hospital \(HUCSH\), Hawassa, Ethiopia](#)**

Getaneh Teferi is now independently performing much endoscopic lower tract surgery and some rigid ureteroscopy and more straightforward urethroplasty, including some posterior work following RTAs. A [urethroplasty workshop](#) was carried out just before the UK lockdown which enabled a significant amount of F-2-F mentoring with Getch. Tilaneh Leyeh has been training in the department and is going, after a 6-month COVID delay, for a Urolink sponsored Fellowship at KCMC later this month with the intention of returning to HUCSH afterwards. Demake Dawit is a urologist practicing locally who has some sessions with

Getch; it is hoped he will become the third consultant in the department. There are not insignificant problems with equipment in Hawassa, especially flexible cystoscopes, which Urolink is seeking to address. We are also exploring the possibility of setting up an online MDT for case discussion for complex problems, and improving Hawassa's theatre WiFi platform resilience so that some remote mentoring would be possible. Getch is keen to see the reconstructive and stone teams back!

### [Kilimanjaro Christian Medical Centre \(KCMC\), Moshi, Tanzania](#)

The [13<sup>th</sup> Lester Eshleman workshop](#) was held in December 2019, which was well attended by Urolink members, and included Ram Subramaniam who gave his usual clear exposition about the management of complex paediatric problems. That workshop gave the opportunity of linking into the South of England reconstructive MDT, and helpful advice was obtained from Tony Mundy regarding the management of an extremely complex post-obstetric case. Unfortunately, this year's travel restrictions stopped Tony going out to KCMC to help sort out this case.

### [Kamuzu Central Hospital \(KCH\), Lilongwe, Malawi](#)

Charles Mabedi is firmly established back in Lilongwe after having spent 2 years in the UK. Charles has become an extremely helpful and enthusiastic advisor to the Urolink executive. He has recently completed a podcast about his experiences in coming to the UK for a Fellowship; this will be available on the website very shortly. Charles will have a trainee working with him for 3 years shortly, is running the EMS course later this month and hopes to run a TURP camp as soon as practical. Charles also needs assistance with upper tract endoscopic stone surgery and urethroplasty, so is keen for people to travel as soon as possible!

### **COSECSA**

We continue to try and forge strong links with COSECSA, mainly by supporting the FCS exam, and their annual meeting. With the exams and meeting cancelled this year, we are going to explore what they would like us to do, if that can be achieved remotely, and to be a linked partner on their website. It is hoped that the FCS exam may run in March 2021 with the site to be decided.

### **Trainee representation**

We are very pleased that Nick Campain has now been appointed as a consultant in Exeter. Nick's work and family commitments have meant he wants to step back from Urolink secretary, and Steve Payne has agreed to follow him in that role. Matt Trail will become the link with BSoT, and sit on the Urolink executive.

### **Addis paediatric urology workshop**

It was planned for Ram Subramaniam, and colleagues, to run a paediatric urology workshop in Addis this November, in conjunction with the local organiser Hannah Getachew. Funding

for this workshop is still there and Ram will be arranging the meeting as soon as the travel situation allows.

### **Proposed new centres**

Dr Rosemary Nassanga has requested that Mulago National Specialised Hospital in Kampala, Uganda becomes a linked centre. Rosemary has been a very longstanding associate of Urolink's, and the executive is looking at her proposals about how we can help.