UROLINK
PROMOTING UROLOGICAL CARE AND EDUCATION WORLDWIDE

Visit report	
Country visited	**Malawi**
Institution or workshop	**Kamuzu Central Hospital**
Dates of visit	**26th February-3rd March 2023**
Team members	**Ram Subramaniam** **Steve Payne**

Ram, Amarylis and Charles

Travel

- Manchester to Addis (8 hours overnight) then Addis to Lilongwe (3 ½ hours); would have been a 2 hour lay-over but both Ram and Steve were in Addis. Booked through SP's travel agent in Manchester.
- Malawian eVisa is straightforward, costs $52, is available online and takes up to 5 days to process; print a copy of the visa out to take with you as you go through immigration. You will need to show your passport multiple times at arrival at Kamuzu airport; also keep your boarding card for after baggage collection (so it can be assured you are taking your luggage, not someone else's!). Immigration will take your visa off you, stamp your passport then you will have to queue again to get a 30-day entry permit!

- 2 x23Kg baggage allowance and 7Kg hand baggage + 5Kg of other carry onables (laptop etc.).
- Pick up was kindly provided by Charles Mabedi.

Accommodation and locality

- Single room accommodation was booked at Woodlands (B&B), where SP had stayed on a previous visit. Food and drinks were at individual expense. Excellent selection of foods with expansive Indian menu.
- Good Wi-Fi in the hotel but different areas have different passwords!
- The locality is well known to us, and Woodlands provides such great food there was no need to leave the hotel for anything.
- Safety after dark is an issue outside the hotel's boundaries.
- ATM was available at Kamuzu airport, but you really don't need too much money unless you are having time away from the hospital.
- Charles picked us up each morning.
- Bananas and tea provided for lunch.

Hospital politics

- You are required to be registered with the Medical Council of Malawi to work in the country. This demands a number of documents to be submitted to them well in advance of the trip:
    - Application form with the MCM.
    - Passport-sized recent photo
    - Photo of your basic medical degree
    - Photo of your surgical diploma
    - Certificate of good standing with the GMC
    - The appropriate fee

  It is probably best to liaise with the local champion in Malawi who can help in this process, and can get verification performed in country; this is significantly cheaper than having this done in the UK.
- There is still only 1 consultant in urology with 6 junior staff. It is anticipated that one of the trainees will become another consultant in 2024. Dr Amarylis Mapurisa, one of 2 paediatric surgeons, joined the workshop.
- Kamuzu is now accredited as a training center for urology by COSECSA, so there is the possibility of further expansion as funding becomes available.
- We met Dr. Jonathan Ngoma, the hospital director who was very enthusiastic about Urolink being there and was especially grateful to Ram for helping the local team improve the quality of their paediatric urological outcomes.
- Fine instrumentation, fine sutures, and loupe magnification are an issue and there had to be significant improvisation of post-op dressings following hypo repair. Foam dressings were not available, and the selection of catheters was limited.
- Facilities are, generally, good.
- There was great professionalism in the theatres.
- The attitude towards training is excellent, and trainees were actively involved.

The surgical team discussing a case prior to carrying out the WHO checklist

Clinical interactions

- A pre-op ward round was carried out on the Sunday afternoon when 13 cases were seen and assessed. There was good organization of cases and activity, which was almost certainly reflective of the commitment of the senior staff and the number of people in the unit.
- There were daily discussions about cases, which determined the operating schedule for a day or two ahead**. Again, as in Ethiopia, a comprehensive method of recording the patients, and their clinical problems was essential to ensure their safety.** A notebook and pen, at the very least is essential, and a means of archiving images is advisable. A Word-based template for recording information will be put on the Urolink site.

- There was great service from the anaesthetic team and general anaesthesia, with caudal block for intra and post-op analgaesia, was provided for all cases.

- 22 cases discussed
- 17 patients operated on
- 12 reconstructive or definitive procedures
- 11 minor procedures

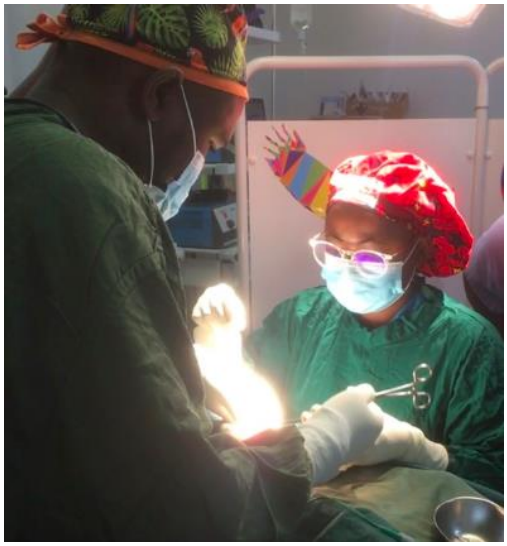
- 4 patients were determined not to be appropriate for further consideration.

The week was started relatively slowly to facilitate Ram's orientation and familiarity with the operative possibilities available. One huge advance was the use of disposable corneal knives for glans mobilization. A frugally innovative wrap round penile dressing was devised following distal hypospadias repair. A means of maintaining penile length was effected using the penile traction stitch over part of a suture pack. This was created after a wrap round dressing with Vaseline gauze, gauze, and zinc oxide tape to secure the penis to the abdomen, had been applied.

The daily tally of operative cases is shown below:

Session	Problem	Surgeons	Proc 1	Proc 2
Day 1 27/02/2023	Proximal hypo, R UDT	RS & LK	EUA	R orchiopexy
	Distal hypo	RS & CM	TIP	Circumcision
	Distal hypo	AM & trainee	TIP	Circumcision
	Distal hypo	RS & AM	TIP	Circumcision
	Distal hypo	CM & LK	TIP	Circumcision
Day 2 28/02/2023	Peno-scrotal hypo	RS & CM	1st stage and graft	
	Peno-scrotal hypo	RS & AM	1st stage and graft	
	Distal hypo	AM & LK	TIP	Circumcision
	Distal hypo	CM & LK	TIP	Circumcision
Day 3 01/03/2023	Revision proximal	RS & CM	1 stage incision & buccal mucosa graft	Revision R orchidopexy
	Proximal hypo	RS & AM	1st stage and graft	L Orchidoexy
	Distal Hypo	AM	TIP	Circumcision
	Proximal hypo	AM	Laparoscopy	? orchiopexy
	DSD	AM	Bilat groin explorn	Cysto ? Lap
Day 4 02/03/2023	L ureterocele	RS, CM & BN	Marsupilisation of ureterocele	
	Post hypo fistula	AM	Distal fistula closure	
	Proximal hypo, L UDT	AM	L orchidopexy	

Key LK = Linda Kayange, CM = Charles Mabedi, AM = Amarylis Mapurisa, BN = Bip Nandi,.SP = Steve Payne, RS = Ram Subramaniam



Amarylis learning from Ram, and Charles teaching Linda.

All the local team were involved operatively.

Surgeon	**1º**	**2º**
Charles Mabedi	3	4
Amarylis Marupisa	4	4
Linda Kayange	2	4
Resident	-	1

The primary and secondary surgeons during the workshop

Social interactions

The team had dinner at Woodlands on Tuesday evening. Bip Nandi invited the team across to his house on Thursday afternoon for dinner and Ram and Steve went to Lake Malawi with the Mabedi family on the Friday, as it was a public holiday on 3rd March (Martyr's day).

Charles, Thandie, Steve, Thanda, Ram and Alipo on return to Kamuzu airport

A concluding overview

We felt that this was an excellent visit, and the first pure paediatric Urolink visit. It facilitated a lot of top down disseminated learning. Ram taught Charles and Amarylis and they taught their trainees TIP procedures within the first day. The complexity of the longer hypospadiac problems meant that there was little first surgeon possibility for our Malawian colleagues on this occasion. There is a huge amount of material for further penile reconstructive urethral surgery and, indeed, there are already 8 proximal, or revision cases waiting; it is hoped that a further camp can be organized in November, prior to the Lester Eschleman workshop in KCMC. There was a lot of debate about the pragmatic approach to the exstrophy/epispadias complex and it seems unlikely that there is going to be any possibility in providing any reconstructive surgery for them in Malawi, despite what is written in the US literature.

It was felt that Charles and Amarylis provide an excellent focus for the dissemination of paediatric urological expertise, especially if there is going to be significant increase in consultant numbers at KCH in the next few years. The following are notable:

- The volume of paediatric urological work is extremely high, and some of it very challenging.
- Service provision is of a high standard within the confines of global financial constraint.
- Charles is an excellent, organized local champion and those qualities permeate his junior staff.
- Amarylis is an excellent technical surgeon and a great adjunct to the urological department.
- The quality of training is extremely high, and there are a large number of trainees wanting to pursue pure urological careers; this increases the possibility of providing sub-specialist training.
- With the current facilities and with a broader sub-specialist approach, KCH would be an excellent regional training centre.
- There is also an appetite for some research with a view to delineation of the most appropriate approaches to several paediatric urological conditions/practices. An increase in data and its publication would substantially help the unit.
- Lilongwe is a pleasant centre to work in and offers the possibility of leisure travel

However,

- At present there is limited specialist availability at consultant level. Despite Charles's huge energy he desperately needs further colleague support.
- There is a shortage of peripherals for non-invasive interventions.
- There is a need for surgeons undertaking paediatric reconstructive work to have lightweight magnification available for operative interventions.

KCH could very well become the regional centre for training and an ideal place for the dissemination of urological expertise in the region. The volume of work already 'scheduled'

is conducive to a further workshop in the autumn, which would help increase local technical skills in proximal hypospadias repair.

Thanks

No trip like this would ever happen without a whole bunch of people providing invaluable support. We are truly grateful to them:

Urolink for funding travel and hotel accommodation

Tricia Hagan, Hannah Doyle and BAUS UROLINK – Organizational support
The staff at Woodlands who helped enormously with our comfort during this very rainy visit

Charles, Amarylis, Linda and all the junior staff, but especially Andrew, at KCH for their hard work in getting the patients in and ready for theatre
All of the theatre team for being so professional
The anaesthetic staff for delivering a high-quality service

Theatre staff in Leeds and Manchester for helping provide out-of-date, and loan, equipment to facilitate this operative camp.