



The British Association
of Urological Surgeons

**The College of Medicine & Health Sciences School of
Medicine, Hawassa, Ethiopia**



Sunday 1st March to 12th March 2015
Report on UROLINK visit

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Graham Watson



Sunday 1st March 2015

I arrived at Addis Ababa on 1st of March, from Nairobi, around 02:00 hours and waited at the airport for Thomas (Tom) Smith (Urology Str 4, Kent, Surrey and Sussex deanery). Dr Aberra was waiting for us with his team at the airport. Dr Getaneh Teferi, Urology resident from Addis, also joined us and traveled to Hawassa with us. After clearing immigration I contacted Tony da Silva, Consultant Vascular Surgeon from North Wales. He, with his team, had done training in Hawassa for a week and was going back. We all went to his hotel and had breakfast with him and received feedback from his trip. Tony was very happy and was full of praise for Dr Malade, Head of Surgery, Hawassa Referral Hospital. We all left for Hawassa around 09:30 hours and reached Hawassa at 14:30. The Ethiopian Prime Minister and his team occupied the hotel we were supposed to stay at and therefore we had to find another hotel. Dr Aberra informed us that Monday is a public holiday and surgery won't be possible - we were disappointed. After some rest we had a meeting with Dr Aberra and decided to visit hospital on Monday to assess cases for Tuesday.

Monday 2nd March 2015

Dr. Aberra arrived at the hotel early and Tom and I went to the hospital. We selected 3 cases for the Tuesday list. Monday was a national holiday and therefore we could not operate. In the afternoon, I had a meeting with Dr Aberra and he updated me about hospital and urology department activities. These were as follows

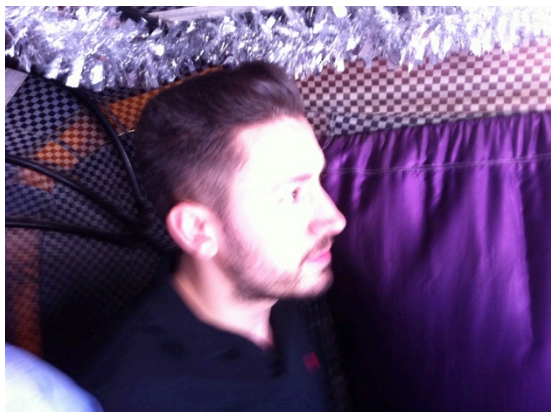
- Postgraduate program in surgery has started and there are 6 residents.
- Installation of CT scan is almost complete.
- Plan to build new theatres.
- Cystoscopy and optical urethrotomy offered regularly. Dr Aberra lacks confidence in TURP.
- In April 2014 – 1 week-training session was done with the support from Dr Samudai from Addis.
- Significant turnaround in theatre staff and possibility of some stability.

I met with Yashee, Urology Theatre sister. I was glad to know that she has been relocated to the surgical theatre from obstetric theatre. Sister Ellis from Pinderfields Hospital, Wakefield, trained Sister Yashee during our visit in 2011. In 2013 she was moved to the obstetric theatre and that caused some problems with urological equipment.

In the afternoon, we met with Dr Malede. He was very pleased to see us and assured us of full cooperation. Dr Aberra came in the evening to meet us and requested me to teach 3rd year medical students in the morning.

Tuesday 3rd March 2015

We reached hospital early and went to theatre. Tom and I went to the lecture theatre to teach medical students. Dr Aberra joined us and introduced me to the class. Dr Aberra and Tom left for theatre. I decided to teach common lower



Tom on a Tuktuk – first ride!



Tom helping with TURP

urinary tract symptoms and urological history. At the beginning students were quiet and shy but I managed to break the ice and had a good interactive session. After finishing teaching I went to theatre. First case was a patient with urethral stricture. Dr Aberra, with help from Tom, managed to perform an optical urethrotomy. It was a long and difficult stricture. Unfortunately insertion of a catheter was not possible and we decided to leave the patient with a suprapubic catheter. It was nice to see Dr Aberra doing a “modified” WHO check list. The second case was a patient with urinary retention for a TURP. Dr Aberra attempted to perform a cystoscopy but unfortunately could not do it due to problems with the camera. We therefore decided to do an open (transvesical) prostatectomy. Dr Getaneh Teferi, Urology resident from Addis, took Tom



Tom operating with Dr Teferi and Dr Aberra going through the WHO check list

through the operation. Dr Aberra was also supervising. I took the stack system in a different room and managed to get it going again. Doing another operation was not possible as we lost time due to problems with the camera.



A new addition to the hospital - ICU

We went to the ward to see postoperative patients. Dr Teferi joined us. We noted that the patient who had an open prostatectomy was in clot retention. There were not syringes or devices to perform bladder washout therefore Dr Aberra took him back to theatre and washed his bladder. We came back to the hotel.

In the evening Dr Samson Demissie came to meet me. Dr Demissie is interested in developing urology and was very keen to learn during our last visit in 2013. I was slightly disappointed to know that he is not attending theatre with Dr Aberra as Mr Badrakumar (Consultant Urologist, Dundee) and I were trying to arrange a 12-month training fellowship for him at the Christian Medical College, Vellore, India. I had a long discussion with Dr Demissie and stressed that to maximise benefit from the trip he has to work hard on theoretical and practical knowledge in urology. Tom joined me and we took Dr Demissie for dinner.

Wednesday 4th March 2015

Dr Teferi came to our hotel and 3 of us left for hospital. First we went to the surgical handover meeting. Dr Malede, Head of Surgery was chairing the meeting. All acute cases were presented with clinical history and imaging details. All residents and surgeons were present at the meeting. Dr Malede very well conducted the meeting, with good discussion on management of acutely ill surgical patients. It was a pleasant surprise.

We left for theatre and on arrival to OT, we were told that there is a problem with the water supply therefore may not be possible to start the list. It was disappointing but Dr Malede, Head of Surgery was working hard to resolve the problem and came to theatre to tell us that we can start surgery. Dr Teferi and Tom started cystoscopy on a patient with a small bladder stone and obstructive prostate. After 10 mins the camera started to trouble us and we lost all colour from the screen. I therefore decided to do it myself and performed cystolitholapaxy and a small TURP with difficulty. It was frustrating and I took the stack system in other room to resolve the problem. Tom performed another open prostatectomy with Dr Aberra and Dr Teferi. Finally, I managed to sort the camera system and tried several times. After our postoperative ward round, Dr Teferi, Tom and I came back and had a late lunch. We had a long discussion with Dr Teferi about his future plan. He informed us that he would be joining Dr Aberra as another urologist in 2017 after finishing his training. The University of Hawasaa had sponsored his urological training and therefore he has to come back. Dr Teferi assured that he would be joining us during future visits.

Thursday 5th March 2015

Today we had 2 TURPs to do. It was very pleasing to see stack working. First case was a small TURP and Dr Teferi and Tom started the case. Dr Teferi attempted to do resection but it appeared that he needs more training. Dr Aberra took over and did a part of the resection. Tom finished the TURP. In the second case Dr Aberra did more of the resection and Dr Teferi did basic cystoscopy. Dr Aberra did use a TURP check-list (prepared by us during last visit). Both cases went well.

I was supposed to leave for Addis therefore left hospital around 2 pm and reached hotel to pick up my luggage. A hospital car was going to take me to Addis. I was going to join Mr Graham Watson, Prof Gordon William, Dr Mulat and Dr Samoudi (local urologists) for dinner. After some delay, the car arrived. I reached Addis around 10 pm. And managed to meet all of them. I briefed Mr Watson about my experience. Dr Mulat very kindly agreed to drop me at the airport to catch my return flight.

Report by Mr. Thomas Smith

Friday 6th March 2015

Shekhar had flown back to the United Kingdom and Graham Watson was in transit from Addis Ababa. We performed 3 cases. Firstly, I assisted Dr Aberra who performed an open nephrolithotomy. We then performed 2 TURPs. The stack functioned well and Dr Aberra showed improvement and performed most of the middle lobe resection on the first case. I completed the resection and then Dr Teferi started the second case. Dr Teferi was able to pick up the resection skills quickly and showed real promise. Graham arrived as I was finishing the final TURP. He was given a tour of the hospital and patients were reviewed to decide on cases for next week. The 4 of us then headed off for a coffee and tour of Hawassa

Saturday 7th and Sunday 8th March 2015

There was no operating possible over the weekend. Graham and I spent a large amount of time with Dr Aberra and Dr Teferi seeing the sights of Hawassa. It was a good opportunity to speak in depth to Dr Teferi about his plans. He is contracted to Hawassa for the next 10 years and is a bright, keen and very able surgeon. It became clear to both Graham and me that to really achieve our aims in Hawassa any further trips would need to involve training and teaching Dr Teferi as well as Dr Aberra.

Monday 9th March 2015

Graham performed a primary anastomosis for a dense bulbar stricture. Dr Aberra and I assisted. Light was a real issue during the case but a good result was



Mr Watson performing urethroplasty

obtained. Dr Teferi assisted me performing a transvesical prostatectomy and then we completed the list with a TURP. Dr Teferi and Dr Aberra started and then I completed the resection. There was definite improvement from both with better haemostasis being kept throughout the procedure and more controlled swipes being taken.

Tuesday 10th March 2015

The first case was a ureteric reimplantation of a young girl with a likely congenital megaureter. Graham performed this with me and Dr Aberra assisting. Dr Teferi then performed a cystoscopy and Dr Aberra an optical urethrotomy. Both of these cases were performed independently. At the beginning of the trip Dr Aberra was relying on the nursing staff to set up the cystoscope but he was now setting things up himself and performing the cystoscopy with much greater confidence.

Wednesday 11th March 2015

Our final day operating in Hawassa. We performed 4 TURPs. Dr Aberra performed one case on his own. The other cases were started by Dr Aberra and Dr Teferi. Graham supervised throughout.

Thursday 12th March 2015

Graham and I headed up to Addis Ababa with Dr Teferi. Dr Teferi was dropped off at the black lion hospital before Graham and I went to meet Professor Gordon Williams. He discussed cases with Graham for PCNL before taking us on a tour of Addis and the surrounding mountains. The three of us went for dinner before I headed to the airport leaving Graham to operate in Addis the next day.

What is new at Hawassa?

- Now there are 9 surgeons in the department.
- CT installation is complete.
- ITU is running well.
- Hawassa as a city has grown explosively in recent years.

What went well?

- I managed to continue and strengthen our link further.
- Dr Aberra, despite his recent illness, showed a strong desire to learn and continue to develop urology further.
- Introducing Mr Watson expertise to the unit.
- Urology trainee from UK had good exposure to open surgical procedures also developed friendship with a local trainee.
- Dr Malade's support was exceptional. He was very keen to know about the progress and future plans.
- Meeting Dr Getaneh Teferi, urology resident, and working with him in theatre.
- Multispecialty support along with Mr Tony da Silva (Vascular Surgeon from Wales) would be useful.

What could have been better?

- To ensure extended theatre session during visits would be useful to maximise gain from the visiting faculty.
- A regular training session to theatre staff could have helped us with stack problem.
- Routine check of equipment, diathermy machine and stack should be done.

Future plans

- To organise training session for theatre staff.
- To discuss at the UROLINK meeting about continuing support.
- To support Dr Teferi during his training with educational material and skills.

Acknowledgement

We are thankful to Mr Ru MacDonagh Chairman, UROLINK, for his continued support and to Dr Aberra for tireless efforts in facilitating this visit despite his illness. We could not have done without the excellent support from Dr Getaneh Teferi, Urology resident from Addis.

We would like to express sincere appreciation to Dr Malede, Head of Surgery for demonstrating his enthusiasm for our visit.