

Paediatric Urology - Prof Ram Subramaniam (RS) Urolink visit to Lilongwe 2025

Dates: 19 to 24 January 2025

Host: Dr. Charles Mabedi (CM), Urologist, Kamuzu Central Hospital, Lilongwe, Malawi

Paediatric surgeon: Dr. Amaryllis Mapurisa (AM), Dr. Bip Nandi (BN)

19th Jan 25

RS arrived and picked up at the airport by CM and within the hour a visit to the hospital to see the 10 cases planned cases of varying complexity. A list for the following day was constructed and confirmed.

20th Jan 2025

Visit to Radiology for US scan review on a complex case of severe penoscrotal transposition with severe hydroureteronephrosis.

Case 1. Redo urethroplasty. (Complex major category). Surgeon: RS, Assistant: CM

Previous repairs done 3 times. Current situation is proximal penile meatus and is stenotic. Skin graft on the ventral aspect on the left side.

Corrected the mental stenosis by midline incision on dorsal aspect is meatus. U shaped incision to define limits of urethroplasty. Aggressive dissection to free the tissues from underlying scarred tissue.

Release incision on the plate in the midline to allow tension free closure.

Urethroplasty in 4 layers over 10F catheter with 50 PDS sutures interrupted.

Case 2: Second stage repair of previous first stage 14 months ago. Surgeon: CM, Assistant: RS

Graft take is excellent and tissues ready on assessment.



CM operating the case 2 under supervision from RS.

4 layered urethroplasty performed over 12F catheter; 60PDS sutures. Tension free repair achieved.

Case 3: Distal hypospadias in a 10-year-old boy; Primary case

Surgeon: AM, Assistant: Linda Kayange; RS Supervising



AM operating with Linda Kayange

Tubularised Incised Urethroplasty

RS confirming correct technique of raising dartos flaps for waterproofing with traction/counter traction

21/01/2025

Post op rounds: Yesterday cases all well.

Case 1: Severe Peno-scrotal transposition EUA Penis together with the team & Plastic surgeon

Slender 180 deg tortes penis with poor calibre urethra that has an abnormal course downward.

Bladder is full up to Umbilicus.

US scan showed bilateral severe hydroureteronephrosis

Cystoscope with 8.5 F scope shows normal LUO, R UO not seen. Bladder elongated and trabeculated.

Vesicostomy done to get the upper tracts decompressed and then let the child recover to a better clinical condition before attempting complex major reconstructive surgery at next visit by RS.

Child currently not fit to undergo major procedures with skin grafts etc.

Case 2: Query Congenital urethral fistula at level of prostatic urethra or bladder neck. Surgeon: RS, Assistant: AM and trainee

Cystourethroscopy reveals fistulous Tracy heading towards bladder neck area.

Extremely unusual case. Midline approach with patient prone. Urethra dissected free and the track identified as running parallel and heading towards bladder neck.

Fistula then dissected off separately and closed in two layers as high as possible.

Good outcome, urethral catheter 8 F left in situ for 2 weeks.

Pics above demonstrate pre op and intra op findings during the procedure.

Case 3: Primary distal hypospadias. Surgeon: Trainee, Assistant: AM

Trainee performed tubularised incised urethroplasty assisted by AM under RS supervision.

22/01/2025

Case 1: Severe Penoscrotal hypospadias with chordee in a 18-month-old boy

Surgeon: RS, Assistant: AM

Single stage long tubularised urethroplasty with Nesbitt's dorsal plication to correct chordee.

Mobilised neurovascular bundle, Nesbitt's completed and chordee corrected confirmed by tourniquet test and procedure completed with end result. Meatus at the glans with adequate calibre and no residual chordee.

Challenging case as penis slender and small glans with chordee.

Penis was de-gloved but with an intact urethral plate. Nesbitt's plication done on dorsal aspect on two sites with 70PDS after adequately mobilising neurovascular bundle.

Chordee correction confirmed and tubularised incised urethroplasty performed with 50 vicryl.

Dorsal dartos flap raised and transposed ventrally as waterproofing layers.

Penile shaft skin redistributed using 50 vicryl sutures.

Case 2: Primary distal hypospadias in a 11-months-old boy Surgeon: CM, Assistant: trainee under supervision by RS



CM operating with trainee

Tubularised Incised Urethroplasty .Urethroplasty completed with dartos waterproof cover.

Case 3: Primary distal hypospadias in a 5 year-old-boy. Surgeon: AM, Assistant: Trainee

Tubularised Incised Urethroplasty

23/01/2025

The schedule for the day was disrupted due to a combination of factors including emergency cases and some inter dept communication issues. This led to delayed start of scheduled cases.

Case 1: Primary distal hypospadias. Surgeon: CM, Assistant: Trainee

Case 2: Primary distal hypospadias. Surgeon: AM, Assistant: Trainee

Case 3: Bilateral Impalpable testis for Second stage Fowler Stephen's Laparoscopic Orchidopexy. Surgeon: BN, Assistant: Trainee with RS supervision



Challenging case because both testes were in the abdomen. First stage was done by dividing the testicular vessels with diathermy. That caused some adhesions towards the iliac vessels.

Right sided mobilisation was done with laparoscopic approach.

Equipment necessary was unreliable and, therefore, took a while sorting issues before procedure could be attempted.

In addition, RS was able to follow up a complex case from the last workshop done in Nov 23, excellent outcome in a 3-year-old with complex fistula following previous ARM surgery.

The workshop ended with get together on 23rd evening with dinner at Woodlands with trainees and faculty.

Summary:

Overall, noteworthy progress has been made with skills within the team members, and they are able to perform routine hypospadias surgery, both for distal and proximal variety in primary cases. This is truly satisfying from RS point of view, given the efforts over the 3 Paediatric Urology workshops.

The team need further support in managing complications and complex cases. The team would like on going support on an annual basis and are grateful to Urolink and BAUS in facilitating this development at KCH in Lilongwe.

Ram Subramaniam – January 2025