TUF Urolink Fellowship Report – Johann Boaz, Imperial College London.

1st UROLAP Laparoscopic Urology Workshop

Korle Bu Teaching Hospital, Accra, Ghana.
23-27th September 2024

Ali, Zeeshan, Elsie & Johann (L to R)

I am privileged to receive the award of a 2024 TUF Urolink Fellowship for a weeklong laparoscopic training workshop in Ghana. I am grateful for financial support from The Urology Foundation (TUF), and the efforts of the BAUS Urolink organization to connect UK trainees and fellows with established surgical outreach programmes, primarily in Africa.

The Korle Bu Teaching Hospital (KBTH) is the premier tertiary care health center in Accra and the 3rd biggest in Africa. This 2000-bed facility recently celebrated the centenary of its founding in 1923. It serves as the apex urology center for Ghana and receives referrals from across West Africa. The training programmes at KBTH are amongst the best in the continent and are accredited by the West African College of Surgeons. Our workshop was timed to coincide with the inauguration of a stand-alone block for Urology and Nephrology with integrated theatres, dialysis unit and diagnostic services.

The department is headed by Prof. James Mensah, a dynamic leader with an eye to the future. He identified two of his colleagues, Drs. Isaac Asiedu and Kenneth Klufio to lead the laparoscopic service. The urologists at KBTH are extremely skilled at open procedures which they hope to transition to minimally invasive approaches. Our team was led by Zeeshan Aslam (Aberdeen), ably seconded by Ali Thwaini (UAE). Both are seasoned uro-evangelists and gifted minimal-access mentors who have conducted

workshops in Senegal, Liberia, Nigeria, Kenya, Pakistan and Middle East. Elsie Mensah and I (both London-based) rounded out the traveling contingent.

The workshop was to follow the standard template, a week-long, intense, hands-on workshop at the first visit, followed by workshops running every 6-12 months to consolidate until units were independent. The structured programme covered fundamental topics pertaining to minimally invasive surgery delivered through lectures, simulation and live surgical training. The host team had arranged a country-wide live transmission and residents from across the country were given time off to attend the course.

On the morning of the 1st day, Prof. Mensah gave us a tour of the new center and described the conception, planning and proposed delivery of services. We were pleasantly surprised by the quality of the infrastructure and the investment in equipment

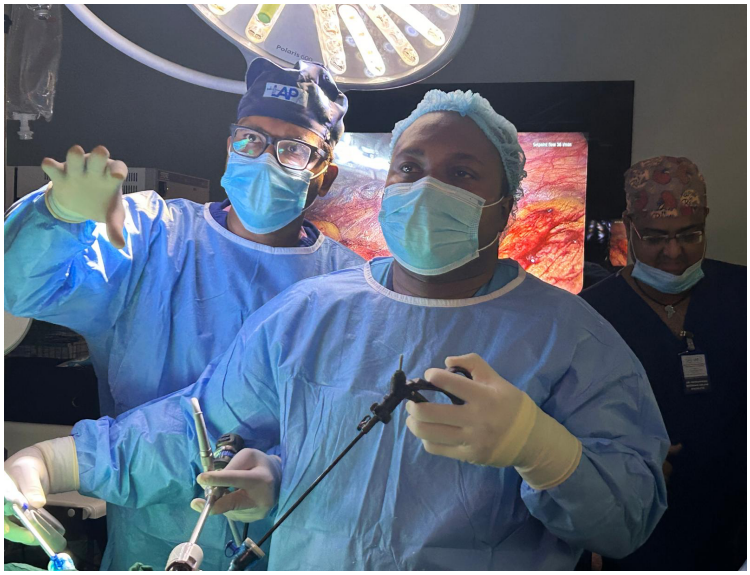
and technology. The new theatres were state of the art and more advanced than many within the NHS. The facility was inaugurated by the Health Minister of Ghana. There was significant interest from national media who interviewed us and televised content from the programme.

We commenced with talks on essential laparoscopic topics covering fundamental principles, followed by simulation exercises for the residents who continued to practice throughout the week. I must mention that the local Medtronic team extended their support and provided top quality laparoscopic simulators. We inspected the laparoscopic instruments, vision carts, insufflators, energy devices etc. to ensure that all the requisites would be available for live sessions the next day. Zeeshan had brought handheld harmonic shears with a portable battery as a backup as well as additional instruments. We concluded the day by meeting prospective patients in the ward and checking clinical findings and imaging. The patients were counselled and consented at this time.

The first case of the laparoscopy workshop was the decortication of large renal cyst. Performed under supervision by Isaac, this was an auspicious start that gave the local team a great deal of confidence. This also bolstered our assessment that we were working with diligent surgeons who would develop laparoscopic skill without great difficulty. Next, a laparoscopic varicocoele ligation was performed by Kenneth, followed

by diagnostic laparoscopy for an undescended testis. These reasonably simple cases served as a good platform to acquaint the local team with patient positioning, port placement, bowel mobilization and use of common instruments and energy devices.

During the rest of the week, we continued to provide live hands-on training with the residents providing assistance. We gradually moved on to laparoscopic nephrectomy and pyeloplasty. The host team performed a large part of these procedures with help needed advanced steps such as laparoscopic suturing. We suggested that in the early stages of pyeloplasty, the mobilization could be done laparoscopically and the rest of the operation through a small open incision to complete suturing. This will allow graded progression of skills while maintaining patient safety.



All cases were completed laparoscopically without complications and the surgeons demonstrated significant improvement in their skill and confidence level. All patients made a good recovery with shorter hospital stay, significantly lower post-operative pain, and early mobilization compared to open procedures. I was involved in each aspect of the training from planning, case discussion, lectures, simulation training, to assisting and instructing local surgeons.

The anaesthetic team demonstrated excellent knowledge and skills in supporting laparoscopy. The theatre staff were well-drilled and showed the ability to troubleshoot which is always a good sign when using new technology. The team coordinated two theatres simultaneously so that one anaesthetist could recover the first patient while another started the next case in a parallel theatre. This maximized our use of time and ensured that both primary surgeons were available to perform, assist or observe all the cases.

We were greatly encouraged by the commitment from the host team and are confident that this project is sustainable in the long term. The personal relationships that were fostered will also encourage us to return for further workshops. The lead surgeons, Isaac and Kenneth showed a remarkable ability to learn, retain and improve taught skills in a safe and effective manner. At the final debrief, our faculty were unanimous that the local team had reached the desired level of competence to commence independent operating for simple cases which would lead to more complex operations supported by further programmes.

We were well looked after throughout our stay. One of the final year residents, John would pick us up every morning despite us protesting that he was going out of his way. In the event, this arrangement did benefit us in getting to the hospital on time as well as learning how surgical training was structured. We are looking to arrange fellowships for highly motivated and hard-working Ghanaian surgical residents like John.

We were incredibly lucky to have Elsie, Accra-born and fluent speaker of Twi and Ga to show us around. We made a day trip to the Peduase Hills courtesy our dear friend Nana'ba and her enthusiastic driving. Stunning views of Accra at sunset and an interesting visit to a local menagerie followed (one simian was very pleased to see us and it did not need a urologist to notice). Local cuisine has always been a highlight of travel, and I indulged in Jollof rice, Waakye, Banku and assorted delights. We *attempted* line dancing at the Afrikiko club and were left in complete awe of the Latin-inspired moves of locals who take great pride in their form and fluidity. 'The marriage of Anansewa' at the Ghanaian National Theatre, was a hilarious window into the daily life and choral tradition of these effortlessly ebullient brothers and sisters.

The Kwame Nkrumah memorial for the ‘Gandhi of Ghana’ was an instructive and sober reminder of the price paid in the pursuit of independence. This strident voice for Pan-African unity at the dawn of post-colonial self-determination suffered from political machinations that evidently spare no nation. The ECOWAS (Economic Community of West African States) is based on his idea of national sovereignty within a wider federation of states although he would have liked to see it include all of his beloved Africa.

I took away plenty from this rich experience. I had previously provided urological training in Ethiopia and visited the Groote Schuur Hospital in South Africa (of Christian Barnard fame) but this was my first time in West Africa. A common thread was that African urologists are generally very adept at open operations and have high volume of clinical and operative experience relative to their years of training. This sets them up very well for the transition to minimally invasive operations. Programmes of this nature don't come together without detailed planning and preparation. We had planning meetings online with the hosts to hash out logistics beforehand. Zeeshan had a set of standby instruments, clips and even an energy device I mentioned earlier. There was redundancy and back-up built in from the logistical (time allocation), personnel (sickness) and resource (equipment) perspective. The objectives were stated at the outset, but we were able to dial up based on expertise and confidence that the local team demonstrated. Most importantly, this endeavour was first and foremost in the service of patients who put their faith in Korle Bu and its surgeons. Every patient was carefully vetted and each was informed that this was a new modality for the local surgeons who were under supervision. We ensured that their trust was rewarded by our best efforts to care for them.

I have gained immeasurably from overseas workshops and training programmes over the years. The TUF Urolink award allowed me to continue this journey, and I encourage trainees and fellows to connect and use this opportunity to widen horizons. In a time of unprecedented disruption and challenges within the NHS, traveling to teach allows us to recognize our good fortune in the resources and support available to us in the UK. Collaborating with fellow clinicians outside our usual spheres helps to find balance and fulfilment. I have found this a robust hedge against burnout, which is often difficult to recognize and better prevented than cured. Lastly, it is remarkable how shared experience in an unfamiliar environment encourages camaraderie and companionship. Your mission buddies will remain your friends for a lifetime.

I thank Zeeshan Aslam and UROLAP for the opportunity to serve as faculty. My sincere gratitude to Suzie Venn and Steve Payne for enabling and encouraging new generations of UK urologists to venture where effort is rewarded and joy multiplied.