Supporting urology in Zambia

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Long distances, poor patients and lack of equipment make delivering urological services in Zambia a challenge. Dominic Teichmann describes his Urolink-supported working visit to Lusaka.

I was privileged enough to spend some time in Lusaka, Zambia, and the surrounding area with urological consultant, Mr Nenad Spasojevic, under the auspices of Urolink (Box 1) in August and September of 2017. The urology department has three lead consultants and with their respective teams they provide urological healthcare for Lusaka’s population of 1.7 million. They also conduct a number of satellite clinics and operating sessions in regions such as Kabwe and Katete, the latter being a 300-mile, six-hour drive in each direction (Figure 1).

The challenges facing urological care providers and patients in Zambia are significant. Many patients are poor and there is limited transport infrastructure. Mr Spasojevic regularly drives for days with the key components of a mobile urological operating theatre in the back of his four-wheel drive Mazda along Zambia’s rural roads.

Mr Spasojevic chooses colleagues to accompany him depending on what operations might be planned and also to help with any linguistic difficulties, which frequently arise given Zambia’s 72 native languages and dialects. The commitment to providing equitable and accessible patient care by the clinicians I encountered was truly inspiring.

Many of the challenges surround the availability of equipment and the means of rendering it sterile (Figure 2). Imaginative improvisation and the pragmatic use of available equipment resulted in my witnessing an impressive standard of care despite the limitations. I was truly humbled to be given the opportunity to help in clinics of up to 70 patients in one afternoon, with 16 patients on a 14-hour operating list being a frequent occurrence in rural settings.

Organisations such as Urolink can make a real difference in countries like Zambia. The interventions can vary from the basic provision of consumables to keeping already functioning services in operation (eg endoscopic resection loops, prostate biopsy guns, simple surgical instruments) to more involved undertakings such as the provision of training. Urolink has undertaken several ‘in-country’ endoscopic workshops and is providing training opportunities for Zambian urologists to come to the UK and receive focused, procedure-specific training.

The Zambian urological residents were kind enough to give me their time and attend some theoretical and practical teaching sessions that I prepared, modelled on the syllabus for UK trainees (Figure 3). These sessions were delivered in the form of lectures, with practical dry-lab and theatre-based workshops. These were well received, and it was a real pleasure to interact and foster relationships with trainees from Zambia - we even managed to undertake an audit.

The challenges faced by urologists working in Zambia do not end in theatre or with equipment issues. The antibiotic resistance rates are

Box 1. Urolink

Urolink is a subsection of the British Association of Urological Surgeons (BAUS). Its primary focus is to support the development of urology as a specialty, primarily within developing countries. Its activities are largely funded by BAUS and charitable donations. To find out more about Urolink and the opportunities to help develop urology services overseas, visit www.baus.org.uk.
Helping abroad

significant, with even routine surgery being complicated by multi-drug resistant organisms and postoperative wound infections. A current Urolink priority is to increase endoscopic operating, especially transurethral resection of the prostate (TURP), so as to render operations such as trans-vesical prostatectomies (at present still widely practised) obsolete.

I would encourage any urology trainee wishing to spend some time overseas to contact Urolink. I have found it a very valuable experience.

A registrar perspective

I interviewed Vanessa Savopoulos, a Urology Registrar at the University Teaching Hospital, Lusaka, asking her about her day-to-day work and the challenges she faces.

What does your usual working week look like?
The week starts off with a grand round at 8am. I’m usually in by 7.15am to make sure all patients have their lab results and take a quick glance at any new patients who were admitted over the weekend by the urologist on call.

The round is usually led by a consultant urologist and head of department. The registrars present a case summary of each patient to the consultant. After all patients are seen, we discuss the patients scheduled for elective surgery that week, finalise the list and start the pre-operative work-up.

Outpatient clinics are done on Tuesdays, where we usually see a total of about 80 patients. This can be very busy and patients often come from well over six hours away by bus. This can be very challenging, especially for the elderly and those without family in Lusaka. The service we provide is free of charge in the university hospital, but it is often difficult for patients to access care.

Wednesday is our elective theatre day. We start at 8am and operate until about 4pm. The consultants and senior registrars endeavour to teach the junior registrars core procedures. The hospital recently purchased a Karl Storz stack which we use for endoscopic procedures. We have been working closely with Urolink to try and establish a TURP service in the hospital, to slowly move our practice away from trans-vesical prostatectomies.

On Thursdays we carry out day-case procedures; we do cystoscopies, prostate biopsies, bilateral orchietomy (for hormonal castration), vasectomies and other small procedures.

Fridays are registrar-led ward rounds, which the consultant urologists do not usually attend. They tend to be quick and fun! After that I go to the emergency theatre to cover the general surgical unit on call.

I am on call for urology for five consecutive days of a month and we have a phone that is rotated among registrars when on call to communicate when a urologist is needed.

Figure 2. Some rudimentary but nonetheless effective sterilisation techniques are available

Figure 3. Local colleagues appreciated some lectures and workshops based on the UK trainee syllabus; for example, using a TURP simulator
What are the most challenging parts of your job?
The most challenging part of my job is not being able to have readily available equipment to carry out certain simple procedures and examinations. For example, we do not have an ultrasound machine in clinic; which means we would have to catheterise a patient to measure post-void residual volume. Similarly, prostate biopsies are undertaken digitally without sonographic imaging. An ultrasound machine would therefore be of enormous benefit to us.

What challenges do patients face accessing urological healthcare in Zambia?
There are very few urologists in Zambia and they are located only in Lusaka, Copperbelt and Luapula provinces. Therefore, patients from the rest of Zambia need to travel long distances to access urological healthcare. As a result, most patients tend to present with advanced diseases and follow-up of these patients can be very challenging.

Do you ever attend clinics outside the hospital?
Yes, I attend clinics and theatre in Katete and Kabwe with Mr Spasojevic. Kabwe is approximately a two-hour drive from Lusaka and we usually leave by 6am and start clinic or theatre by 8am. We split up into two groups; one group does clinic while the other does the theatre cases. We get to do approximately eight theatre cases and head back to Lusaka by late afternoon. Katete is five hours away. We do a clinic immediately on arrival and make a theatre list of about 16 cases for the following day. The outreach programme is great because we are able to take urological services to the patients, saving them spending a lot money and travelling long distances.

What is the training path for a urology consultant in Zambia?
After completion of medical school, we do an internship for 18 months (three months internal medicine, three months paediatrics, six months obstetrics and gynaecology, and six months surgery). After that we are required to do a rural posting for a minimum of two years. Only then can we apply for MMed. The MMed Urology programme is a four-year programme. After successful completion, we work as a senior registrar for at least two years before being promoted to consultant.

Declaration of interests: none declared.