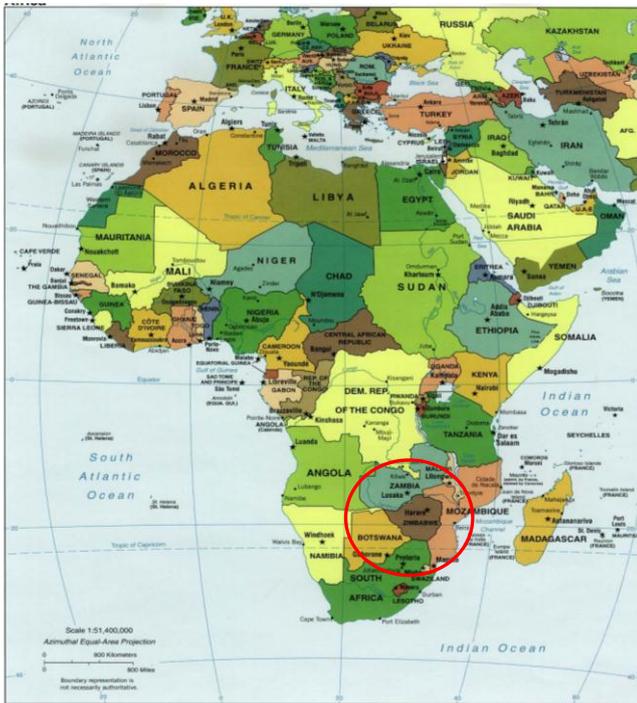


## ...back to Zimbabwe!

2<sup>nd</sup> Workshop for Advanced Laparoscopy in Gynaecology in Harare/Zimbabwe July 2012...

The second workshop for Advanced Laparoscopy in Gynecology took place in Harare/Zimbabwe from 8 – 12 July 2012. Apparently the workshop previously held in March 2011 met with such a positive response and generated such an interest in endoscopic instruments that a further workshop was requested.



My report on the first workshop in March 2011 contains some information on Zimbabwe; more information can be found on Wikipedia. In short, Zimbabwe is almost the same size as Germany with approx. 12 – 13 million inhabitants. The population density, therefore, is 10 times smaller. Between one and two million people live in the capital city with the rest of the population inhabiting the very dry inland regions, mostly over 1000 m.

The workshop was organized by Dr. Mike Suddens in conjunction with the university gynecology clinic at Parirenyatwa Hospital, Harare. This time the workshop comprised mainly live surgeries which were performed both at the university clinic and at Dr. Suddens's The Avenues Clinic in Harare, one of several private clinics located in the immediate vicinity of the university hospital.



University Gynecology Clinic – Parirenyatwa Hospital



The Avenues Clinic in Harare

To start with: although basic endoscopic equipment (video tower and a good range of laparoscopy instruments) is available to both the university clinic and the private Avenues Clinic, such workshops would not be possible overseas, and particularly in the so-called "Third World", without the considerable financial, material and logistic support offered by the companies manufacturing endoscopic instruments. The workshops in Zimbabwe in 2011 and 2012 could largely take place thanks to the company KARL STORZ in Tuttlingen (Germany) who provided the substantial human and material resources necessary for performing live surgery workshops. Special instruments required for the planned operations were flown in packed in containers. This required

a great deal of effort from the local personnel as well as the colleagues participating in the workshop since it involved compiling and packing the required instruments as well as preparing the necessary exports/customs documentation and organizing cargo transportation. A lot of time (2 weeks) was required to bring the shipment into the country as it was exempt from custom duties due to the non-commercial nature of the event.



Preparing the instruments

This also involved the organization of the workshop which required setting up the necessary instruments and monitors for the training sites (pelvitrainer) in an (unfamiliar) OR environment and thereby ensuring 100 % functionality, not to mention the work required for return transportation.



Setting up the OR

Here it must be mentioned that most African ORs re-sterilize the instruments used in the course of the day by placing them in Cidex™, a dialdehyde solution for 10 – 15

minutes so that they are immediately available for the next operation. The instruments undergo standard sterilization by means of steam sterilization in an autoclave only at the end of the surgical day.

The first official day of the event took place at the Parirenyatwa University Clinic in Harare. The head of the clinic, Prof. Thulani Magbali, presented three patients who would otherwise have received a classical abdominal hysterectomy. In contrast to Germany, indications for such an intervention are often due to the dramatic nature of the illness – we were able to see this for ourselves during the preoperative visit the previous evening as all patients had received numerous blood transfusions due to massive blood loss.



High Tech in Afrika

Surgery could then proceed smoothly on 09.07.2012. All parties were keen to assist in such innovative surgery with the head of gynecology the first to assist. Bearing in mind that such innovative methods and instrumentation were used in unsuitable rooms and that the personnel were only familiar with conventional surgical procedures, surgery was surprisingly smooth and effective. This saw the first use of the ultrasound scissors from the company Ethicon-Endosurgery which the local organizers made available to us – high-tech in the heart of Africa.

The next day, we continued to perform live surgery in Dr. Sudden's clinic where cases awaited us with the same degree of complexity as those encountered at Sachsenhausen Clinic in Germany.



Dr. Mike Suddens on a postoperative visit

Although the university women's clinic has mostly 2- or 4-bed rooms, as a private clinic The Avenues Clinic aspires to a higher standard of care. All rooms are with 2 beds and the patients here have a similar status as German private patients irrespective of whether their treatment is covered by private insurance or whether they pay for treatment themselves. Whereas treatment in the state hospital is free of charge or covered by general health insurance, treatment costs in a private clinic is significantly higher. Here a hysterectomy amounts to approx. 1000 \$. Not only does the invoice include costs for the hospital stay and medical services but also lists surgical materials ranging from used suture material to the number of gas bottles used. These are recorded "online" during surgery. A DRG system based on costs per diagnosis is not (yet) available in Zimbabwe.



Postoperative monitoring in the OR

Surgery was speedier here, possibly due to higher wages and staff qualifications as well as better personnel and material resources but particularly due to shorter changeover times. During the course of 7 operations on 10 and 11 July, among other procedures, surgery was performed on large and multiple myomas and hysterectomies were carried out on uteri over 2 kilograms while providing the same surgical quality as would be expected in Germany.



Entrance sign to Parirenyatwa Hospital

The university clinic provides the same spectrum of healthcare services offered by a Germany university hospital; large departments are also dedicated to research and health prevention. This includes large medical intensive care units as well as dialysis units, oncological departments offering standard chemotherapy and a fully functional X-ray department with CT and MRT.



Practicing with the so-called "pelvitrainer"

The Avenues Clinic also offers the full spectrum of healthcare services, including facili-

ties for dialysis and neonatology for newborns up to 25 weeks.

In addition to live surgery, altogether 15 participants took part in training sessions using the so-called "pelvitrainer" on both afternoons.



Specimen chickens

Based on our experience in the first workshop with dessert bananas in the tropical heat, chickens were used this time for training purposes. Chicken specimens can be used to practice dissection with various cutting instruments and chicken skin is ideal for acquiring suturing techniques. Although I never found out what happened to the pig we operated on during the first workshop, these chickens came to a worthy end after this course.



Old but reliable

As an expression of thanks for co-organizing this workshop, my wife (who had accompanied me for the first time on such a trip) and I were treated to a tourist trip to one of Zimbabwe's nature treasures.



Natural wonder of the world

For the journey from Harare to the world-famous Victoria Falls, my colleague, Mike Suddens, organized a one-motor propeller machine. This trip would normally take two days by car. The Zambezi River, which is almost 1 km wide here, flows over a steep cliff into the 100 m deep gorge. The turbulent water and rising spray constantly form double and even triple rainbows.



Africa straight out of a picture book

In Chope National Park, we had the opportunity to observe and admire the African fauna (elephants and hippos in close and peaceful co-existence with apes, antelopes, giraffes, buffalos, sea eagles and crocodiles) from the safety of our boat. This trip offered more culinary highlights than the standard "fried chicken" otherwise served: here we had the opportunity to savor the national dish of Zimbabwe, i.e. a selection of grilled meat including game, crocodile, lamb or beef.



A bush waterhole at dusk

even better if you would give me the chance to come back soon."

Dr. med. Philipp-Andreas Hessler  
21<sup>st</sup> of July 2012

We were surprised to learn that Africa does indeed have a winter in areas like Zimbabwe which is as far south of the equator as Morocco is to the north. We were indeed glad to have brought our pullovers with us. Despite the splendid sunshine and the dry season, temperatures reached 23° during the day but dropped to 8° at night.

Due to the positive feedback and interest expressed by participants as well as the excellent working conditions, I would be happy to offer another workshop in the future.

Intensive training offered by such workshops on-site and the great interest and existing qualifications make such workshops worthwhile. Although the operations performed here were carried out for the first time ever in Zimbabwe, a central site attached to a university should be used for initial training. The knowledge we impart can then be transmitted by the participants in their respective hospitals/clinics. This would contribute to the spread of endoscopic methods in Zimbabwe.

Dr. Mike Suddens and I agreed that it would be worthwhile setting up a "National Center for Endoscopic Surgery" with attached "Training Center" in the Avenues Clinic in conjunction with the medical faculty. The Sachsenhausen Hospital in Frankfurt would be prepared to offer a close partnership and co-operation.

And so I would like to conclude with the standard Zimbabwe greeting: "How are you? Fine, and how are you? Also fine, but