The Association of Surgeons of Great Britain & Ireland

Report on the

Introduction to Surgical Skills

Course

at

Queen Elizabeth Central Hospital,

Blantyre, Malawi

24th - 25th March 2011.

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Introduction to Surgical Skills Course at
Queen Elizabeth Central Hospital, Blantyre

24th – 25th March 2011

Faculty
Mr Robert Lane – Convenor
Mr Russell Lock
Mr Paul Gartell
Mr Andrew Stevenson (on site)
Sister Judy Mewburn

Introduction

The Association of Surgeons of Great Britain and Ireland (ASGBI) was invited by Dr. Wakisa Mulwafu, Consultant Surgeon in general surgery and ENT at Queen Elizabeth Central Hospital (QECH), Blantyre, to undertake a basic Surgical Skills Course. It was agreed that we should run a two day course which would not include basic laparoscopy training on this occasion. Dr. Mulwafu had invited us to run this Course a year ago but unfortunately it clashed with a course we were running in Ethiopia.

Ethicon GB sponsored QECH as a designated skills centre in 2010 and thus they had all of the equipment necessary to run a surgical skills course. However, when an inventory was undertaken it was evident that they were short of a few instruments and also many of the sutures.
It was agreed that I should bring out enough equipment to compliment what was available in order to accommodate 20 participants. Dr. Wakisa and I agreed that we should obtain a pig for the abattoir material. It was extremely helpful having Andy Stevenson on site who is the Orthopaedic Fellow at the Beit Cure Hospital just opposite the QECH. He was able to check that all the disposable items were available such as plaster of Paris, towels, soap, plastic aprons etc.

**Acknowledgements**

I should like to acknowledge, first and foremost, Dr. Wakisa Mulwafu for inviting us to Blantyre and for his assistance and hospitality throughout our stay, Ethicon GB for their continuing support for these programmes; Narendra Chandwani for supplying additional Ethicon sutures to compliment what was in stock at the Skills Centre.

I also acknowledge Miss Bhavnita Bhorkatria for her help in booking the flights, general administrative duties and for arranging for the expenses to be reimbursed so promptly, Mrs Jane Gilbert for her excellent secretarial assistance and for keeping the preparation on course prior to departure, the visiting faculty and also Andy Stevenson for their unstinting support and much hard work which made this course a successful undertaking.

Finally acknowledgement is due to the Research Foundation of ASGBI and the British Journal of Surgery Society for their generous financial support.
Itinerary

Outward Journey

Paul Gartell had been in Kenya undertaking laparoscopic mentoring and arrived in Blantyre on Monday 21\textsuperscript{st} March which was a blessing in disguise as he was able to help Andy and Wakisa sort out the abattoir material. The three remaining members of the visiting faculty (Bob, Russell and Judy) met up at Terminal 1 London Heathrow at 15:00 just outside the check in area. Judy and I had charity tickets which although cost more than a straight economy ticket did allow us an extra 7 kilograms of baggage free of charge. Between the two of us we were right on the limit at 60 kilograms. It is difficult to know whether it would have been cheaper to purchase straight economy tickets and then pay for the extra baggage over and above 23 kilograms as there was a difference of £392 between the economy and the concessionary (charity) rate.

The plane was about 60\% full and so there was plenty of room to sleep. The plane took off and landed on time. The food was very good. On arrival we passed straight through the transit lounge as we were checked in for both limbs of the flight. The plane took off on time and landed on time in Blantyre. There were no problems getting through immigration or customs and we were met by Precious, our driver, in a College of Medicine minivan that transported us and our gear to the Leslie Lodge.

Inward Journey

Russell left on Saturday 26\textsuperscript{th} March in the morning to spend time with his daughter in Johannesburg (Jo’burg). The SAA flights only fly from Jo’burg to Blantyre and back twice a week (Saturday and Wednesday). This is the reason why Judy and I stayed on until the following Wednesday. Paul left on Sunday 27\textsuperscript{th} March and he flew down to Lilongwe and then back to Nairobi
where he spent the night and flew back to UK the following morning. Judy and I left Blantyre on Wednesday 30th March and caught the plane back to Jo’burg. No problems getting through immigration or customs in Blantyre. The plane took off and landed on time. We had a four hour lay over in Jo’burg but about an hour of this was taken up getting our boarding passes back to London. The baggage was booked straight through from Blantyre to LHR but we only had boarding passes to Jo’burg. We spent the rest of the time in the shops and the Priority Pass Lounge. The plane took off and landed at London Heathrow on time. We collected our bags and said our farewells.

Chileka Airport, Blantyre

“Well, I am glad we got that sorted out!”
Summary of itinerary

Outward Journey – South African Airways, Flight No’s SA235 & SA172

Tuesday 22\textsuperscript{nd} March 2011

Departed LHR, Terminal 1 at 18:00
Arrived Jo’burg the following morning at 07:15

Wednesday 23\textsuperscript{rd} March

Departed Jo’burg at 10:20
Arrived Chileka (Blantyre) at 12:30

Inward Journey – South African Airways, Flight No’s SA173 & SA 234

Wednesday 30\textsuperscript{th} March 2011

Departed Chileka (Blantyre) at 13:05
Arrived Jo’burg at 15:20

Departed Jo’Burg at 20:00
Arrived LHR, the following morning (Thursday 31\textsuperscript{st} March) at 06:25.
**Introduction to Surgical Skills Course**

**Wednesday 23rd March**

We arrived at the Leslie Lodge at 13:45 and were made very welcome by Ray and Lynne Finch. We were shown to our rooms which were really small apartments, each with its own kitchen, bathroom and veranda. All the rooms were well appointed. We met Paul who had been there since Monday and he informed me as to the abattoir situation.

Precious returned an hour later and we drove to the Skills Centre which is adjacent to the Department of Surgery at QECH. This is a brand new purpose built skills centre with extremely good lighting and air conditioning, plenty of basins, well laid out tables which were fixed to the floor and a video screen attached to the wall.

It did not take us long to sort out the instruments etc and lay up each place setting accordingly. We assessed the suture material with Narendra and in the main we made do with what was available. They had a number of loose packets of sutures which were fit for purpose. If we had wanted Narendra to obtain sutures he would have had to get them from Lilongwe and this would have taken a day or so. It was very sad that the Ethicon Rep had died of Malaria two weeks prior to our arrival and Narendra kindly stood in at the last moment.
Paul and Andy had sorted out the abattoir material and in fact had to obtain some additional intestine because the original had been removed without the mesentery. Furthermore the animal had had its throat cut straight through the upper trachea which precluded its use for the tracheostomy exercise. All these problems were sorted and we were very grateful to Paul and Andy for doing this. The items were stored in a fridge adjacent to the Skills Centre.

We returned to the Leslie Lodge which is only about a 5 – 7 minute drive if the traffic is free. It is very convenient for our purposes. QECH, Beit Cure Hospital and the College of Medicine are all adjacent to each other. It would have been possible to walk but this would have taken about 20 -25 minutes. That evening we went around the corner to T J’s Restaurant for a very pleasant meal together with Andy, Wakisa and his wife, Alpha. The prawns were exceedingly good. We returned to the Leslie Lodge and retired somewhat exhausted.

Just in case there is any confusion!
Thursday 24th March

We all met at 07:00 for breakfast which was of the continental variety and very filling. The gardens surrounding the Lodge were beautifully kept with two Common duikers in residence. One of them was very tame and would come into the dining area and be fed with biscuits etc. Precious arrived to take us to the Skills Centre at 07:45 and we met Andy at the door who let us in. Paul set up the DVD player and plugged it straight into the video screen. This seemed to work well although during the ensuing two days it did tend to misbehave somewhat. It either would not return to a previous section or would stop for no reason at all. Eventually he used a laptop and that was a little better but not completely so and the consensus of opinion was that the DVD may be old and I was charged with getting a new one for the next course.

Nine medically qualified trainees and 10 clinical officers signed in for the Course. Five residents came from Kamuzu Central Hospital (KCH), Lilongwe, one resident, three interns and two clinical officers from QECH, three clinical officers from Mulanje, two from Mwanza, two from Phalombe and one from Nsanje.

The Course began at 09:00 with a description of the objectives and this so that they knew exactly what the Course entailed and, more importantly, what it did not! All participants had been given a manual.

During the morning the knot tying exercise proved to be the most difficult although some participants had much more experience than others and this was also evident during the suturing exercises. The mid morning refreshment break was taken in the Department of Surgery. By lunchtime they had all demonstrated satisfactory progress. Lunch was taken in the same venue.
The afternoon session utilised gut with mesentery and all three anastomoses were undertaken satisfactorily. Because the level of experience of the participants varied this meant that we had to wait for some of the slower ones to finish their exercises.

Testing the anastomosis by injecting water between the forceps
The Course finished at 17:15 and was followed by a brief evaluation of the day’s events. All the instruments, cork boards etc were washed in disinfectant solution made up of 10 grams of Presept (each 2.5 gram tablet containing 50% Sodium Dichloroisocyanurate). The instruments were left to dry overnight. The speakers, DVD and laptop were all taken back to the Lodge.

The remainder of the equipment was left in situ and the Skills Centre was securely locked. We met up with Judy who had spent the day running her Theatre and Recovery Nurse Course. Precious took us back to the Lodge where we reviewed the day’s proceedings. That evening we went for dinner at the Hostaria Italian Restaurant which was excellent.

**Friday 25th March**

We again met for breakfast at 07:00. Precious collected us at 07:45 and we were at the Skills Centre at 08:00. The participants arrived on time and we started at 08:30 with the Vascular Module. This went according to plan but as is often the case we had to repeat the exercise on the DVD at least once. We did not have suitable pig arteries and therefore utilised the simulated arteries from “Limbs and Things” that I had brought with me. Although not as good they are nonetheless perfectly acceptable for learning arterial suturing techniques. After the refreshment break the group divided into two and one half did the tracheostomy exercise and the other the chest drain insertion exercise. After 40 minutes the groups changed over. Thereafter the whole of the Course did the abdominal wall closure in pairs and no balloons were burst which is unusual.

*Performing a tracheostomy*  
*Applying a vein patch*
After the lunch break Andy undertook the Orthopaedic and Trauma Module. This proceeded very well and all the participants did a tendon repair and POP application.

At the end of afternoon the participants filled in their Course evaluation forms (see page 19) and we discussed a number of issues more as to what was not included as to what was! Thereafter Certificates of Achievement were presented to all the participants.

The instruments and other items were washed, dried and sorted. Those that were to return to the UK were packed accordingly. The Skills Centre was cleaned and left in good order. Again the laptop, speakers etc were packed away and all returning material was taken back to the Lodge. We reviewed the day’s proceedings and made a list of factors that we could improve on.

That evening, which was Russell’s last, we went to the Grill 21 at Ryalls together with Andy and his wife Anna. We had a very pleasant meal and returned home by taxi.
Saturday 26th March

We again met for breakfast at 07:00 hours and then said our farewells to Russell who was being taken to the airport by Precious after he delivered us to the Johns Hopkins Research Centre on the QECH site. This was to attend the Surgical Association of Malawi meeting. I gave an invited Lecture on Anastomotic Complications and showed a film on AP excision in the prone position. The other invited lecturer was the Rahima Dawood Travelling Fellow, Professor Jana MacCleod, who spoke on Intensive Care in the African setting. This was followed by some extremely good and interesting papers on such subjects as “Potts Puffy Tumour”, Foetus in Fitu, the Role of Upper GI Endoscopy in the diagnose and management of Oesophagogastric Cancer, Management of Supracondylar fractures in Children, Post Operative Complications in Patients who were HIV positive and many more. The meeting finished at lunchtime and thereafter we were taken back to the Lodge by Precious and an hour later Professor Eric Borgstein, former Head of Department of Surgery and Postgraduate Dean, picked us up to take us to his home just outside Blantyre. It took 25 minutes to drive there through beautiful countryside passing by the President’s Official Residence.

Unfortunately it began to rain as we arrived and continued for at least three to four hours. It was heavy and prevented us going for a walk. Nonetheless we very much enjoyed our visit and were entertained royally by Eric and his wife. We then drove back to Blantyre and thence to the Restaurant Chez Maky where we met up with other members of the Department of Surgery and had a very pleasant dinner as the guests of the Surgical Association of Malawi. We retired to bed having had an excellent day.

Sunday 27th March

Paul was collected at 06:00 hours by Precious and taken to the airport for his journey back to Lilongwe. Judy and I met for breakfast at 07:00 hours and then made arrangements for a visit to the Ng’ona Lodge by the Shire River which is opposite the Majete Wildlife Reserve. Alex, who has been our taxi
driver the whole time we’ve been in Blantyre, met us and we set off for the one and half hour journey through beautiful countryside gradually working our way down to the Shire River. Blantyre is at an altitude of just over 1,000 metres and the Shire River by the Majete Nature Reserve is at an altitude of 38 metres. At this time of the year the weather is humid and hot. We arrived 12:30 at the Ng’ona Lodge. We had lunch and I then set off to look for birds and unfortunately it was so hot and humid that not only the birds were sheltering but I began to do the same! I therefore did not see many. Judy took ample advantage of the Infinity swimming pool. We had a long talk to the proprietors who were German and had opened this Lodge only six months previously. The other people there seemed to be families with young children who were having a great time. They have plans to build more accommodation at this idyllic spot. We set off to go back home at 15:30 and arrived at 17:00. We rested for an hour or two and then Alex took us to the Hostaria Italian Restaurant where we had another excellent meal and on return to the Lodge went to sleep very easily.
**Monday 28th March**

We again met for breakfast at 07:00 hours and Precious got us to the Department of Surgery by 08:00. The plan was to go to the early morning Surgical Department meeting which I had thought began at 08:00 but infact it began at 07:30 hours so we were late! Nonetheless it is a very good meeting whereby all the emergencies admitted over the previous 24 hours are presented by the Interns and discussed in some detail thereafter.

At 09:00 hours Judy went off to Theatre and I gave lectures relating to colorectal disease to the final year medical students. I then went on a ward round conducted by one of the Interns and the pathology was, in some cases, beyond belief. Many patients present very late with their disease and we saw the most horrendous tumours, both benign and malignant, mainly involving the head and neck. The wards were crammed with patients; some on beds and some on the floor on mattresses. There seemed to be plenty of nurses of various grades and the wards were well ventilated. As is often the case the relatives out numbered the patients by about 3:1! I met up with Judy at lunch in Theatre and then went to lecture the Residents on colorectal topics. Judy and I were driven back by Precious to the lodge and Alex collected us at 19:00 hours to go to the Mount Soche Hotel for dinner which was very pleasant and then back to the Lodge where we had an early night.

**Tuesday 29th March**

We again met for breakfast and thereafter Precious took us to the Departmental Surgical meeting. Today we arrived on time at 07:30! The formula is the same every day; all emergencies are presented by the relevant Interns and comments made by the Consultants and Residents. This is one of the outstanding elements of surgical training in Blantyre.
The opportunity to learn for both the students, the Interns and the Residents is enormous.

Thereafter Judy went to Theatre and I went to the Beit Cure Hospital to meet Jim Harrison, the senior Orthopaedic Surgeon, who showed me around the hospital. This was built 10 years ago and essentially offers treatment for all children in Malawi with orthopaedic problems. The Beit Trust built the hospital and Cure run it. To assist with the finances the hospital undertakes private treatment for adult patients with elective orthopaedic problems. It is a very modern and efficient hospital. It is well staffed across the board and the outcomes are good. Extensions are currently being built and I got the impression that this is a thriving venture. Unfortunately the Ministry of Health do not seem to recognise what the hospital achieves and so does not contribute financially.
I then went back to the Department of Surgery and taught the medical students until lunchtime. After lunch I taught the Residents again and at about 15:30 hours met up with Judy. I went to pay my respects to Professor Eric Borgstein and thanked him for his hospitality and congratulated him on designing and over seeing the Skills Centre being built. We also said our farewells to Dr. Wakisa Mulwafu who has been enormously helpful during the whole of our time in Blantyre. That evening we went to the Hong Kong Restaurant and had a rather large and somewhat filling meal after which Alex took us back home and we said our farewells to him and retired early after finishing our packing.

**Wednesday 30th March**

We met for a late breakfast, paid our bills and left for the airport in a mini van driven by Kingsley; one of Precious’ colleagues. We arrived in plenty of time and were able to relax before boarding the plane.
*Evaluation*

**9 Medically Qualified Group**

The average score was 8.8 out of 10.

They all thought that the Course was useful and the *most* useful aspects were the anastomoses (7), the tendon repair (5), the arterial exercises (4), knot tying and all the Course (2 each) and information about suture technology (1).

The *least* useful elements were none (6), abdominal wall closure (2), chest drain insertion and plaster of Paris exercises (1 each).

**Ideas to improve the Course included** more time for practice and running the Course over three as opposed to two days (6), less technical problems, more time for chest drain insertion, excision of skin lesion/mass, nerve repair and evaluation of competence (1 each).

Other comments made were that the Course should be undertaken in District Hospitals (1), strongly recommended for O&G (1), should be an annual course because many clinicians in District Hospitals lack these skills (1). All this group thought that it was extremely good, very practical and they enjoyed it.

**10 Clinical Officers**

The average score was 9.6 out of 10.

They all thought the Course was useful and the *most* useful aspects were the anastomoses (6), tendon repair (4), instrument handling and knot tying / suturing (3 each), debridement, fracture management, chest drain insertion, tracheostomy and all the Course (2 each) and the arterial exercises (1).

The *least* useful elements were none (9), types of sutures, suture technology and knot tying (1 each).
Ideas to improve the Course included more time to practice and to expand the Course to three days (7), CPR, practice on real patients, lymph node dissection, more fracture management and less technical problems (1 each).

It is not surprising that the average score was higher for clinical officers as compared to the medically qualified participants. Nonetheless it was apparent from both groups that they would have appreciated a longer course and more basic skills to be included. This is something which we ought to consider. It is always a little difficult training clinical officers and medically qualified personnel at the same time because they have different aspirations although the need for more time to practice was equal amongst both groups. Our aim is to make these courses sustainable i.e. such that they can be delivered by a local Faculty. Andy Stevenson will be returning to UK in a few months but Wakisa was present throughout the Course and with suitable assistance I am sure that he could easily run this Course himself. He has all the equipment and a super facility so there should not be any problems.

Summary
What went well?

- Good preparation by Dr. Wakisa Mulwafu, Andy Stevenson and Paul Gartell.

- I am grateful to Andy for undertaking a complete inventory of all the equipment and this was helpful to me in deciding what extra kit had to be brought from the UK.

- All disposable items were present and this was really helpful and saved time running around trying to find bars of soap, towels, plastic aprons, disposable gloves etc.

- The venue was superb. It was well ventilated with good lighting and good facilities. Furthermore, the Department of Surgery is a short distance from where we were staying at the Leslie Lodge.

- All participants spoke English and were keen, enthusiastic and punctual.

- Time keeping was good and we finished each day at the allotted time.

- The abattoir material was satisfactory.

- The simulated arteries from “Limbs and Things” are good but not quite as realistic as using pig arteries. The other positive feature about the simulated arteries is that they are all uniform in size.

- The AV equipment was good but we had problems with the DVD.

- The refreshment breaks were on time and took place just outside the Skills Centre.
I remembered the Course photograph!

The visiting Faculty, who are all very experienced, made a great difference to the success of the Course. Team work is the order of the day and this ran very smoothly.

It was pleasing that Dr. Wakisa Mulwafu was present throughout the Course. He has now witnessed the way we run it which has evolved over the years into a fairly slick undertaking.

The participants all had manuals which was a great help.
Andy Stevenson receiving an ASGBI tie in recognition of his support for the Course with Dr. Wakisa Mulwafu In the background

What could we have done better?

- I should have explained in more detail about the abattoir material. In years gone by one of the visiting Faculty would go down to the abattoir on the morning of the first day of the Course and make sure that we had what we required. From experience we have learned that asking for intestines of whatever animal means that the abattoir remove all the mesentery because they think that we are going to eat it not dissect it! Furthermore when we used to go down to the abattoir ourselves we used to pick various items from various different animals. However, it is essential that the local organiser warns the abattoir of our requirements about a week ahead and this so that they know what we shall be coming down to collect.

- Whilst all the non disposable equipment had been checked that wasn’t true of the suture material, some of which was missing. This was a
shame because had we known we could have brought out the sutures from the UK.

➢ It was very sad that the Ethicon rep died two weeks before we arrived and we are very grateful to Narendra Chandwani for coming to our aid. It was purely by chance that we were able to find suitable substitutes for the sutures they did not have.

➢ Not for the first time the participants felt fairly consistently that the Course should be held over three days and not two. This would take the heat off the schedule and in Hawassa we run the Course over four days where we have two full days for Orthopaedics and Trauma. This is something we ought to consider for all Courses in the future.

➢ We were asked to include chest drain insertion and tracheostomy on the DVD. If this were not possible then we should have handouts and/or laptop presentations available for the participants.

➢ There were problems with the DVD and whether this is because it is old I do not know but I shall check this out and if it is see if we can obtain a similar edition from the Royal College of Surgeons of England.
Conclusion

This Course, by all accounts, was deemed successful by the participants and the local Faculty. The Skills Centre was the best that we have worked in and all credit to Professor Eric Borgstein. For future reference it might be better to run separate courses for the medically qualified participants and the clinical officers. Their requirements are not the same and the clinical officers do need more time to practice the exercises. They also probably need to have more orthopaedics than we include in the current Course. The introduction on the DVD with regard to gowning, gloving, instrument holding, knot tying, suture technology and suturing using the pads would also be very relevant to senior medical students.

The main problem with regard to training and providing a surgical service is lack of capacity and this when the medical school intake is gradually increasing year on year. The Department relies on overseas surgeons on short or long attachments but this is a somewhat precarious arrangement. I cannot see the situation changing in the near future. Perhaps it would be worth considering a Link between an Institution in the UK and the Department of Surgery such that a regular flow of appropriate personnel could come out on short term attachments to at least help with education and training of medical students and also participate, as much as they were able, in the provision of a surgical service. On the Orthopaedic front there is help from the surgeons at the Beit Cure Hospital.

I was very impressed by the early morning Departmental meetings whereby the management of all patients admitted as emergencies during the preceeding 24 hours were discussed in detail. Each was used as a training opportunity for the Medical Students, Interns and Residents. The pathology can often be extremely advanced. The College of Medicine, the Beit Cure (Orthopaedic) Hospital and the QECH are all in close proximity which makes it very easy to move from one to the other.
We were shown enormous hospitality by the local surgeons who made our stay very pleasant. The accommodation at the Leslie Lodge was exceptional and we would certainly stay there again should the occasion arise. The Malawian people are very friendly and helpful and we had no problems with security at all. The air flights ran smoothly and were on time.

The Lesley Lodge
Appendix 1

Report on Theatre & Recovery Nurse Training

Sister Judy Mewburn

I met Russell Lock and we travelled from Paddington to London Heathrow and there met Bob Lane, behind a slightly smaller pile of suitcases than for the trip to Botswana. We checked in with no problem as we had concessionary tickets which gave us a 30 kilogram allowance and was enough for all of the training equipment. A very good over night flight to Johannesburg with enough free seats to lie down; what luxury! After a short stop in the comfy lounge we took a plane to Blantyre; a one and a half hour flight.

We were met by Precious who was to be our driver for the duration and taken to the Leslie Lodge in Leslie Road. Superb accommodation with a little kitchenette and a lovely garden surrounding the house. The owners, Ray and Lynne Finch, were the essence of kindness and always very helpful. Malawi is one of the smallest countries in Africa and about one third of it is Lake Malawi. It is very hilly like Rwanda: green and beautiful. They call themselves the happiest people in Africa and they were never without a smile!

We then went to the Skills Centre at Queen Elizabeth Central Hospital (QECH) to set up for the Basic Surgical Skills course the following day. It was a large well lit room and most of the equipment seemed to be there and what was missing was in Bob's capacious suitcase. We returned to the Leslie Lodge and dined at TJ's which was a short walk away and met Wakisa Mulwafu and his wife, Alpha and were joined by Andy Stevenson who was
going to be running the orthopaedic module. Wakisa is a general and ENT surgeon and had worked with Chris Bem. He had also visited Mike O’Connell, an ENT surgeon at the Royal Sussex County Hospital.

On Thursday morning we were taken to the Hospital and I went to the theatres to meet the Senior Manager, Sister Feggie Bodole. She was an intensivist and had never worked in theatres but had been asked to take overall charge of them. We discussed how the theatre course should run and I then met Priscilla Chizombwe who is managing the theatres. She is 21 years old, has just finished her training and has never worked in theatres either! I felt that she had been given a nearly impossible task. There are four theatres; one mostly used for orthopaedic surgery, one for Prof Eric Borgstein and two for all general, ENT and dental surgery. There is a separate eye theatre and two gynae theatres in the gynae unit. After the morning anaesthetic meeting we went to the training room. There were nine senior theatre nurses; two from the eye theatre, two from gynae and the rest from main theatres.

We spent the morning going through the Training Course that I have written. It was a really great morning as we were able to discuss all aspects of theatre work such as infection control, patient care, aseptic technique, wound care, sharp’s management, protection of the nurse in theatres, recovery, all of which are in the Course. Many problems were voiced and usually a solution could be found. The interaction between the nurses, the questions I was able to answer and the sharing of knowledge made for a day that was well spent and happy. Feggie had arranged a snack (Africa style!) at 10.30 and lunch, again very tasty, at 1.30. This aspect of the day is always much appreciated by the nurses.

In the afternoon we studied cardiopulmonary resuscitation with the aid of a dummy that was in the training room and also a dummy baby. This session is always well received and a source of hilarity as they try to do the chest compressions.
We then spent two hours practising suturing, the correct way to hold instruments and how to take off an artery forcep. I taught them interrupted, mattress and subcuticular continuous suturing. They were all extremely good at suturing at the end of the session and felt able to ask the surgeons if they could try suturing on patients.
We had two quizzes on infection control and the nurse with the highest score received a prize. Very motivating! All nurses received a beautiful Certificate, designed by Bob Lane and with the ASGBI and COSECSA crest on it. They were all signed and handed to the nurses.

We finished with tea. All through the day there were lots of questions and suggestions. A very worthwhile day.

On Friday I had nine nurses to teach. They were the nurses who have worked in theatres for some time. None of them had had any teaching on theatre technique before. We followed the same teaching programme and all agreed at the end of the day that they had learned a lot and were going to try and put as many elements as they could into practice. It is so satisfying to be able to motivate these nurses towards better practice and patient care. I was going to spend Monday and Tuesday in theatres so would have another chance to help them with problems. Again these nurses received signed Certificates and prizes for the quiz winners.

On Saturday we attended the COSECSA meeting in the Johns Hopkins lecture theatre. This meeting was Chaired by Wakisa Mulwafu and had some excellent presentations, one by Bob Lane on rectal anastomosis and a fascinating one on “Potts Puffy Tumour” with multiple cerebral abcesses.

In the afternoon Prof Borgstein kindly drove us to his house. We bumped along in his Land Rover by the grounds of the Presidential palace and arrived at his house which he and his wife built themselves next to his parents house. We sat outside in a tropical rain storm and then moved inside by candlelight as the generators were not working!

On Sunday, since Russell and Paul had departed, Bob and I spent some time in a taxi seeing the countryside and had a restful time at the Crocodile Lodge (Ng’ona in the local language) which was opposite the Majete Game Reserve and on the Shire River.
On Monday we went to QECH. We attended the morning handover meeting, which was fascinating. Bob gave lectures all day and I spent the day in theatres with the nurses. I was amazed: they had already been so busy! The Sister in Prof. Borgstein’s theatre had already cleaned, tidied and thrown away non essentials; a very difficult thing to do when supplies are so variable. The theatre was transformed! Priscilla had also made huge efforts to sort out the boxes of old equipment that were lurking in dusty places. We went through several general sets, taking out the duplicated instruments, mounting all handled instruments on kilt pins and presenting the set in such a way that the nurses could work from the tray in an orderly manner. The nurse working in the CSSD was very enthused and was working on the other sets. As there were so many excess instruments from the sets we had been assembling their box of spare instruments grew exponentially! A very nice Dutch nurse, Margrette, who had been working in the theatres for a week, was thrilled to have her teaching backed up by mine. There are very many students in the theatres and she was going to try and put a welcome pack together for them. In the afternoon Margrette and I visited the children’s ward where we met the little girl who was recovering from the “Potts Puffy Tumour” and many other amazing children.

We also went to the Gynae twin theatres and a minor theatre where ERPC’s were being performed. Sister was very proud of her theatres and showed us the alterations she had made after my suggestions. ... heavy sets on the lower shelves, patient dignity and keeping them covered. We also met a visiting team from Broomfield hospital.

On Tuesday I spent the morning with Wakisa Mulwafu and we did an ENT list. The sets were a total muddle with masses of unnecessary instruments. I removed 55 mosquito forceps! We did an adenoidectomy on an eight month old girl followed by a polypectomy (the polyp was protruding from the nostril), and an antral washout on a twenty year old man. The polyp was sent for histology, which takes up to two months and costs £50! After I had sorted out all the ENT sets, Wakisa took me round the wards and to his proposed new ENT department. There were many cases that one would never see in
England; a large haemangioma growing into the brain, a facial tumour of unknown origin, a large mucocele that was pushing the eye outwards and a massive nodular goitre.

This was a fascinating and very worthwhile ten days. Everyone we met was kindness itself. There is obviously lots more to teach the nurses but the way they embraced the suggestions on improving their practice was wonderful. Thank you so much for asking me to join the group.