



SCHOLARSHIP REPORT

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Please return your completed report via email to: **scholarships@rcpsg.ac.uk**

Or via mail to: **Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow G2 5RJ, UK**

Please use typeface when completing this form.

SECTION 1 PERSONAL AND AWARD DETAILS			
Title	Mr	PID	45589
Surname	Aslam	Forename(s)	Muhammad Zeeshan
Scholarship/award awarded	Volunteering Award	Amount awarded	£2500

SECTION 2 PROJECT/VISIT DETAILS	
Name/Title	Laparoscopic Urology Masterclass
Location	Hospital General De Grand Yoff (HOGGY) , DAKAR, Senegal
Aims and objectives	To initiate laparoscopic urological training in West Africa, with HOGGY as the premier training institute.
Summary <i>Include methodology, results and conclusions if applicable</i>	<p style="text-align: center;">VISIT REPORT 1ST LAPAROSCOPIC UROLOGY MASTERCLASS at HOSPITAL GENERAL DE GRAND YOFF (HOGGY), DAKAR, SENEGAL</p> <p style="text-align: center;">07-11TH OCTOBER 2019</p> <p>FACULTY</p> <p>Mr Muhammad Zeeshan Aslam – (ZA) ; Ninewells Hospital</p> <p>Mr Ali Thwaini – (AT) ; Belfast City Hospital</p> <p>Mr Matt Trail – (MT) ; Ninewells Hospital</p> <p>Professor Lamine Niang – (LN) ; HOGGY</p> <p>Introduction and Background</p> <p>Despite significant progress in laparoscopic surgery in the developed world over the last the last 30 years , provision of laparoscopic surgery remains lacking in Sub-Saharan Africa (SSA).While several workshops and training courses has been arranged , unfortunately these efforts have failed to translate into widespread access to minimally-invasive surgery.</p> <p>In 2017, I had assisted in delivering a dedicated laparoscopic Urology</p>

workshop at *Hôpital Général de Grand Yoff* (HOGGY) .This was achieved as part of faculty with IVUmed – a US-based Urology charity with ethos which aims to enhance training in Urological surgery throughout the developing world.

HOGGY is a 300-bed hospital based in Dakar, Senegal – is considered amongst the most prominent teaching institutions in West Africa and has earned a reputation for delivering high-quality specialist surgical training, as evidenced by the numerous residents who travel from centres throughout West and North Africa every year to enroll in competitive Urology training fellowships. Motivated by positive feedback from this inaugural workshop in 2017, I was encouraged by the team at HOGGY to build on the foundations laid during this trip and return to deliver further laparoscopic workshops. A long-term goal was set to establish HOGGY as the primary training institution for laparoscopic Urology in West Africa.

In October 2019, following many months of meticulous planning, I , accompanied by consultant colleague, Mr Ali Thwaini and Scotland Urology trainee Matt Trail, delivered a five-day laparoscopic workshop at HOGGY.

Pre workshop Planning

Significant amount of time was spent in planning to conduct a successful 5 days workshop. This included making laparoscopic training models, case selection via emails and whatsapp with local faculty (Prof LN), designing course programme, preparing lectures and local organisation.

The Journey

We reached Dakar airport around 5 PM and were picked up by hospital arranged transport. I have been a frequent visitor to Sub-Saharan Africa (SSA) but the enthusiasm of my 2 UK colleagues who stepped on African soil for the first time, was worth witnessing. The weather was pleasant and so was everything we were coming across during the half an hour drive from airport to the hotel. We were delighted to see the hotel location and very nice rooms especially for such a good value of money. I called Professor Niang to advice us about our safe arrival on Saturday evening.

The Workshop experience

Day 1 Tutorials and Simulation :

We were picked up by Prof LN and reached hospital early morning. It was fascinating to visit the hospital again after 2 and a half years for me and my co-faculty as expected were equally delighted to be there. We met Professor Sergine Gueye, the head of the department, Dr Medina Ndoeye and other departmental consultants. We were all delighted to meet residents not just from Senegal but from various other African countires, including Liberia, Togo, Guinea, Burkina Faso, Morocca and Tunisia. There enthusiasm during

the workshop was absolutely breathtaking.

We delivered relevant lectures on laparoscopic access, nephrectomy, pyeloplasty and dealing with complications of laparoscopy. Very enthusiastic residents got involved in discussions and asked relevant questions to clarify their concepts.

Following this, we had an opportunity to meet the hospital higher management alongwith Professors Niang and Gueye. We briefed them about our workshop as well as longterm goals at the centre to develop it as a training unit for Urological laparoscopy with a slow but steady and safe process. I expressed my opinion that HOGGY is a centre which can have an impact on the entire continent in facilitating urological training.

After lunch, we visited the skills centre alongwith the departmental consultants and demonstrated assembly of laparoscopic trainer box made using a simple laundry box. Exercises were done on chicken models which provided ample opportunity to practice dissection, and use of common laparoscopic instruments. This session was very well-received by the trainees – with many reporting enthusiastically that this was their first opportunity to experience laparoscopic simulation.

Day 2 -5

The 4 days which followed were focussed on demonstration and training in the operating theatre with Professor Niang who was accompanied by various consultant colleagues who each scrubbed intermittently to assist and perform steps of the pre-planned procedures with the faculty. There were four laparoscopic bilateral varicocele ligations scheduled, a procedure which provided an opportunity to practice access techniques and basic instrument manipulation. Varicocele has a relatively high incidence in Senegal, with open ligation commonly performed with the objective of addressing infertility in younger men, and we were told that a laparoscopic approach would permit patients to be treated as a day-case rather than remaining in hospital overnight post-operatively. As the first case was prepared and we talked through the WHO pre-operative checklist – a novelty in HOGGY – the excitement was tangible and clearly evident by the twenty or so residents who had gathered to observe proceedings. By the fourth case, Professor Niang and one of his fellow consultants Dr Medina Ndoye demonstrated near-independence in the procedure with only minimal guidance from faculty a satisfying end to the first day for the trainers!

The following 3 days, two laparoscopic renal cyst decortications , 2 pyeloplasties and a laparoscopic assisted partial nephrectomy were schedule. As aforementioned, the objective was not for the delegates to gain independence in these procedures but to perform specific steps under close supervision and guidance – and it was clear for all to see that with structured mentorship, skills were already beginning to improve. These cases provided valuable learning opportunities to the observing residents, many of whom were trained in open surgery but had very limited prior experience to observe live laparoscopic operating.

Operating circumstances were often challenging – with faculty constantly forced to adapt to suboptimal conditions, including an operating table with no break, a malfunctioning insufflator and rudimentary instruments with no access to an energy device to assist with dissection. It is also not standard practice in Senegal, and many other SSA hospitals, for a scrub-nurse to be present in theatre. This made for an exciting experience for the residents as they took it in turns to take on this role. Innovation, camaraderie and perseverance are essential attributes in overcoming such testing circumstances – all of which were present in abundance throughout the week.

Meanwhile, our UK trainee Mr Trail was provided with an opportunity during these operating days to perform an open nephrectomy and Millin’s retropubic prostatectomy. With opportunities to experience open Urological surgery ever-diminishing in the UK this was a memorable and valuable training experience for him.

There was a fantastic sense of achievement throughout the department by the fifth and final day of the workshop. Feedback, collated via a survey of all delegates, was very positive – with all stating the workshop had enhanced their interest in pursuing training in laparoscopic urology. Many had requested additional simulation sessions in future workshops – testament to my ‘DIY’ laparoscopic simulator! Led by Professor Niang, we performed a traditional ‘grand round’ on the last day to review the patients operated on during the week who remained on the ward. We made plans with one resident to initiate a prospective audit of outcomes from all laparoscopic cases performed during the course with the view to continuing this work as caseload increases. We have since learned that patients were discharged without significant perioperative complications.

Learning outcomes

Detail here how the aims and objectives were met

Positive Outcomes :

As a result of consistent exposure with a number of cases, me, Ali, Professor Niang and Dr Medina all feel comfortable for them (LN and MN) to perform laparoscopic varicoele repairs independently as joint procedures. This has to be done in conjunction with regular practice of using instruments on animal model as demonstrated which replicates the procedure.

We feel comfortable for local team to gain intraperitoneal access and perform port insertions as for renal surgery. However at this point, we have advised that, the entire procedure (nephrectomy, pyeloplasty, renal cysts) should be continued with open incision until further progress in future workshops.

We have planned that the local team would perform this operating via facetime link, where we can observe the procedure live and advice accordingly.

Great enthusiasm was demonstrated by both senior host team and residents. This for sure promotes a healthy culture and environment for learning laparoscopy which will yield positive results in the years to come in West

Africa.

Future Plans until next workshop in March/April 2020

I will be attending the West African College of Surgeons meeting in February 2020 in Abuja, (provided I get the Nigerian Visa !!!) Have been encouraged by Professor Gueye to speak at a session about minimally invasive urological surgery in West Africa. This will help to gather experiences of various West African colleagues if any attempts have been made in Urology units to establish laparoscopy. Since basic general surgical procedures are performed laparoscopically in some African centres, it will be very useful to know about their experiences in setting the services up.

Would be very useful to acquire more laparoscopic instruments essential for more advanced procedures. These include, harmonic scalpel, right angle dissectors, hemolock clips and applicators. Would also be useful to have more reliable gas insufflator. Following the workshop, I have already approached the Medtronic and other companies who are facilitating link with their Africa based colleagues.

In the future, I plan to run a parallel simulation laparoscopy course throughout the week for residents to get more hands on simulation experience. This will further facilitate a culture of accepting laparoscopic surgery in the continent.

Evaluation

How has this scholarship/award impacted on your clinical/NHS practice or equivalent?

Please see above section



The department of Urology at HOGGY



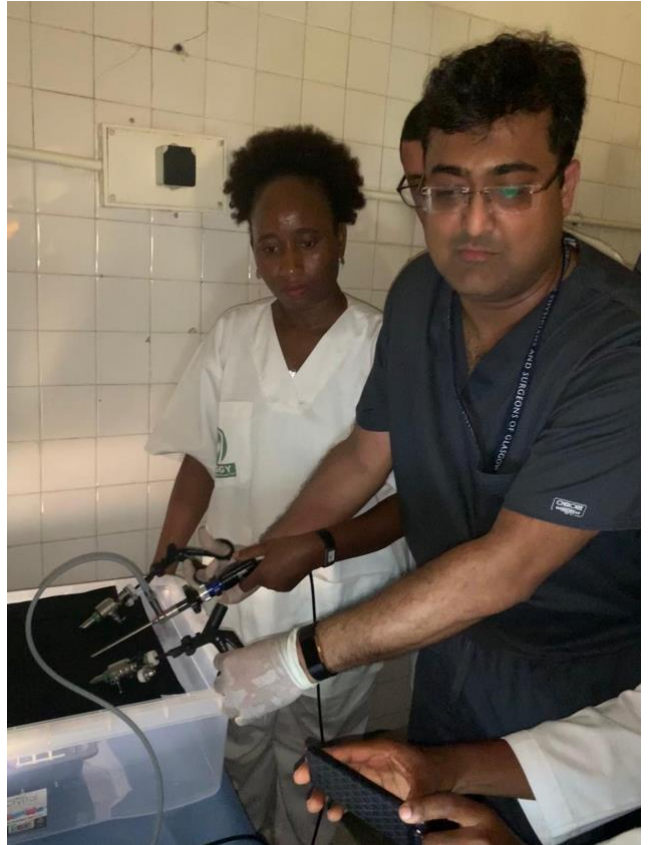
Delivering lectures was very important to lay a strong foundation



Faculty Right : Matt Trail ; Myself ; Left : Ali Thwaini; Far left Prof Lamine Niang



Host team performing Laparoscopic decortication of renal cyst under supervision



Getting ready for the simulation box



Direct mentorship continues by both scrubbed and unscrubbed faculty



SECTION 4 | EXPENDITURE

Breakdown of expenditures

Please demonstrate how the scholarship/award funding was used to support your project/visit

Air Ticket : £ 540
Accommodation : £ 504
Food /Travelling to and from airport : £ 250
Total : £ 1294

Dear scholarship committee, As I had mentioned at the time of acceptance of award that, the fund of 2500 will be used over 2 workshops 5-6 months apart ,as it is more productive to do 2 separate, weekly workshops rather than 1. The 1st workshop had utilized only half of the fund (£1294) and the remaining to be utilized after the 2nd workshop planned in March/April2020. I would be very happy to either receive the award fund now or after the 2nd workshop is completed with a fresh report, whichever option the committee feels more appropriate. Please advice.

SECTION 5 | PUBLICATION

Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.

YES I give permission for my report to be published in College News

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