SURGICAL CAMP, MNAZI MMOJA HOSPITAL, ZANZIBAR

Introduction

Zanzibar is a semi-autonomous region of Tanzania in East Africa. The population is about 1.3 million. It is one of the poorest areas in Africa with high child- and maternal death rate. The life expectancy is only about 60 years. The public health care system is divided into three levels (primary, secondary and tertiary). The only tertiary hospital is Mnazi Mmoja Hospital (MMH), located in the capital. MMH has approximately 400 beds and 12 000 births, and is a referral hospital for the whole island.

There have recently been a organizational change in the Dept. of Gyn & Obs. at MMH. The previous head of the Department left and a senior doctor recently retired. The remaining staff are young, with only two local doctors that are specialists in Gyn&Obs, in addition to a chinese doctor and some help from a Cubanian doctor. In addition there are 14 registrars (11 working clinically) and 8 internships. These people serve about 12 0000 births and about 200 Gyn. operations.

Most surgery in Zanzibar is performed as open procedures. The theaters and equipment do not have the same standard as we are used to and there is less reserves for transfusions. Then it is even more important to operate efficient and bloodless. Better surgical skills will also benefit obstetrical crisis as for example complicated caesarian sectio or postpartum hysterectomy. They perform about 20 - 30 postpartum hysterectomy per year and the maternal death rate is high. The two local doctors have recently returned from their education abroad. The registrars have only few years experience but will also be trained to do surgical procedures. The young specialists are supposed to teach the registrars.

The project

Mnazi Mmoja Hospital (MMH) and Haukeland University Hospital (HUH), Norway, have had a bilateral cooperation for almost a decade. There is established a good relationship with the local doctors, the hospital and the ministry.

This project was initiated after a visit to MMH in January 2018. I had the opportunity to travel with Alexander Vietheer (gynecologist, HUH) who had worked at MMH and is a contact person for HUH and MMH. We were warmed welcomed by the local doctors and the hospital. I was invited to attend them in clinical work with focus on surgical procedures. There was a need for hands-on training for the doctors to be confident in the pelvic and procedures.

During this stay the local doctors themselves suggested the idea of a Surgical Camp. The idea was to increase the number of procedures and to learn proper surgical techniques, open the retroperitoneal spaces and localize anatomical structures. I would function as a mentor and teacher.

The Surgical Camp took place in October 2018. The local doctors organized the Camp. Normally they have only one theater 1 (or 2) days per week and they treat about 3-4 patients. During Surgical Camp they had organized two theaters from Monday-Friday for two weeks (10 days). This included equipment, anesthesia, and operating room nurses. They had

scheduled 3-4 huge laparotomies for each theater per day. The patients were recruited form their own Hospital, but they also sent letters to the other Hospitals at the island to refer difficult cases.

The work done by the local doctors, both before, during and after the surgery, was tremendous. During these 10 days we operated 59 large laparotomies, mostly simple hysterectomy, radical hysterectomy, cystectomy and myomectomy.
The surgery was mainly done by the two local specialists and one experienced registrars in addition to me. The Camp was exhausting, but successful. The key to this success was that the local doctors initiated and organized the Camp and their willingness to learn. The surgeons acquired confidence, new skills and techniques during the Camp.

The doctors already suggested a new Camp with focus on Radical hysterectomy and another Camp with focus on laparoscopy.