Report on Malawi Trip

November 2015

Mr. Paul Thomas

Aims:

1. Revisit and teaching at Mangochi District Hospital
2. Help with Fellowship examinations for CoSECSA
3. Attend COSECSA Conference, Blantyre
4. Attend Board Meeting AMECA Malawi

20th November leave London

I am starting to get used to the long flight from London to Blantyre and enjoy the familiar chaos at Addis Ababa in Ethiopia. Flying down from Lilongwe to Blantyre it was lovely to see the familiar landscape of Lake Malawi and the Shire River. It is the end of the summer season here, the rains are due and the sweltering 40^0 C heat and humidity hit you when the plane doors open at Chileka; I was drenched by the time I got through immigration. Customs were more forgiving than usual and my bags of surgical equipment were waved through on this occasion. It was good to meet Ruthie who helped me negotiate the usual bedlam outside and it was lovely to see the Jacaranda trees in flower driving into Blantyre.

On Monday I drove down to Thyolo District Hospital to attend the morning handover and meet the DMO to discuss plans for the teaching visit next April. View report April 2016. I was given an update on surgical activity and handed over some surgical supplies – it was good to see the Clinical Officers had performed a lot of hernia surgery and I gave them some more mesh.

Thyolo District Hospital

In the afternoon I headed up to Mangochi, which is close to Lake Malawi, negotiating the numerous police barriers and other obstacles on the roads. The new highway to Zomba is nearing completion but remains as treacherous as ever especially going through the villages where children, unobservant cyclists, overloaded vehicles and worst of all the minibuses can run into your path at any time. On this occasion I stayed at a comfortable hostel on the lakeshore, driving into Mangochi District Hospital on a daily basis.

23rd – 27th November
I made a visit to Dedza District Hospital to drop off some donated equipment and met Kenneth Murreno and Martin Kapito, two of the Clinical Officers who are on the COST-Africa training programme which was set up to enhance the skills of the clinical officers who work in the District Hospitals.

My week at Mangochi District Hospital followed its normal format of morning prayers at 07.30, handover meeting, ward-rounds, outpatients and operating, interspersed with seeing surgical referrals and 'selected' patients who had been brought up to the hospital especially to see me. There were sometimes presentations after the morning meeting and I gave one on vascular trauma as well as my usual lecture on hernia surgery.

The lack of operating equipment and particularly a fully functioning anaesthetic machine, limits the volume and complexity of work that can safely be done in the district hospitals even though some of the surgical clinical officers are now capable of doing more. I cannot wait for the arrival of the donated anaesthetic machines, which are currently in transit from my hospital in the UK. (See article on this donation.)

The majority of cases were of an intermediary level such as hernias, hydrocoeles, drainage of sepsis and miscellaneous lumps of indeterminate origin. The lack of a HDU, pathology service, and basic supplies such as IV fluids, catheters and drugs also limits what procedures can be done.

Emergency surgery was mainly obstetric, burns and other trauma mainly related to the high incidence of road accidents. A notable case was a poor girl who had been attacked by a crocodile whilst trying to rescue her brother who has been taken by another crocodile. The lack of orthopaedic instrumentation means that the majority of fractures are simply reduced and allowed to heal by immobilization in traction. I assisted with a 5 days old displaced supracondylar femoral fracture that was very difficult to reduce. I have respect for the orthopaedic surgeons who deal with a complex case-mix working in difficult circumstances with little or no instrumentation. I collected outcome data for our THET study, which partly helped fund the trip.

I returned to Blantyre after an unseasonal rainstorm. The muddy roads were treacherous but unlike the car in front I was able to get through, avoiding the K10,000 'assistance fee'!

30th November -1st December.
As an Honorary member of CoSECSA I was invited by Professor Borgstein to act as an external examiner for the MCS and FCS CoSECSA examinations, held in the Sports Hall of the Medical School in Blantyre, a modern building contrasting with Queen's hospital. The MCS surgical examinations were well organized and set to a high standard, with candidates expected to have a detailed knowledge of anatomy, physiology and pathology. The FCS candidates were mainly from the CoSECSA regions and I examined candidates from Malawi, Zambia, Tanzania, Mozambique and the Congo. The examinations were again set to a high standard, well above our old FRCS. We examined in the generality of surgery unlike our own final fellowship and discussed a fascinating variety of cases. The vivas and case discussions were conducted in English, which posed a problem for one or two of the candidates - I enjoyed speaking French to one but he had to be assessed on his performance in English. Also a few of the patients only spoke Chichewa but interpreters were available.

2nd-4th December.
I attended the 16th Annual General Meeting and Scientific conference of COSECSA held at the Victoria Hotel in Blantyre. There were many interesting talks with a plenary session to discuss the consensus document "Meeting the Unmet Need for Surgery" which follows on from the Lancet Commission report on Global Surgery. In addition to interesting scientific discussions there was a progress report on the COST-Africa programme.

The conference allowed me to meet many familiar faces, other surgeons working in Malawi and elsewhere in Sub-Saharan Africa. The conference confirmed my feelings that there is a tremendous need for surgeons and surgical training over here.

On the last day I attended the Directors Board meeting of AMECA Healthcare Africa Ltd, which represents AMECA in Malawi. Amongst other agenda items, we finalised plans for the proposed building of the AMECA Primary Healthcare Clinic in Chilaweni.

On Saturday I departed arriving to a cold UK, which seemed very similar to when I had left. I look forward to returning next year.