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Report on the attendance of the ASGBI International Surgical Congress:
12th -17th April 2010, Liverpool.

Following the Award of a 2010 ASGBI International bursary, I set off eagerly from Uganda with two colleagues.

My objectives were; to get exposed, compare systems and generate new ideas, and to create new professional partnerships, in an effort to overcome the challenges of surgery in Africa and Uganda in particular.

We made a long and tiring but adventurous straight 15 hour journey to Liverpool.

On arrival we quickly settled down into the ambiance and warmth of the Jury's Inn Liverpool hotel.

My window had a beautiful view of the docks, the Mersey River, and the sun setting over the Wirral!

On the first morning we were briefed by the amiable Mr. Martin Greaney and allocated to various local hospitals as observers, for two days.

I paired up with Anish, a hepatobiliary surgeon from India who has since become a close friend!

At Aintree University Hospital we were received and attended to by a team of friendly colorectal surgeons; Mr. Greame Poston, Mr. James Arthur and Mr. P Skaife.

We joined that morning's Multidisciplinary Team (MDT) video-conference on various oncological conditions.

I learnt that in the U.K, by law, decisions on management of cancer patients have to be taken by more than one team.

We toured the hospital and witnessed some procedures in the highly organised and well equipped theatres.

We attended a very informative antibiotic ward round, carried out by a multi-disciplinary team (microbiologists, surgeons and pharmacists, among others) as a measure to monitor and ensure rational antibiotic use. I found this an important practice to emulate.

I was struck by the great disparity in the health services of the U.K and Uganda.

The neatness, high level of organisation and standard of care were not only impressive but also inspiring.

Notable also was the high level of specialisation and division of labour that enables the staff to practice optimally and deliver to their full potential, the use of advanced technology and the excellent work ethic.

I observed how Sub-specialisation in the various surgical fields including; colorectal, vascular and reconstructive surgery, has enabled dramatic advances in patient care.

To take home too, is the culture of developing and strictly adhering to management protocols, which helps in maintaining standard of care.

The significant variation in disease patterns was also notable.

The following day at Chester hospital, another friendly surgeon Professor Paul Edwards received us, he invited us to witness and learn as he carried out modern techniques like Endoscopic Retrograde Cholangio-Pancreatography (ERCP). I appreciated further the value of Interventional radiology.

On the ward-round, I was particularly impressed by the story of an 80 year old with a ruptured aortic aneurysm who was saved by timely Endovascular Angiographic Reconstruction surgery (EVAR) despite the emergency and the several other co-morbid conditions that he had. This was surgical practice at its best!

Comparing the training system in U.K to that in Uganda, I noted the emphasis on the Fellowship training , which though lengthy allows one to qualify from training as consultant, unlike Uganda where the traditional academic training of Masters' Degree in Surgery still prevails, so you qualify first as surgeon then later become Registrar and Consultant through practice.

The conference was full of very exciting sessions of high standard during which many insightful presentations were made, including; 'in sickness and in power', 'fluid therapy in the elderly surgical patient', 'the BJS papers that changed practice', 'how to avoid disaster in cancer surgery', and the international development symposium on 'global challenges of surgery in the developing world' where I participated actively.

At the exhibition, there was such a variety of technologically advanced equipment and demonstrations, it was a time to discover the variety of options on the market and have many of our questions answered.

It was also pleasing to have a chance to interact with distinguished guests, presenters, and researchers on the sidelines of the conference, including MR. Frederick Mutyaba (President of the College of Surgeons of East, Central and Southern Africa) who briefed us on the progress the College had made.

Another was Lord David Owen, former British Foreign secretary.

I was privileged to get an autographed copy of his book "in sickness and in power".

The anti-climax was the bursary winners' Reception where Awards were presented.

In the evenings we took off time to tour Liverpool's famous spots including, the famous St. John's Beacon / Radio tower, museums, docks & shopping centres.

There was extensive social interaction with colleagues from the several other counties.

The social aspects of the congress climaxed on Thursday night with the Gala dinner at the Sefton park palm house.

Here, we were greatly honoured to have the College of Surgeons of East, Central and Southern Africa (COSECSA) officially conferred Designated Society status by ASGBI. We also had what one surgeon referred to as a 'huge gastronomic experience'! We danced to the Beatles' music played out so perfectly by the 'Blue Meanies'.

I can happily conclude that it was all time well spent, and I actually achieved all my objectives. I left the congress with a host of ideas that am certain shall be actualised and implemented towards overcoming the challenges of surgery in Africa.

I strongly recommend that ASGBI continues to offer such bursaries to surgical trainees from the developing world.