

IUGA 2019 OBSERVERSHIP REPORT

Name: Fatimat Motunrayo Akinlusi

Dates of observership: 21ST of August, 2019 till 14th September, 2019

Host site: Croydon University Hospital Urogynecology and Pelvic Floor Reconstruction Unit 530 London Road, Croydon, Surrey CR7 7YE UK

Hosts: Miss Raneethakar and Mr. Abdul Sultan

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My educational experience related to the area of expertise of the host site

I arrived at Croydon on the 20th of August, 2019 and was given a warm welcome by a member of the Accommodations and Facilities Unit, who showed me my room and other facilities in the apartment.

Same day, I visited the occupational health unit and scheduled my health assessment for the following day. Thereafter, I reported to the Urogynaecology Unit where one of the Research Fellows, Dr. Joanna warmly received me; introduced me to other team members and took me round the hospital. I was given my preplanned schedule which I followed during the observership and this optimized my clinical experience.

The next day, I quickly settled to an interesting and busy urogynaecology unit, quite different from what I knew back home. The Orchid suite of Croydon University Hospital is almost a one stop unit that has special expertise in the treatment of pelvic floor disorders such as uterovaginal prolapse, urinary and faecal incontinence and childbirth related perineal injuries.

It runs a variety of consultant and specialist nurse led clinics which include perineal, pelvic floor ultrasound scan, urogynaecology, pelvic floor/colorectal joint clinic, triage, trial without catheter (TWOC) and pessary clinics. A variety of

pessaries were offered for prolapse. These clinics run every week day, morning and evening.

The perineal clinic is quite innovative. Every client goes through anal manometry and endoanal scan to establish the presence, size and completeness of anal sphincteric defect. Findings guide the obstetrician in her recommendation of appropriate mode of delivery.

I observed many endoanal scans at several sessions; learnt how to maneuver the probes at different levels to see different parts of the anal sphincter and I am now able to interpret the images to some extent. I am confident that this experience will give me leverage when I eventually enroll for hands-on training in the future.

The pelvic floor scan clinics evaluated mesh related abnormalities; using the transperineal and 3D transvaginal scans, mesh mobility, mesh location relative to bladder and urethra amongst others were assessed. Scan findings were used to counsel and allay the fears of patients that were worried about mesh complications.

The pelvic floor joint clinic for females with bladder and bowel dysfunction provided the opportunity to review patients having both symptoms with colorectal surgeons in attendance. By this, patients do not have to make multiple visits to different clinics. Thereafter, joint decisions are made which paves way for efficient and cost-effective multidisciplinary interventions.

The surgical sessions were highly educative and varied. Laparoscopic and open surgeries were observed; the principles of pelvic floor surgery and step by step procedure were further emphasized. Laparoscopic sacrocolpopexy using mesh, vaginal sacrospinal fixation with suture, cystoscopies, vaginal hysterectomy, anterior and posterior colpo-periniorrhaphy, fourth degree perineal repairs, intravesical botox injection, transurethral injection of 'Bulkamid' bulking agent, use of autologous fascial slings for stress urinary incontinence were observed. Some of these procedures, I saw for the first time. Related procedures observed included urodynamic studies and Posterior Tibial Nerve Stimulation.

My supervisors followed-up with me regularly during the program to ensure the exposure met my needs. Other members of the team were also passionate about helping to optimize my observership.

Specific skills learned

Evaluation of the integrity of the anal sphincter using anal manometry, endoanal and transperineal scans is one brand new skill I was opportune to learn. With some hands-on training I should be able to offer my clients this service once the probes are acquired.

I attended the 100th edition of the “Third and Fourth Degree Perineal Tears & Episiotomy: One Day Hands-on training”. This was courtesy of my trainers and definitely one of the most invaluable skills I acquired despite having repaired a few prior to then.

The theoretical background given at the outset followed by practical session using the pig anal sphincter model was amazing. Complimentary copies of the book written by Mr. Abdul H. Sultan and Miss Raneer Thakar titled “Perineal and Anal Sphincter Trauma” as well as a compact disk (CD) on “Diagnosis and Repair of Acute Obstetric Perineal Trauma” were given to me thereafter.

I observed many patients who presented for urodynamic studies. I am more confident in setting up the machine, applying the catheters and interpreting the tracings.

Specific research accomplished

I participated in the routine administration of questionnaires to clinic attendees but the short duration of my program did not permit me to complete any research.

My interaction with research fellows plus attendance at research meetings stimulated a lot of interest in ongoing research and initiatives, some of which may form the basis of my research in Nigeria.

How this experience has benefitted my career

The observership actually filled some gaps in my clinical knowledge and training; it familiarized me with the practice of obstetrics and gynaecology in a U.K. clinical setting. I attended the day-to-day operations of clinical care; attended labour ward calls a few times; had a glimpse at other units’ activities; attended obstetric and Gynaecological departmental reviews; Clinical Governance; local and regional multidisciplinary, research meetings and seminars.

The urogynaecology clinics provided exposure to sub-specialist evaluation and management of different types of urinary incontinence. Conservative management of urinary incontinence was primarily implemented prior to other interventions. I have adopted this strategy and found it practically effective in some of my patients back home.

This program has specifically enhanced my assessment of urogynaecological patients as well as my diagnostic skills.

How the experience impacted me personally

The team spirit, efficiency, punctuality, expertise, dedication and patients' empathy displayed by the entire members of staff of the Orchid suite were amazing. Their warmth and hospitality cannot be overemphasized. I am challenged to nurture a similar team to deliver quality urogynaecological care to Nigerian Women.

I look forward to acquiring additional expertise through hands-on exposure to raise this future team.

Comments relevant to the growth of IUGA Observership grant program

I hope to be able to pull together colleagues in Nigeria who have interest in urogynaecology to establish an association which will eventually be a subsidiary of IUGA. The more the financial members of IUGA, the more the funds available for the IUGA observership grant and the more it will benefit to low and middle income countries.

Appreciation

To Miss Ranee Thakar, Mr. Abdul Sultan, Miss Ivilina Pandeva, I say a very big thank you. Aswini and Johanna, I thank you for taking me on. To the Nurse specialists; Wendy Ness, Dahlia, Libby, Sainab and Anne; you were marvelous.

I appreciate the theatre nurses, the entire staff members of the Obstetrics and Gynaecology department and Michelle, the administrative personnel.

I wish to express my gratitude once again to IUGA for facilitating this highly beneficial program.

PHOTOS

Below is my supervisor, Miss Ranee Thakar and I after one of the clinics





From left, my Supervisor, Mr. Abdul Sultan, I and the Colorectal Surgeon, Mr. Muti Abulafi after a pelvic floor joint clinic.



Miss Ivilina Pandeva, Urogynaecology Subspecialty Consultant and I after a theatre session.



From right, Subspecialty Registrar Aswini and I after a theatre session.



From left, Miss Wendy Ness, the Colorectal Nurse Specialist and I



From left, Johanna, I and Miss Ranee Thakar



From right, Continence Nurse Specialist Dahlia, I and Michelle, the administrative personnel.



Continence Nurse Specialist Sainab and I



From right, Continence Nurse Specialist Libby, I and Dahlia

Full account of the use of the funds awarded by IUGA

1. Ticket fares:	375,530 naira @ 361.50	= 1039 dollars
2. Accomodation:	800 pounds @ 1.29	= 1032 dollars
3. Health assessment:	240 pounds @ 1.29	= 310 dollars
4. Visa processing:		= 128 dollars
5. DHL Passport pick up:	28,680 naira @ 361.50	= 79 dollars
5. Feeding:		= 600 dollars
6. Transportation: Airport shuttle, intra &intercity		= 350 dollars
7. Miscellaneous:		
Call cards, internet access, sightseeing		= 450 dollars
8. <u>TOTAL</u>		= 3988 dollars
9. <u>Balance</u>		= 12 dollars