

## SIU Scholarship: Dr. Anselm Okwudili Obi

*The Société Internationale d'Urologie offers Training Scholarships for young doctors with basic surgical or urological qualifications. The SIU Scholarships involve training in a recognized Urological center of excellence located in the candidate's geographical region. These SIU-accredited centers provide an excellent environment for learning and, in many instances, hands-on experience, so that candidates may acquire knowledge and skills that they will be able to transfer to their own setting of practice. In this series of short communications, SIU Scholars write about the impact that these training opportunities facilitated by the SIU had on their quality of care and career development. Information about applying for an SIU Scholarship is available at <http://www.siu-urology.org/>.*

I qualified as a Fellow of the West African College of Surgeons (Urology) in October 2001 and obtained the SIU Scholarship in June 2004. During this period, I knew I had limitations in several areas of Urology because of the limited facilities and scope of training in my country, Nigeria, and I yearned for an opportunity to improve myself.

My first opportunity came in September 2003, when I was able to attend an SIU-organized workshop at Korle Bu University Teaching Hospital in Accra, Ghana. The workshop was on reconstructive surgery of the lower genitourinary tract and the care and maintenance of endoscopes. It involved live surgery transmitted by closed-circuit TV to the conference hall.

I was held spellbound by the surgical skill and dexterity of a young pediatric urologist, Dr. Ashraf Hafez from the Urology and Nephrology Centre (UNC) of Mansoura University in Egypt, as he tackled complex reconstructive surgeries like redo hypospadias surgery, epispadias repair, and the creation of a continent urinary reservoir with ease for a patient who had lost the entire lower urinary tract in a road traffic accident.

I immediately made contact with him and we agreed to further discussions at the uro-oncology conference to be held at Sharm El-Sheikh in Egypt a short while later. So it was that I visited Egypt for the first time in October 2003 for the SIU Congress on Uro-Oncology. With his guidance I applied for the SIU Scholarship that would enable me to study at UNC Mansoura, and was lucky to be selected.

The first thing that struck me as the taxi drove me into the premises of the UNC Mansoura was the sheer beauty and aesthetics of the environment. I was to find out later that this was equally matched by the quality of clinical



**Anselm Okwudili Obi, SIU Scholar**

and academic work and the friendliness of the staff and residents and their dedication to duty.

I spent the first 2 or more days getting acquainted with the layout of the facility and the weekly activities. The main building had 4 ultramodern theater suites that were occupied on every working day. Three rooms were for open surgery and 1 for endoscopy. The endoscopy suite had 2 tables, 1 was for regular endoscopy and resection and the other incorporated an image intensifier and was used for ureteroscopy and percutaneous nephrolithotomy. The 2 center suites were dedicated to renal transplantation twice a week. There was also a semidetached wing called the F-wing dedicated to pediatric urology, with its own theater suite, offices, urodynamics laboratory, ESWL, and MRI devices.

Other facilities were an ultramodern radiology department (including interventional radiology), CT scan, radionuclide facilities, and an animal laboratory. I quickly drew up a schedule of rotation through the various departments to obtain maximum benefit. I allotted 1 month each to pediatric urology, radiology, and endourology, and dedicated the remaining 3 months to renal trans-

plantation and radical cystectomy and diversion procedures in addition to other urological procedures.

With an average of 140 surgeries per week at the institution, I had built up a formidable log book at the end of 6 months. I had the privilege of being first assistant in several procedures and also had some hands-on exposure in the animal laboratory. Some of the procedures like open prostatectomy, orchiectomy, cystolithotomy, radical and simple nephrectomy, pyeloplasty, ureteral reimplantation, and anastomotic urethroplasty were quite familiar. I had also seen a couple of augmentation cystoplasties, but most of the open, and all of the endoscopic procedures were entirely new to me.

A cursory glance at my log book showed that I had participated in a broad range of procedures such as radical nephrectomy (25 observed/8 assisted), partial nephrectomy (10/2), nephroureterectomy (20/2), radical cystectomy (40/15), anterior exenteration (10/2), combined cystectomy and urethrectomy (2/1), partial cystectomy (2/1), nerve-sparing radical cystectomy (2/2), orthotopic diversion (ileal W-neobladder) (30/10), continent cutaneous diversion (10/3), radical prostatectomy (2/1), donor nephrectomy (20/10), kidney transplantation (20/8), urethrocystoscopy (50/10), percutaneous nephrostomy (30/5), percutaneous nephrolithotomy (32/5), transurethral resection of bladder tumors (20/0), transurethral resection of the prostate (10/0), laparoscopic cystectomy and laparoscopic radical nephrectomy (3/1), ESWL (20/0), hypospadias repair (90/76), exstrophy repair (1). Other procedures included Boari flap (2/2), vesicovaginal fistula repair (2/2), augmentation cystoplasty (4/3), pyeloplasty (8/4), anastrophic nephrolithotomy (6/4), and Lich-Gregoire ureteral reimplantation (20/10). In the interventional radiology suite, I was fortunate to observe 1 emergency angioembolization.

The weekly academic activities consisted of journal club meetings on Monday evenings, formal lectures on Wednesday evenings, and a clinical conference every Thursday morning. These meetings served to update us on the current literature on diverse topics in urology and were usually well attended, especially the Thursday meetings where all the faculty staff, including radiologists, pathologists, and nephrologists, were usually present.

On the social side, I found time to explore the town and its restaurants, and also do some shopping. I found the average Egyptian to be very friendly and helpful. I made some friends within and outside the hospital, and also visited some interesting sites in places like Alexandria, Sharm El-Sheikh, and Cairo. My main challenge was the language, but I quickly picked up a few words that enabled me to move around and have not forgotten them till now.

Back home, where I work as a senior consultant urologist (Federal Medical Centre, Abakaliki, Ebonyi state,

Nigeria) and lecturer in genitourinary anatomy (Ebonyi State University), I have been able to impart some of my acquired skills to my residents and colleagues. As the technology available to us improves, the number of procedures we are able to do has also increased. The major limitation has been, and still remains, equipment for carrying out the more sophisticated surgeries. Recently, my center acquired a complete set of equipment for lower tract endourology and this has greatly facilitated our teaching and research capabilities.

In June 2009, I had the opportunity to visit the center once again for 2 weeks to attend an update course on "renal and ureteric stones and strictures—the role of open surgery." The course offered me hands-on training in the animal laboratory, and I along with my fellow urologists from over 15 countries tried our hands on procedures like the Lich-Gregoire ureteral reimplantation, radical nephrectomy, partial nephrectomy, Yang-Monti tube, and pyeloplasty, among others. I found the center better than when I left it in 2005. The facilities were still well maintained and so was the dedication of the staff.

I want to use this opportunity to thank the SIU for the scholarship it granted me. It has totally transformed my career. I also want to request that the number of scholarships be increased so that more people can benefit from them. Finally I want to commend the staff, especially Professor M. Ghoneim (former director and founder), Professor Hassan Abol-Enein (director), Professor Mahmoud Baseed, and Professor Elhoussiny Ebrahim (Chief of Urology) for their hard work and dedication in maintaining this center of excellence in Urology.

**Abbreviated CV.** Dr. Anselm Okwudili Obi completed his undergraduate studies at the Medical College of the University of Nigeria in 1989. He completed his internship at the University of Nigeria Teaching Hospital, Enugu, in 1990, after which he worked as medical officer at various hospitals. He completed his residency training in surgery at the University of Nigeria Teaching Hospital in Enugu during 1995-2002 and obtained Fellowship of the West African College of Surgeons (WACS) in 2001. He has worked as a consultant urologist at the Federal Medical Centre Abakaliki in Ebonyi State, Nigeria, since 2002, and became Head of the Department of Surgery at the hospital in 2005. He has served as a lecturer in anatomy at the School of Basic Medical Science of Ebonyi State University, and also as the secretary of the Enugu zone of the Nigerian Medical Association. He has published 2 papers and presented 6 papers at scientific meetings in Nigeria.

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