

## SIU Scholarship: Dr. Blessing Ngonidzashe Dziwa

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/>.

The SIU scholarship award was of immense benefit to me as an aspiring urologist. It came to me at a time when I did not know in which direction my surgical career should go, considering the social and economic environment in my home country, Zimbabwe. I did my 6 months' SIU scholarship at Stellenbosch University, Tygerberg Hospital, near Cape Town in South Africa.

The Department of Urology has 3 firms, each with a consultant, senior registrar, and junior registrar. The activities in the department involve doing floor rounds and attending the main theater, the cystoscopy theater, and outpatients. My main activity, which I thoroughly enjoyed, was the cystoscopy theater. I had done few of these before my arrival, because of a shortage of resources. I had to spend a good month observing the procedures before I could do them on my own, with the senior registrar checking my findings. At first, it was much easier to do the female cystoscopies with the rigid instrument, which was much easier to master than the flexiscope. The senior registrars assisted me in every way they could.

In the day theater, we performed minor procedures, chiefly orchietomy, circumcision, and sclerotherapy of hydrocoeles. In the main theater, I assisted whenever possible, although mainly I observed the procedures. However, I actively assisted at procedures such as radical cystoprostatectomy, radical penectomy, renal transplantation, nephrectomy, removal of peritoneal dialysis catheters, hypospadias repair, Nesbit procedure, repair of bladder rupture, and inguinal herniotomy. I observed 15 transurethral resections of the prostate, 14 transurethral resections of bladder tumors, 8 percutaneous nephrolithotomy procedures, and 2 transobturator sling place-



**Blessing Ngonidzashe Dziwa, SIU Scholar**

ments. For most of the endoscopic procedures, I would initially do the rigid cystoscopy first, and then the registrar would proceed from there.

The most direct benefit was the opportunity to observe and assist in procedures that I could not access in my home country. Most African facilities are not equipped with the expertise and equipment to perform endourologic procedures. I had done few before my attachment, but, although the learning curve is steep, I managed to perform the basics. I also learned the principles of transurethral resection of the prostate and laparoscopic procedures.

There was a full academic program, with a consultants' floor round and radiologic meeting every Monday and a pathology meeting every Wednesday. These served to link theory and practice. I was amazed by how the urol-

ogists knew urology, sometimes more than the radiologists. Seminar meetings were held on Wednesday afternoons, at which a topic would be presented by one of the registrars. This was usually sponsored by a pharmaceutical company, owing to the good working relationship the department has with the outside community. The academic year was interrupted for a month by the Christmas and New Year holidays. During that time, the hospital's clinical activities were also scaled down, and I spent the time studying urology in the library.

To claim that all was rosy would be a lie, because every rose has its thorns. The first major challenge I had was financial. During the first 2 months I was a victim of credit card fraud. I woke up 1 day and realized that I had no money in my accounts and that I was destitute. However, fortunately, a stranger, who remained anonymous, supported me with a donation of 2000 Rand (about US\$350) every month, paid into my account. That cash injection sustained me well throughout the attachment.

Another barrier was that I did not understand the local language. I did manage to learn a bit, although it became evident that mastery of the language would certainly have made my life easier. Accommodation on campus was not available, and public transport was difficult, so I walked about 30 minutes to and from the hospital every day (good exercise, at least). Sometimes it was difficult to adjust to the social system. However, in that diversity I did learn to appreciate that it is possible to see beyond each other's upbringing and notice our common humanity. Finally, I believe the period is a bit short, because the learning curve is very steep indeed. After 6 months, one begins to feel a part of the game, but then, suddenly, the game is over.

Currently, I am working as a surgical registrar in Maseru at the Queen Elizabeth II Hospital, which is the only referral hospital in Lesotho. It is staffed with general surgeons only, who do what they can and refer the rest to South Africa. There is basic endoscopic equipment, rigid cystoscopes only, and a laparoscopic set. No uroflowmeter is available nor are basic  $\alpha$ -blockers available for treatment of benign prostatic hyperplasia. Radiologic investigations are limited, with no computed tomography or reliable ultrasonography available.

Considering that, despite all I learned, I am hardly in an environment for me to put it into practice, was the

SIU scholarship worth it? I would say that it was, because for me it is a work in progress. I have to do the best I can in that environment with the belief that 1 day I will be able to maximize my learning. I am currently lobbying the hospital management to introduce some of the activities I was engaged in during my attachment.

The main limitation with the SIU scholarship is the amount of money awarded. Sometimes it is not enough, depending on the duration of the stay and the environment. I also believe that a logbook should be designed that can be filled in during the training and also that a certificate should be given at the end of the attachment.

In conclusion, I hope 1 day to be a urologist. I shall not give up and shall continue to search for opportunities so that I can serve my home country, Zimbabwe, which is in dire need of such expertise. I am greatly indebted to the generosity of the SIU and Stellenbosch University through Professor C. F. Heyns for giving me the chance to dream and see beyond my circumstances. The most important thing I have learned, perhaps more important than all the procedures I learned, is that everything and anything is possible in the right circumstances. The SIU and the Unknown Good Samaritan created the right circumstances. May God bless you all.

**Abbreviated CV.** Dr. Blessing Ngonidzashe Dziwa was born on September 2, 1977. He obtained his Bachelor of Medicine and Surgery degrees in 2002 in Harare, Zimbabwe. He did his internship at the Mpilo Hospital in Bulawayo, Zimbabwe, in 2003-2004, and then continued as a surgical registrar for 1 year. In 2006-2007, he worked as district medical officer and medical superintendent in a rural hospital in Lesotho. He received an SIU scholarship for training in urology at Tygerberg Hospital, University of Stellenbosch, South Africa, from October 2007 to April 2008. Since May 2008, he has worked as a registrar in surgery at the Queen Elizabeth II Hospital in Maseru, Lesotho.

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