

## SIU Scholarship: Dr. Maurice Wambani

*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/>.*

After obtaining the Master of Surgery degree at the University of Nairobi in 2002, I worked in the Department of Urology at Kenyatta Teaching Hospital in Nairobi. My aim was to get formal training to enable me to practice as a urologist in Kenya. I chose to go to the Mansoura Urology and Nephrology Center (UNC) in Egypt because I got a quick response to my application for training and it was affordable. I did not have a scholarship at that time, so I used my own savings. However, while I was at Mansoura, the Director of the UNC, Professor Hassan Abol-Enein, recommended me for the SIU scholarship, which came toward the end of my training, and I used it to purchase the parts of a used Olympus cystoscope and resectoscope.

I arrived in Mansoura at the beginning of the holy month of Ramadan, so I was on my own most of the first month, and had time to read through Glenn's Urology. I was exposed to a lot of urological literature, both journals and books, and spent most of my time in theater and the library. I joined the residents in their teaching programs in the mornings, and thereafter attended clinics. I learnt some Arabic, and could engage in monosyllabic conversation. It was a very interesting time for me, both professionally and culturally.

Because I was already a trained surgeon, my objective was to obtain a firm foundation for urological practice. This objective was achieved with minimal effort, because there is an abundance of urological procedures that are carried out in Mansoura, ranging from open and endoscopic surgery to laparoscopy and pediatric urology. The fields of uroradiology, ESWL, percutaneous renal surgery, urodynamics, and uro-oncology are well covered with state-of-the-art equipment. Moreover, there is an animal



**Maurice Wambani, SIU Scholar**

laboratory, complete with theaters, training models, and research programs.

Bladder cancer was the most common urological neoplasm, and radical cystectomy with orthotopic bladder reconstruction was carried out every operating day, 5 or 6 times a week. Percutaneous renal surgery and ureteroscopy were also performed daily. In between, there were a good number of open renal and laparoscopic procedures. Live donor renal transplantation was carried out once every week, sometimes twice. Andrology surgery seemed to increase after Ramadan, mainly priapism and penile fractures. I was free to join in any procedure that I was interested in, which allowed me to maximize time in those procedures that were going to be of benefit to my practice back in Kenya.

Thanks to the use of video monitors, I was exposed to both open and endoscopic prostate surgery, including TURP and holmium:YAG laser surgery. There was radical prostatectomy, both open and laparoscopic; nerve sparing and non-nerve sparing. I was not very keen on open surgery because I already had good knowledge in that field.

Regarding pediatric urology, Mansoura has a fully equipped pediatric unit, with its own ward, clinics, theater, and staff. Hypospadias, urolithiasis, cryptorchidism, posterior urethral valves, and PUJ obstruction were the most common pediatric conditions encountered, and I was able to learn from very talented pediatric urologists at Mansoura.

Simply stated, whatever pathology, diagnosis, technique, and academic knowledge in Urology one desires, all are found in Mansoura. It is a haven of Urology, and indeed I was privileged to have my SIU scholarship training in Mansoura.

The faculty was extremely committed under the patronage of Professor Mohamed Ghoneim, who was an extremely inspiring, talented, and versatile surgeon. Other faculty members who were very inspiring included Professors Hassan Abol-Enein, Ahmed Shokeir, and Mahmood Bazeed. They were fully committed to the center and were available for help all the time. Generally, every staff member in Mansoura is very gifted; well-read, and proficient in urological surgery because of the number of procedures that are performed. In Mansoura, one is never alone in times of need, as senior members of the faculty are always available to solve a difficult problem.

During my stay, I was privileged to attend the many international workshops hosted at the center, including pediatric urology, renal transplantation, bladder cancer, endourology, and ESWL. These workshops were well attended, mainly by participants from Europe and the Middle East. I also had the opportunity to attend workshops at Ain-Shams University in Cairo, and the Joint Cairo University-Cleveland Clinic urological workshop, where Dr. Eric Klein, editor of Urology, presented his work on the Prostate Cancer Prevention Trial.

When I came back to Kenya, I found that practicing most of the Urology I had learnt was the preserve of only a few Urologists who had the equipment. TURP was being performed only in the capital city, Nairobi, by urologists using their own equipment. The only holmium: YAG laser and ESWL machine are owned by 1 urologist, and are under lock and key when he is not using them. This meant that to carry out ureteroscopy, for example, one has to take permission of another surgeon to access the equipment. Even then one has to sublet the patient

to that surgeon. Hospitals are not keen to invest in expensive equipment. Only 2 or 3 urologists carry out most endourological procedures, using their own equipment in a private setting.

I am also involved in a urology outreach program organized by the African Medical and Research Foundation (AMREF). This covers the East African countries like Kenya, Uganda, and Tanzania. I regularly travel to remote regions to perform urological surgeries, mainly on a humanitarian basis, taking with me my cystoscope, improvising an irrigation set from a jerry can, and using dextrose for irrigation during TURP. Often my loupes break because of power surges and failures, especially when using generators, as most remote parts have no electricity. In some of these outreach areas, I have found men with an indwelling urethral catheter for 3 or 4 years.

I am glad that I am able to offer some urological management to those in my country who really deserve it. My main handicap is the lack of easy access to urological equipment. I would, therefore, request any urologist or organization to donate some of their used equipment for use by me and my colleagues in this part of the world.

**Abbreviated CV.** After obtaining the Master of Medicine (M.Med.) degree in Surgery at the University of Nairobi, Kenya, in 2002, Dr. Wambani worked in the Department of Urology at the Kenyatta Hospital in Nairobi until 2005, when he joined the Urology and Nephrology Centre of the University of Mansoura. Dr. Wambani currently practices urology as a consultant at the Nairobi Hospital. He joins a group of about 25 urologists who form the Kenya Association of Urological Surgeons (KAUS). His main interest is prostate and stone surgery and endourology. He is part of the 3-member urological outreach team that forms the Kenyan chapter of the African Medical and Research Foundation, which provides urological outreach services in the East and Central African region. Dr. Wambani is married to Jeska, a pediatric radiologist, and they have 2 adult children, Linda and Brian.

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