

# From African hands to an African heart: my KARL STORZ endourology experience at Groote Schuur Hospital/University of Cape Town, South Africa

UE Oyibo,<sup>1,2</sup> 

<sup>1</sup> Division of Urology, Groote Schuur Hospital/University of Cape Town, South Africa

<sup>2</sup> Urology unit, Department of Surgery, Federal Medical Centre. Keffi. Nasarawa State, Nigeria

Corresponding author, email: [ugbedeoyibo@gmail.com](mailto:ugbedeoyibo@gmail.com)

KARL STORZ Endoskope-Germany offers a one-year fellowship in endourology at the Division of Urology, Groote Schuur Hospital (GSH) and the University of Cape Town (UCT) to a sub-Saharan (non-South African) urologist nearing the end of their basic training with a focus on endourology, minimally invasive and laparoscopic oncology. The trainee actively participates in all aspects of clinical care and has an opportunity to work at the purpose-built KARL STORZ-equipped surgical skills training centre at the Red Cross War Memorial Children's Hospital. Other opportunities include involvement in departmental and collaborative research.

**Keywords:** endourology, Africa, fellowship training

## Introduction

KARL STORZ Endoskope-Germany provides a one-year funded scholarship to young urologists from sub-Saharan Africa (not of South African origin) for an endourology fellowship at the Division of Urology, Groote Schuur Hospital (GSH) and University of Cape Town (UCT). This fellow is given the rare opportunity to train in a high-volume centre. The scholarship affords the fellow a hands-on role for a year, with a stipend during the stay. Although a highly coveted and competitive process, KARL STORZ and UCT have maintained a commitment to their fellows over the years. In this report, I share my experiences at one of the high-volume centres in the sub-region, comparable to centres in Europe, as a fellow from Keffi in North Central Nigeria.

## GSH/UCT academic centre: KARL STORZ accredited centre

GSH is one of Cape Town's premier tertiary academic hospitals, officially opened in 1938. In December 1967, the hospital gained global fame when the world's first successful human heart transplant was performed on Louis Washkansky by a UCT-educated surgeon named Dr. Christiaan Barnard. The hospital is internationally renowned for training some of South Africa's finest doctors, surgeons, and nurses with a vision of being a leader in innovative healthcare. The hospital remains a beacon of service and excellence while striving to develop leaders who will build a culture of continuous improvement through problem-solving and eventually, improve person-centred quality healthcare. Its motto is "servamus" – we serve.

In 2023, the bed capacity was over 1 000 in-patient beds to cope with 75 000 admissions, 25 operating theatre suites, and 25 000 operations annually. Two hybrid theatres were opened in 2016, and in 2021, it became the first public hospital in Africa to offer robotic surgical interventions.

There is a KARL STORZ surgical skills training laboratory at the Red Cross War Memorial Children's Hospital for laparoscopic training. It has facilities for dry and wet activities and for practice on models under dedicated and committed staff.

## Institutional structure and clinical rotation

During my stay at the hospital, the daily academic programme, operating theatre (OT) sessions, lectures/teaching sessions, webinars, and multidisciplinary team (MDT) meetings were avenues for the consultants to teach all cadres of trainees and fellows. The instructors were always available and magnanimous with their wealth of knowledge and experience whenever the need arose.

The unit was split into two firms, the oncology/red and the non-oncology/blue, with combined ward rounds and decisions made as a team. The unit's activities started daily at 7 a.m. and sometimes earlier on theatre days, which were Tuesday and Wednesday for the blue and red teams, respectively. The OT began at 8 a.m., and patients were expected to be seen every day with daily updates to the consultants. On Fridays, a webinar across South Africa for all urologists was hosted by my mentor (Prof. John Michael Lazarus, Head of Division of Urology at GSH/UCT Academic Hospital and the Red Cross War Memorial Children's Hospital in Cape Town).

Six months were spent in the oncology and non-oncology units, respectively. On Tuesdays, activities included the MDT meeting with the radiation oncologists, radiologists, and nuclear medicine physicians to outline the management of uro-oncological conditions and make informed decisions. A hospital with an organised MDT platform was emulated.

## Achievements of the urology unit at GSH

The hospital remains one of the top training centres for urology in Africa, with several urologists and doctors from neighbouring countries (Botswana, Kenya, Zimbabwe, Mozambique, Tanzania, and recently, Ghana). Since its inception, I was the first from Nigeria

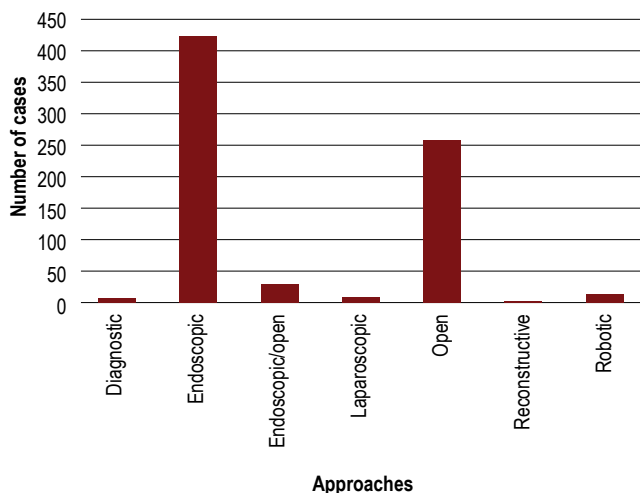


Figure 1: Spectrum of interventions at the Division of Urology at GSH

and the second from West Africa for the KARL STORZ endourology fellowship.

### Procedures participated in during my endourology fellowship training at GSH

Due to the activities in the unit, we are involved in the decision-making, preoperative workup, and the postoperative care of all the patients in the unit. A total of 754 operative urological procedures (excluding transrectal ultrasound-guided prostate biopsies and day-case flexible ureteroscopies +/- double-J stent insertions) were performed during my short stay at GSH (Table I). Figure 1 shows the distribution. Some of the procedures were performed simultaneously by specialists from within and outside South Africa teaching the team.

### Other learning opportunities while in Cape Town, South Africa

Prof. John Lazarus graciously supervised me for a Master's Degree in Urology at UCT with funding from the stipends allocated by the KARL STORZ Endoskope-Germany, which greatly impacted my academic writing and research knowledge. I could also attend the 2023 Biennial South African Urogynaecology Association Congress (SAUGA) in Cape Town between 26 and 28 October 2023. It was an enriching meeting, allowing great insights into the field of urogynaecology and its portends for our continent.



Figure 2: Members of the urology team after a football match

Table I: Urological presentation and conditions warranting operative procedures

Hospital presentation	n (%)
Elective	533 (70.7)
Emergency	221 (29.3)
<b>Pathological presentation</b>	
Oncological	238 (31.6)
Non-oncological	516 (68.4)
<b>Conditions warranting operative procedures</b>	
<b>Major</b>	
BPH	46 (6.1)
Prostate cancer	76 (10.1)
Urogenital trauma	42 (5.5)
<b>Stone</b>	
Upper tract	141 (18.7)
Lower tract	12 (1.6)
Bladder cancer (TCC)	115 (15.3)
Others	256 (33.9)
Other malignancies	17 (2.3)
Kidney cancer (RCC, UTCC)	26 (3.5)
Fournier's gangrene	23 (3.0)

BPH – benign prostatic hyperplasia, RCC – renal cell carcinoma, TCC – transitional cell carcinoma, UTCC – upper tract transitional cell carcinoma

### Extracurricular activities

The division had times allotted, especially during the end of the year, for football matches

(Figure 2) and a farewell dinner for any visiting resident/fellow. The farewell dinner organised for me upon completing my training was memorable, and the monopolar resectoscope from Prof. John Lazarus was a gift to be treasured.

### Conclusion

My experience in Cape Town was splendid, with the South Africans' reception unparalleled by any African nation. Their warmth and hands reached my heart in every area of my training, overcoming



Figure 3: Members of the Urology Division after the Khan Surgeons Day at GSH (fifth from left to right, Prof. JM Lazarus next to Emmanuel Oyibo, Nigeria)

the challenges of visa and immigration I encountered. It was truly an African hand reaching out to an African heart, and I remain eternally grateful to the team at GSH.

### **Acknowledgements**

I am grateful to KARL STORZ Endoskope-Germany for the endowment and funding of the endourology fellowship at UCT. I wish to thank Professors Ngwobia Peter Agwu and Abdullahi Abdulwahab-Ahmed of the Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria, for their inspiration and support to pursue this training as a senior registrar at the hospital. I wish to sincerely thank the Medical Director of the Federal Medical Centre, Keffi, Nasarawa State, Dr. Yahaya Adamu, and Dr. David Onilede, Head of the Department of Surgery, for their magnanimity and recommendation to the management for approving study leave at short notice, for which am grateful.

I also thank Prof. John Michael Lazarus, Head of the Urology Division at UCT/GSH and Red Cross War Memorial Children's Hospital, who was my mentor and supervisor throughout my training, for being immensely supportive of my training experience. I appreciate Prof. Lisa Kaestner, Dr. Samkele Salukazana, and Dr. Cleve Opper for their guidance throughout my training. The residents, nurses, and support staff were of tremendous support during my training. Thanks to Ms. Sheene, Secretary of the Urology Division, for her communications and great assistance in my training. Lastly, I thank my wife, Modupe, and our lovely children, Joshua, Anna, and Deborah, who endured my absence, as well as my parents and siblings, for their sacrifices to ensure I was comfortable. God remains immensely appreciated for giving me life.

### **ORCID**

UE Oyibo  <https://orcid.org/0000-0002-4470-2587>