

Uganda Childbirth Injury Fund

Newsletter December 2018

A charity to cure by surgery women made incontinent through complications in childbirth and other surgical procedures.

Registered UK Charity No 1099135

Dear Supporter.

I am pleased to report that with your support we have had another active year. Our team has participated in four fistula repair camps.

Kitovu. January 2018. We are very sorry to report that late last year Sr Maura Lynch died after a short illness at Kitovu Hospital. Maura, a longstanding surgeon at Kitovu, was totally committed to helping poor ladies damaged in labour. She was a shining example to us all. We all miss her positive and enthusiastic personality, but she has left a legacy by establishing the most active fistula repair service in Uganda.



She was so welcoming to anyone who wished to help or learn from the camps. It is our privilege to be able to continue with contributions to the Kitovu camps.

From small beginnings with Brian, our trustee and the late John Kelly, we started camps with Dr Maura in 2001 and these have grown to four two week camps a year, supported by a purpose-built fistula ward and fully trained nursing staff. For some years Mhairi has been to the January camp to work alongside master fistula surgeon Michael Breen. This year we were represented by Kristie Greene, an American gynaecologist. She has been to Kitovu several times to learn fistula repair and is now a valued member of our UCIF team. Maura was able to attract funding that may not be available now, so we are planning to fund a two-week camp ourselves.

Kamuli. March 2018 Mhairi lead a camp at Kamuli, the main hospital for our support. She was assisted by Dr Honest on his second visit having been introduced to Kamuli by Glyn and Brenda on their last visit in 2017 and by Dr Moses a resident doctor at Kamuli. Dr Moses is well motivated and a quick learner and will soon commence work for post graduate qualifications in obstetrics and gynaecology in Kampala. He is the second Ugandan doctor we have trained to a good standard in fistula repair, he is committed to advancing fistula repair in Uganda. Our theatre staff are well used to our level of work and we were pleased to have Richard Burnett, our own anaesthetist to help for the first time. For many years we have been served by our faithful anaesthetist Sebastian who went on well beyond retirement age and has recently been sadly forced to retire though ill health. We are so grateful for all his service to us. By using two tables in parallel they completed 36 operations in 5 days.

Over the years our case mix is changing. More ladies are getting to hospital when in obstructed labour but many too late, so the damage is done but in some the injuries to the bladder are accidental at Caesarean section. This may be due to inexperience of the doctor, but it must be appreciated that the operation is much more difficult in ladies who have been in labour a long time. In addition we see ladies who had their bladders damaged at an elective hysterectomy. We see a lot of ladies with Sphincter tears and a few come with prolapse. We always give priority to the fistulas and sphincter tears, but if we have time we will repair the bad prolapse cases.

Kamuli and Kiboko. September 2018. This month all the team were involved, being split between two camps. First Mhairi took Cathrine Reimers from Norway and our nurse Ishbel to a new government hospital at Kibogo. Here we were assisted by our Ugandan colleague Ian Asimwe, a very capable fistula surgeon. With good organisation in theatre they ran two tables and completed 25 major operations.



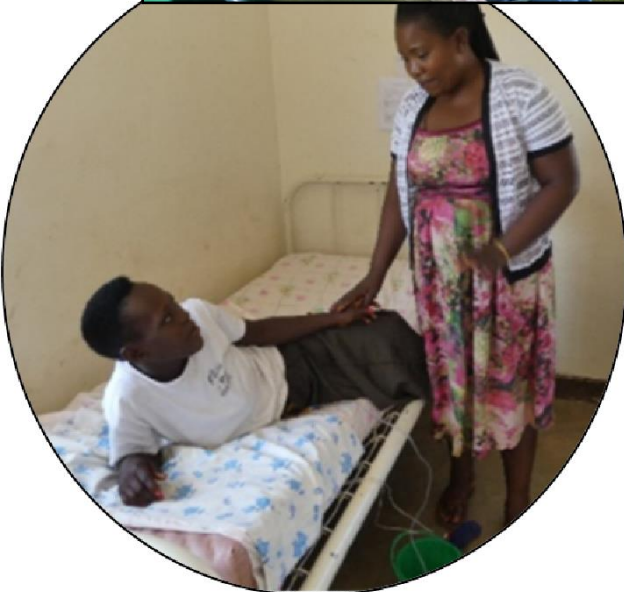
Ian, Mhairi and

Cathrine at Kibogo

Kibogo is situated in the NW of Uganda and is new to fistula repair. The need was evident by the numbers that turned up for screening. Good after care is essential so here Ishbel had her work cut out teaching the nurses. As usual when visiting a new hospital, we find one or two nurses who are quick off the mark to understand the essentials. Our ladies need an indwelling catheter for 10 days after the operation and provided they maintain the essential three D's all should be well. They should always be, Dry, Drinking (plenty) and Draining. If not, there is something to put right. Easy to remember but it requires constant vigilance.



The surgeons take a well-earned break.



Loy our fistula councillor at Kamuli

After four days operating at Kibogo Mhairi and team travelled back through Kampala and on to Kamuli where Kate Darlow, Kristie and Moses had already started a camp. A new initiative here was for Christine our midwife to go out two days in advance and visit a health centre 20 miles to the east with Dr Moses. A large number of patients had been gathered for screening. Examining upwards of 60 ladies takes time and selecting the right

patients allows our surgeons to get off to a flying start. Mhairi and team completed 32 operations in five days by operating right through a weekend and from 8am till 8pm.

The coming together of all the team was carefully planned to coincide with a very special anniversary. Brian, co-founder of UCIF with Mhairi arrived with his wife Dawn. This was to mark 50 years since he first worked at Kamuli as the resident surgeon with his late wife Branwen. Brian has given a fuller account of his 50 years of visits to Kamuli on our website www.ugandachildbirthinjuryfund.com

Here is a brief account. I arrived in October 1968 with my wife to take over the medical work of the hospital for just over a year to allow Sr Eugene (Dr Connell) to take some well-earned home leave in Ireland. The hospital was well staffed by nurse qualified Franciscan sisters from Ireland. Uganda was newly independent, and most things worked. It was a happy well-run hospital with a very busy maternity department, a midwifery training school and lots of surgery for me. Before long I encountered patients with childbirth injuries.



Brian with theatre team in 1968

Some of the simpler cases had been repaired by Sr Eugene and I was lucky to find the only book on the subject in the library and had success in repairing them. Sr Eugene was later posted to work in Ethiopia and while taking a holiday with her she introduced me to the famous couple Reg and Catherine Hamlin who ran

the only dedicated fistula hospital in the world. They were very kind to me and invited me to visit and learn, which I did on many subsequent occasions. When I retired in 2000 from my consultant post in Manchester I was ready to spend more time abroad specialising in fistula repair. Kamuli was the obvious place to start as I kept in touch by making short visits to help with the general surgery over the years. I was joined by Mhairi in 2002 and we founded the UCIF. I spent up to three months a year working in Kamuli and other hospitals in Uganda as well as other African countries until I retired from operating a few years back.

I have made 36 working visits so have seen some changes! The Franciscan sisters used to speak of the late 60's as the golden years, but all this was shattered during the terrible Amin years of the 70's. The hospital hit rock-bottom as all the expatriates had to leave and Kamuli only functioned as a health centre. In the 80's and 90's it slowly got back to its present level of a busy maternity centre and training school with help from Dutch and German relief organisations.

Now we have a new theatre, dedicated fistula ward and a lovely guest house with our own cook. Much of this has been paid for by well-wishers and Rotarians in the UK to whom we are most grateful. In 1968 we were in the bush two miles from the town but now town and the tarmac have reached the hospital and sadly many of the beautiful native trees have gone.



*Recipients of a safe
motherhood initiative*

This must be my last visit to Kamuli though I have said this several times!

We were given a great party with traditional musicians and dancing, local food and speeches. I had time to talk to patients and staff and visit a village, one of many that have received safe motherhood education from midwives sponsored by UCIF.

A tutorial for the midwifery students at Kamuli.



We do want to promote education as the first step in preventing complication in labour. I am so happy that our charity's work is sustainable and in the good hands of our UK and international specialists and our valued Ugandan colleagues. Only a few fistula repairs are simple, there is a long learning curve. I was so impressed by Mhairi's patience in assisting people less experienced. Training is essential but hard work. She is building a very strong team that will carry on this work for very many years. Over fifty years two things have remained the same, one sad, one happy. I am sad to see that poverty is still so common. The population has doubled and though life has improved for a fortunate few, the majority are still subsistence farmers as poor as they ever were.



Brian meets one of his old patients cured of fistula 17 years ago.

If there is poverty, there will be fistula

cases needing our attention. The good thing is that the welcome, genuine friendship and capacity to be happy, despite hardship, is just as it was when I first arrived and that is what I shall treasure about working in Kamuli. The smile of a cured fistula patient says everything.



*The full team at
Kamuli –
Cathrine, Richard,
Ishbel, Mhairi, Michelle,
Kate and Kristie.*

Mhairi, I and all the team wish you a very Happy Christmas and New Year and thank you for all your support that enables us to continue this work into the future.

Brian Hancock and Mhairi Collie

Founders of UCIF

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