

RE: TRAINING IN CHILDBIRTH INJURY SURGERIES-MY PERSONAL EXPERIENCE

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I had heard about Female Urology reconstructive camps, but I had never had an opportunity to attend one. An opportunity to participate in one surfaced recently when I learnt that it was happening in Kamuli Mission Hospital which was spatially reachable for me.

I am a mother of 2 wonderful sons, one of whom is still an infant, and having little support from my relatives who stay far away from where I reside ,makes being away from them for a night a bit challenging. However, with kind consideration and understanding from the country representative Dr.Asiimwe Shane, I managed to commute from home in Kampala to attend this reconstructive camp. Even though the I spent my entire months' earnings on the trip, it was worth it in every imaginable way.

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The experience was like I have never seen or been before. It was not only educative, it was also an extremely emotional experience for me and several times I was reduced to tears myself. The women had endured suffering that had dealt a blow to both their esteem and dignity, and I could tell some had lost hope to live. It was wonderful to see these women smile. It was wonderful seeing them get back some of their dignity and look forward to living again. Their post operative period was punctuated with long sleep episodes as some hadn't slept comfortably in a dry bed in a very long time.

I expect to assist at best, however, I not only assisted at surgery, I too got to learn patient screening, the dye test, staging of fistulae, repair of fistulae, ureteric re-implantation, repair of fourth degree perineal tears, colpopexy, Cystocele repair, and repair of a urethral stricture in females. All this learning was possible because of the wonderful surgeons Dr. Asiimwe Shane and Dr. Collie, that were very patient and eager to transfer skills to us. For this I am forever indebted, and I am looking forward to attending many more female urology reconstructive camps especially the one upcoming one in October where some of the women will have urinary diversion procedures to complete their reconstruction.

The theatre team of Kamuli Missionary Hospital was very organised to my surprise. Their service was on point. The senior anaesthetic officer was the highlight of the team. She had mastered multitasking like no other, was gentle, kind and served with a smile.

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It was a lifetime honour and privilege to have an opportunity of participating in this camp and I would like to commend you for the wonderful work that you are doing to bring hope where none existed to these women who are still very productive members of our society.

My recommendation for improvement of the programme is to encourage the organisers to also participate heavily in prevention of fistula through advocacy, education of masses through different mass media like radios, television, churches and mosques, community gatherings etc, education to health workers about safe mother delivery and advocacy to government to improve maternal access to safe delivery services.

Dr Namugga Martha Monicah