

# **INTERNATIONAL TRAVEL SCHOLARSHIP: A REPORT ON THE SHORT-TERM VISIT OF MUSLIU ADETOLA TOLANI TO UNIVERSITY OF FLORIDA UROLOGY - UNITED STATES**

## **Background**

One of my career goals is to drive excellence in the provision of urological care. Identifying manpower and service-related challenges in my center, domiciled in a low middle-income country (Nigeria), I was excited to discover the unique opportunity provided by the Endourology Society through the International Travelling Scholarship. Following my application, I received communication on my selection as a recipient of the award on the 16<sup>th</sup> March 2020. Amidst COVID-19 related delays, I commenced my journey from Nigeria to my host institution on the 30<sup>th</sup> of October, 2021.

## **Arrival**

I arrived the Gainesville, Florida on 31<sup>st</sup> October 2021 and was welcomed by Dr Li-Ming Su who dedicated his time on that day not just to ensure that I had settled down comfortably but also hosted me to a welcome dinner.

## **Resumption**

I resumed my programme at the Department of Urology of the University of Florida on the 1<sup>st</sup> of November 2021. First, I had a welcome breakfast meeting with the core endourology team comprising of Dr Li-Ming Su, Dr Vincent Bird, Dr Benjy Canales, Dr Wayne Brisbane, Dr Terry, and Dr Hemant Chaparala where formal introductions were done and my goals were discussed. Then, I had an orientation session around UF Urology sites. This was coordinated by Daniel Faron (Operations Manager) and Kathy Wolford (Fellowship Coordinator). I also received the ID Card, welcome pack, FOB and scrub pass to facilitate seamless access to clinical areas and operating theatres during the visit. Over the next few days, I met other attendings (Dr O'Malley – Urooncologist, Dr Yeung - Andrologist, Dr Demarco – Paediatric Surgeon, Dr Moy – Female Urologist) who became part of my experience in this surgical facility.

## **Surgical Facilities**

I had the opportunity to see the use of the Da Vinci Dual Console Robot, laparoscopic equipment and accessories, the holmium laser (60 watts), Swiss trilogy lithoclast, flexible and semi-rigid ureteroscopes, nephroscope, and various surgical simulators.

## **Operations and Procedures Observed.**

I observed various minimal access surgeries during my visit. This included thirteen robotic-assisted procedures (radical prostatectomy, radical cystectomy and partial nephrectomy) performed by different attendings. During Dr Su's sessions, he explained the nuances in techniques of radical prostatectomy and partial nephrectomy as well as the use of intra-operative ultrasound during the latter. I was also able to observe the performance of radical cystectomy by Dr O'Malley.

I also observed more than ten flexible ureteroscopy with laser lithotripsy in lithotomy position during Dr Bird's theatre session. During the procedures, I learnt about the sequence of introduction of instruments before the access sheath is placed into the ureter. I also learnt about the practical relevance of stone busting, dusting and pop-corning settings. I also observed some percutaneous nephrolithotomy procedures where I gained a clearer context on fluoroscopic renal access. I noted the technique of placing body markers to aid localization during fluoroscopy, the passage of ureteric catheter to the upper pole calyx, the use of carbon dioxide to facilitate the identification of calyceal targets and antegrade ureteric stenting.

In addition, I observed laparoscopic radical nephrectomy in some patients and I saw diagnostic laparoscopy for intraabdominal testis in the paediatric age group performed by Dr DeMarco. I also observed cystoscopy and chemodenervation of the bladder where Dr Moy took me through the details of the procedure. Other procedures that I observed include greenlight laser vaporization of the prostate and transurethral resection of bladder tumour.

I also indicated an interest in the observation of the insertion of inflatable penile prosthesis. I was particularly happy to have seen four out of the scheduled procedures during my visit. Dr Yeung was quite enthusiastic about explaining every step of the procedure to me. Furthermore, I observed the insertion of an artificial urinary sphincter during the last day of my visit.

### **Simulation Training**

I had daily simulation training in laparoscopy during my visit. Using the foundation in laparoscopic surgery materials, I learnt the art of peg transfer, pattern cutting, endoloop placement, extra-corporeal and intra-corporeal suturing. I also had some exposure to robotic simulation. Furthermore, using the prostate biopsy simulator in the laboratory of Sem Lampotang, I was able to learn freehand trans-rectal ultrasound guided transperineal biopsy of the prostate. Facilitated by Dr Terry and Dr Canales, I also observed laparoscopic nephrectomy in the wet laboratory.

### **Other Aspects of Clinical Visit**

Through Dr Su, I had invaluable exposure to training in the non-technical skills of surgical decision making, communication, situational awareness and leadership during minimally invasive surgery. His book, "Atlas of Robotic Surgery", remains a textbook that I will indeed use as reference material and treasure for a long period time. During Dr Brisbane's clinic, I observed the technique of freehand trans-rectal ultrasound-guided trans-perineal biopsy.

### **Cultural Exchanges**

I had the opportunity to visit the sweet water wetlands park and a university of Florida gator team basketball game. I also had dinner with the wonderful family of Dr Su towards the end of my visit. All these provided me with avenues for social exchanges.

## **Departure**

Following a farewell dinner with the core endourology team, I departed Gainesville Florida on the 30<sup>th</sup> of November, 2021.

## **Appreciation**

I will like to thank Dr Li-Ming Su, attendings, residents and administrative staff of the UF Urology, the host institution, for the great interaction, support, and sacrifice. It indeed made my visit memorable. I also thank the Endourology Society for selecting me for the International Travelling Scholarship. This will go a long way in reducing disparities in global urological practice.

## **Conclusion**

This short-term visit provided me with a very rich clinical exposure to minimally invasive and other modern urological surgeries. Indeed, this wholesome experience will be invaluable in shaping my urological practice in the immediate and long term.