

# COTONOU CONFERENCE (Sept 29-Oct 1 2015)

## (SAFE Obstetric Anaesthesia)

**Dr Keith D Thomson**  
MB BS, DRCOG, FRCA

### Introduction

Six years had passed since I last visited the West African country of Benin. It has a population of just over 10 million and is situated between Nigeria to the East and Togo to the West. The *Africa Mercy* had been scheduled to return in 2014 but cases of ebola in Lagos only 50 miles away had resulted in the ship being diverted to Madagascar.



Fig 1. With Prof Zoumenou

Our 10 strong team arrived in Cotonou one hour late after the link flight from London had been delayed due to a medical emergency on board earlier in the day. Fortunately Brussels airlines held our plane as the next flight to our destination was not for another three days. We were met on arrival by local organiser Prof Eugene Zoumenou (fig 1) and also Daslin Small, a former Managing Director of the Mercy Ship *Anastasis* who was a great help co-ordinating in-country logistics including suitable accommodation (fig 2) and food + local translators for the conference.

We arrived in time to hear the news that Twickenham had proved to be a disaster for the English team against Wales in the Rugby World Cup.



Fig 2. Hotel du Lac

### The Team (fig 3)

**Dr Emma Halliwell**, Consultant Anaesthetist, Salisbury, UK (course organiser)

**Dr Chirag Patel**, Consultant Anaesthetist, London, UK

**Dr Gary Dickinson**, Consultant Anaesthetist, Winchester, UK

**Dr Willy Serge Mfam**, Consultant Anaesthetist and translator, Orléans, France

**Dr Keith Thomson**, Consultant Anaesthetist, Basingstoke (retired)

**Dr Savini Wijesingha**, ST5 Anaesthetist, Edinburgh, Scotland

**Dr Helen Howes**, ST6 Anaesthetist, Swindon, UK

**Dr Hannah Tuckwell**, ST7 Anaesthetist, Southampton, UK

**Dr Alexandra Monkhouse**, CT2 Anaesthetist, London, UK

**Ms Mireille Benge**, Translator, Toronto, Canada



### Acknowledgements

It was very helpful to have five of the ACT's team who had run a similar course in Madagascar nine months before. Particular credit must go to new member Alex who had recently recovered from surgery and only met the rest of the team for the first time at Heathrow, also to Mireille (Mimi) who had travelled from Toronto (Canada) and Willy Serge from Orléans (France) to join us. Emma did a great job organising the programme and delegating essential tasks. Thank you to the IRC of the AAGBI for providing generous sponsorship and 60 copies of the Lucille Bartolomeuz textbook '*Anesthésie à moindre risqué*'.



Fig 4. My church companions.

where her husband was the senior pastor (fig 5). The service consisted



Fig 5. Daslin + husband.

of testimonies, singing, bible readings and prayers. I managed to successfully introduce my team in French with Mimi as backup. On the way back to the *Hotel du Lac* we purchased enough bottled water from a nearby supermarket to last the whole team for the duration of our stay.

During the afternoon I was visited by my friend William Akpa who had travelled with his brother all the way from Togo (fig 6).



Fig 6. William from Togo.

### Pre-Conference activities

The following morning five of us (fig 4) accompanied Daslin to the church

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I first met him in Lome in 1995 in a shared taxi when he was a young student. Since then I have helped him set up an internet café and computer training business. He is currently in need of newer machines, a situation I hope to rectify towards the end of 2016 with the help of the Edinburgh based charity *Reusing IT* once the *Africa Mercy* returns to Cotonou for a ten month outreach.

At 6pm Mimi led a very energetic Zumba class in a suitable area adjacent to the sizeable hotel pool (figs 7, 8).



Fig 7. Zumba session.



Fig 8. Hotel pool.

Several amused local ladies and their children also participated in the fun. Later that evening we were joined by Daslin and Profs Chobli + Zoumenou for an excellent buffet dinner at only 10,000 CFA (£11) / head. During the meal we were told that there were 35 members of the Benin Society of Physician Anaesthetists of which only 22 were still practising in the country. Currently 34 trainees were doing a four year course with: twelve in year 1, four in year 2, ten in year 3 and eight in the final year. They are from various mainly francophone countries: Togo (2), RSA, Congo, Guinea, Niger, Gabon and Benin. Over the past 20 years over 400 physicians have been trained in anaesthesia by Prof Chobli and his team – a remarkable achievement although about 20% do not return to Africa after their year in Belgium or France. The annual cost for non-Benin citizens has recently doubled to the equivalent of £1500.

Unfortunately the training of nurse anaesthetists ceased 3 years ago for 'political reasons'. It used to consist of three years general nursing followed by three years anaesthesia training.

**The next morning** after six of us enjoyed a 7am run to a beach mainly populated by friendly pigs and dogs. This was followed by breakfast before we were transported either in Prof Chobli's car or by ambulance to visit CNHU (Centre National Hospitalier Universitaire). En route we competed with hordes of zemidjans (fig 9) – the



Fig 9. Zemidjans.

infamous Cotonou motor bike taxis which buzzed around like angry wasps. Only the drivers wore helmets



Fig 10. Helmet - driver only.

(fig 10), some incorrectly (fig 11).



Fig 11. Ineffective helmet.



Fig 12. 'Nothing is impossible with God.'

Some bikes carried messages (fig 12). Some of the pedestrians showed an impressive sense of balance (fig 13).



Fig 13. Bananas.

After arriving at the hospital we visited theatres (fig 14) and saw an



Fig 14. Team theatre visit.

assortment of anaesthetic machines included a UAM (fig 15) and a *Glostavent*. Then we visited various reasonably equipped intensive care / HDU facilities (fig 16) and the Casualty Department. The latter initiated and funded by the President some years ago after a local plane crash with many injured survivors. The unit included three well equipped private rooms with O<sub>2</sub>, monitoring and ventilators.

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Fig 15. Sav + UAM.



Fig 16. HDU.

The next stop was the Conference centre at the University of Abomey Calvi where we checked the facilities and the electrical supply (fig 17).



Fig 17. The light is on so there is power.

We saw an interesting poster advertising our conference (fig 18).



**Finally** Prof Zoumenou guided us with the ambulance sirens blaring, to HOMEL (Hôpital de la Mère et l'Enfant la Lagune) which was his 'baby'. He informed us of some facts about the service which included about 5,000 deliveries annually with a 45% caesarean section rate. This procedure was now free but normal deliveries and management of post-partum haemorrhage were not. 85% of caesareans were performed under spinal anaesthesia using Quinke point needles resulting in a 20% rate of PDPH. Local protocols dictated that patients were not allowed to eat or drink until 6 hours post-surgery but this had only recently been reduced from three days. He told us that he was writing a paper about the complications of inadvertent administration of spinal tranexamic acid in four patients: three of whom died from cardiac and neurological complications and one who miraculously recovered after 3 weeks in ITU with multi-organ failure for which her family had to pay!

After a late lunch and, in my case, watching on TV a remarkable speech to the UN by President Obama, we met with team leader Emma for a pre-supper briefing. My colleague Gary and I later suffered a disturbed night being dive bombed by a swarm of mosquitoes that had somehow managed to invade our room.

## The Conference

There was a challenging start to the first day, as a 'rival' meeting of SMARB (Société des Anesthésistes - Réanimateurs du Bénin) was taking place in the same building. This resulted in some confusion at registration not helped by our chief

organiser Emma having to return to the hotel feeling unwell. After the pre-course MCQs and skill tests (fig 19)

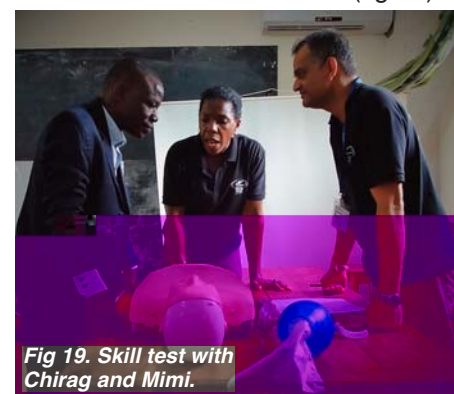


Fig 19. Skill test with Chirag and Mimi.

Chirag (fig 20) gave a presentation on



Fig 20. Chirag presenting.

*The Airway and General Anaesthesia.* The rest of the day consisted of 10 different workshops (fig 21) on



Fig 21. Airway workshop with Gary

various aspects of airways and general anaesthesia for caesarean section (see programme). The airway assessment module in which I assisted Hannah was interesting; we had to stress the importance of history taking prior to clinical examination – no one asked without prompting what surgery or other treatment (e.g. radiotherapy) I as the patient had had. They did not seem to believe I could not open my mouth more than 2 fingers or protrude my tongue – in fact I fail all of the five standard difficult intubation criteria except thyromental distance.

Lunch organised by Daslin consisted of food in individual boxes and was well received.

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The team had their own room for keeping equipment, relaxing and eating lunch (fig 22).



Fig 22. Lunch in team room.

Afternoon sessions, preceded by Zumba (fig 23), went well although we did not finish until after 5.30pm.



Fig 23. Post-lunch Zumba.

After returning to the hotel there was time for another enthusiastic Zumba session with Mimi (fig 24) before dinner.



Fig 24. Pre-dinner Zumba group.

The second day went well, a recovering Emma was back in action although her roommate Hannah was now sick. The 50 delegates seemed increasingly communicative. There



were two lectures: *critical care / resuscitation* and *maternal trauma* (fig 25). The 11 workshops included various aspects of spinal anaesthesia, neonatal resuscitation and recognition of the sick obstetric patient (figs 26-29).

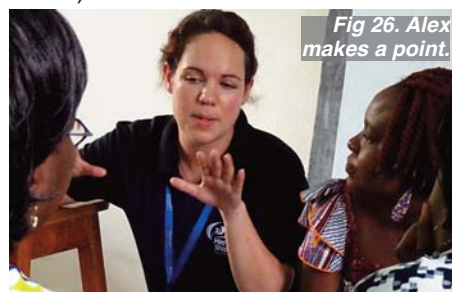


Fig 26. Alex makes a point.

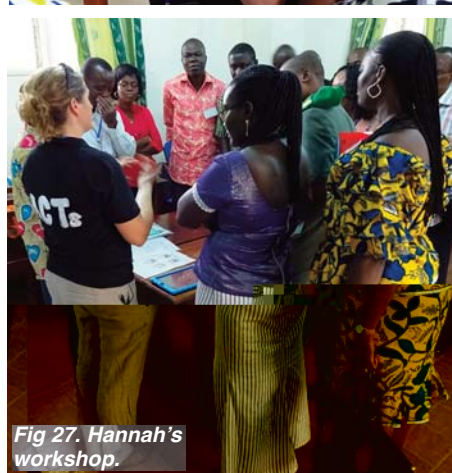


Fig 27. Hannah's workshop.



Fig 28. Helen's attentive group.



Fig 29. Sav's discussion group.

Day 3 consisted of a *guess the blood loss* competition (fig 30),



Fig 30. 'Guess the blood loss'.

lectures on *Haemorrhage, Pre-eclampsia / eclampsia* and *Obstetric Emergencies*, there were eight break-out stations and finally a post-course

skills assessment on the same scenario which each delegate had done pre-course followed by repeating the pre-course MCQ.

We were intending to provide a copy of the Lucille Bartholomeuz anaesthesia text book in French to every delegate but our hosts had other ideas. They wanted to give some of the books to specially chosen non participants, mainly final year trainee physician anaesthetists. Prof Zoumenou suggested that one textbook only should be given to a nominated representative of each hospital at the conference to be kept in their theatre block. He thought they would be more valued if used this way rather than giving every delegate their own copy. This provoked some heated discussion among members of our team: some felt strongly that the textbooks should only be given as planned to those who had completed the course while others felt that a more liberal view should be taken and that the locals should make the final decision. Textbooks were in fact handed out to some of the delegates prior to the closing ceremony (fig 31).

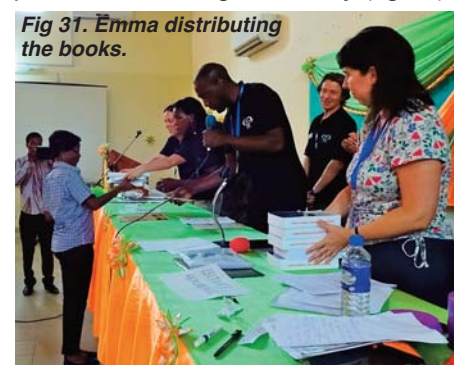


Fig 31. Emma distributing the books.

### Feedback

All presentations and workshops were rated between 9.0 and 9.7 out of 10.

The mean MCQ marks out of 50 improved from 34.9 to 37.9%.

The mean skill test marks out of 10 also showed satisfactory improvement:

Neonatal resuscitation 2.1 to 5.4

Management of eclamptic fit 5.4 to 7.1

Rapid Sequence induction 7.0 to 7.8

Maternal resuscitation 4.9 to 6.6.

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## Delegate Comments

*I wish we had more time on the workshops.*

*Do this course every year.*

*Course is too short. Could it be done in 5 days to look at other aspects of emergency obstetric care?*

*The three day course was very good. We would like these sessions every three months.*

*We would like the 'Chief of Service' to realise that we do not have enough of these types of courses.*

*Very interesting – above all the practical side complimenting the theory. Please organise another conference for our colleagues who could not attend this one.*

*Nothing to say – all was perfect. Thank you to everyone.*

*Pretty good overall. More demonstrations. More practical workshops for emergency situations. Not enough time for questions in the workshops.*

*No comments or suggestions. All expectations met.*

*We wish that God would help you to do more training to improve standards in anaesthesia.*

**The closing ceremony**, which took place in a completely different building, was attended by the Minister of Health and various senior members of the local medical fraternity, demonstrating that Prof Chobli has the right contacts (fig 32).



**Fig 32. Prof Chobli + President Bush!**

All those at the 'top table' were offered a beer in another room prior to the ceremony. The delegates who had attended the 3 day SAFE course were all given an attendance certificate, a memory stick with all the SAFE content and a T-shirt. This was followed by some fairly long speeches.

With Willy Serge as my translator (or perhaps my interpreter?) I first of all thanked my team (fig 33), our hosts



**Fig 33. Team at closing ceremony.**

and all our newly acquired Beninois friends (fig 34).



**Fig 34. Delegates at closing ceremony.**

Then I praised Prof Chobli for the remarkable contribution he had made to Francophone anaesthesia in Africa by training over 400 physician anaesthetists during the past 20 years. But I also suggested to the audience and panel which included the Minister of Health that it was unfortunate that the anaesthetic nurse training school in Cotonou had closed three years before. With 250 nurse anaesthetists and only 22 physicians in the country to maintain the service, more of the former would be needed in the future. Finally I mentioned that although caesarean sections are meant to be free we had been informed that this was definitely not the case with prices ranging from 20,000-200,000 CFA (Not sure that for political reasons Willy Serge translated this accurately!). The closing ceremony ended after final good byes and photographs being taken by a battery of cameramen. A video in French of the conference including the closing ceremony can be viewed on [http://azurestar.co.uk/web/kt/FSS\\_ISBA\\_\(Cotonou\)-290915-011015.mkv](http://azurestar.co.uk/web/kt/FSS_ISBA_(Cotonou)-290915-011015.mkv)

The last day all the team except myself went on a trip to a village to participate in a graduation ceremony of 26 school children organised by Prof Chobli's lawyer son who was

the local Mayor. Mimi apparently led some very enthusiastic dancing (fig 35). Download a video in French on



**Fig 35. Dancing in village.**

[http://azurestar.co.uk/web/kt/Realisation\\_And\\_Conception-02102015.mkv](http://azurestar.co.uk/web/kt/Realisation_And_Conception-02102015.mkv)

I spent the day recovering from a mild bout of Benin Belly which seemed to be sorted out by one gram of Ciproxin plus Iomitol and dioralyte. That evening we had a good meal at the *Bankok Terrasse* Thai restaurant (fig



**Fig 36. Dinner at the Bankok Terrasse.**

36) which I had visited during several previous visits to Cotonou on a Mercy Ship. My excellent team were all very cheerful (figs 37-40) perhaps realising they could now return home the next day in the knowledge that everyone had done an excellent job.



**Fig 37. Hannah and Alex.**



**Fig 38. Mimi and Helen**

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Fig 39. Pour manger?



Fig 40.  
I definitely  
deserve  
a beer.



When the *Africa Mercy* returns to Cotonou in September 2016 for a ten month outreach, follow up SAFE courses and 'train the trainer' days will be organised by the Mercy Ships capacity building team of Dr Michelle White and Krissy Close.

[www.mercyships.org.uk](http://www.mercyships.org.uk)