

Global Surgery in Nigeria: Outcomes Research for Two Months and New Friends for Life

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Two years ago, I was in the OR with my Global Surgery mentor, Dr. Raymond Price, when he asked for a favor. "I have a surgeon visiting from Nigeria," he told me, casually. "Could you pick him up at the airport?" I assured him I could. "When's he coming?" I inquired. "About an hour..." was his reply. I should not have been surprised by this. Dr. Price's worldview is quite large. Having friends from every corner of the globe, it seems natural that one might swing by from West Africa for a week of advanced laparoscopy. So, I scrubbed out and proceeded to Salt Lake City International Airport where another priceless surgical mentor was waiting.

Dr. Adewale Adisa is a jack-of-many-trades. A native of Ile Ife, Nigeria, he is the only general surgeon offering minimally invasive surgery at his teaching hospital. This was no small effort: after residency, he left his family for months to train in India and Israel in laparoscopy. Then, he started a practice at his alma mater, petitioned the administration to fund a laparoscopic program, and built, borrowed or begged any equipment that wasn't in the budget. He confronts frequent power outages, oxygen shortages, and limited equipment. You may ask why a surgeon would go to such lengths to provide what many view as a luxury. In addition to the growing body of research that tells us minimally invasive surgery benefits the poor, the nomadic, and the day laborer more than wealthier patients, he also just believes that Nigerians deserve the same healthcare as high-income countries.

I am currently the research fellow at the University of Utah's Center for Global Surgery, a one-year hiatus from residency. As I planned my year, one thing was clear: I had to visit Ile Ife, to see how Dr. Adisa's dedication to laparoscopy was benefiting his patients. I was honored to spend two months befriending the surgical residents, theatre nurses, and a few open-minded patients, who allowed an "oyinbo" ("white lady" in Yoruba) to assist with their surgeries.

Bolanle, a recent medical school graduate, dutifully helped me sift through 261 paper charts, rich with the musty scent of Medical Records. We translated the scrawled notes of hurried residents into data relating to patients' surgical diseases, operations, and complications. My compatriot female surgery resident, Lola, showed me the magic of Nigerian weddings, with one thousand guests adorned in vibrant headdresses. Every Sunday, my friend Wale took me jogging through campus. As the humid morning mist burned off in the rising daylight, we reflected on how surgical residency truly is: more or less the same, no matter where you live.

To everyone's delight, our research was accepted to the West African College of Surgeons' meeting, presented in February 2017 by my Nigerian colleagues. Thanks to a travel scholarship from the American Medical Women's Association, I gained crucial research experience. But, even more valuable are the friendships, which I will treasure for the rest of my life.