

Part
one

1. (a), (b), (c), and (d). These are classical symptoms of benign prostate enlargement causing narrowing of the urethra. He should have no haematuria, which is a red flag symptom of urinary tract cancer or prostatitis, or dysuria, which suggests infection. Neither is a regular complication of benign prostate enlargement.

Part
two

2. (a), (b), (c), (e), and (f). Nuri needed a full assessment of his urinary flow mechanisms. If prostate enlargement can be diagnosed early, then a 5-alpha reductase inhibitor like finasteride or dutasteride may well reduce its bulk. But its effect is slow, and it takes several months to have a significant effect on the symptoms. Alpha-blockers like tamsulosin relax the smooth muscle of the prostate, allowing better flow, but do not shrink the bulk. Tamsulosin and finasteride are usually alternatives, not given together, but can be co-prescribed, preferably by a specialist. Rectal examination and prostate-specific antigen analysis may help to rule out prostate cancer but are not substitutes for full investigation by a urologist.

Part
three

3. (a), (d), (f), and (g). He obviously has a urinary infection, probably with *Escherich coli*. However, treating him for a urinary infection is not nearly enough. The infection probably arises from the bowel and a large residual urine in the bladder. He has chronic obstruction with overflow, and needs full investigation. Prescribing drugs at this stage won't make a difference to his acute symptoms. The likely cause of his acute distress is dehydration from his long delay in the plane coupled with the residual urine, which has led to colonisation of his bladder with bowel bacteria.

Part
four

4. (a) or (b). The acute obstruction may have been caused by prostate swelling that might settle considerably as the infection subsides. So it was worthwhile giving Nuri a trial of micturition after being catheter-free. The choice of a bag or valve depends on the urological staff's feeling about whether the patient can manage either system better. The bag leaves the bladder continuously draining, so it remains empty. The valve allows the bladder to fill, and then to be emptied by the patient into a toilet every 4 hours. This is often preferred as it gives the bladder the opportunity to 'retrain' itself after years of being overfull and lax.

Part
five

5. (a), (b), and (f). It takes a week for the raw surface of the prostate to stop bleeding fully, and the amount of blood appears to the patient to be much more than it is in reality. Although men do achieve full erection and orgasm after a TURP, the ejaculate passes into the bladder, and not down the urethra, leaving them with a 'dry' orgasm. There is no difference in the sensation. Post-TURP impotence and incontinence are rare (a few cases per hundred) and only 1 in 16 men need further surgery because of prostate regrowth. The recurrence of bleeding 3 weeks after surgery is simply the scab that has formed on the prostate scar 'coming away', and is of no consequence, except that if the patient has not been told about it he may become alarmed.

INTERNATIONAL FEDERATION OF RURAL SURGERY
BIENNIAL CONFERENCE

4TH

ASSOCIATION OF RURAL SURGICAL PRACTITIONERS OF NIGERIA
ANNUAL CONFERENCE

INVITATION TO IFRS/ARSPON CONFERENCE 2011

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Dear Doctor,

It is with great pleasure that we cordially invite you to the combined fourth biennial conference of the International Federation of Rural Surgery, IFRS, and the fourth annual conference of the Association of Rural Surgical Practitioners of Nigeria, ARSPON, which will take place at Awojobi Clinic Eruwa, Eruwa, Nigeria from 16th to 19th November 2011.

The theme of the conference, TRAINING FOR RURAL SURGERY, has been chosen in recognition of the extra demand placed on the rural surgical practitioner as he/she serves his/her poor rural compatriots who deserve no less a better service than that offered the urban dwellers.

We welcome your contribution in form of paper/poster presentation on any aspect of the theme. During this conference, you will have the opportunity of seeing, at close quarters, the appropriate technology in healthcare delivery that has put Awojobi Clinic Eruwa on the global health map. There will be visits to institutions that have made south western Nigeria the focus of western civilization in Nigeria. You will bask in the warm hospitality of the rural folks of Eruwa.

We look forward to your active participation in the conference.

With kind regards.

Oluyombo A Awojobi Secretary IFRS, Chairman, Local Organizing Committee.