

CURRICULUM VITAE

Stephen W.O. OGENDO
MB ChB (UON)
M.Med (Surg)
FCS (ECSA)
PGDRM (UON)
JMHPE (SUEZ/MAASTRITCH)

NAME: OGENDO. Stephen W. Oduor

WORK ADDRESS: Department of Surgery and anaesthesiology
School of Medicine
Maseno University
P.O. Box Private Bag
Kisumu

PRIVATE CONTACT ADDRESS:
P.O. Box 19477-00202
Nairobi

TELEPHONE (O): N/A

TELEPHONE (M): +254 (0)722516098

DATE OF BIRTH: 25th October 1955

MARITAL STATUS: Married

NATIONALITY: Kenyan

PLACE OF BIRTH: Maseno, Kenya

QUALIFICATIONS:	MB, ChB. University of Nairobi.	1980
	M. Med (Surg). University of Nairobi.	1987
	FCS (ECSA)	2000
	Post graduate Diploma in Research Methodology	2010
	Master of health Professionals Education	2016

MEDICAL EDUCATION: Undergraduate, MB, ChB. University of Nairobi. 1975 - 1980
Postgraduate, M. Med (Surg). University of Nairobi, 1984 – 1987.

M.MED (SURGERY) DISSERTATION:

Dissertation presented in part fulfilment for the degree of Master of Medicine (Surgery), University of Nairobi. A study of haemorrhoids as seen at the Kenyatta National Hospital with special reference to asymptomatic haemorrhoids.

Supervisor Mr. J. Ojara.

Degree awarded; M.Med Surgery (1987). University of Nairobi.

MEDICAL REGISTRATION:

- Registered as medical practitioner with the Medical Practitioners and Dentists Board (MPDB). Registration number A4424. (Initial registration number A2040)
- Registered with the MPDB as Specialist Surgeon, 1990.
- Registered with the MPDB as Thoracic and Cardiovascular Surgeon 2001.

PREVIOUS WORK EXPERIENCE:

- a) Medical Officer intern, Coast Provincial General Hospital, 1980 – 1981
- b) Medical Officer Lamu District Hospital, 1981 – 1983
- c) Medical Officer Kinango Hospital (Kwale) 1983 – 1984.
- d) Medical Officer of Health, Msambweni, Kwale District, 1984 - October 1984.
- e) Senior House Officer, General Surgery, Kenyatta National Hospital, Nairobi. October 1984 – September 1987.
- f) District Surgeon, Karbanet District Hospital, September 1987 to December 1988.
- g) Lecturer, Department of Surgery, University of Nairobi. Post held from 1988 to 1998. Study leave granted between 1994 and 1997.
- h) Senior House Officer in cardiac surgery, Queen Elizabeth Hospital Birmingham (UK). July 1994 – June 1995.
- i) Visiting Registrar in cardiothoracic surgery, Queen Elizabeth Hospital, Birmingham. West Midlands Training Scheme (UK). July 1995 – June 1996.
- j) Visiting Registrar on cardiothoracic surgery, Walsgrave Hospital, Coventry, UK. July 1996 – June 1997.
- k) Senior Lecturer, Department of Surgery, University of Nairobi. March 1998 to September 2001
- l) Associate professor, Department of Surgery, University of Nairobi. September 2001 to August 2011.
- m) Professor, Department of Surgery, University of Nairobi. August 2011 to September 2015.
- n) Professor, Department of Surgery and Anaesthesiology, Maseno University. October 2015 to date.

CARDIOTHORACIC TRAINING.

Kenyatta National Hospital Heart Unit from 1989 to 1994. Senior Registrar.
Queen Elizabeth Hospital, Birmingham (UK), 1994 to 1996.

Walsgrave Hospital, Coventry (UK) 1996 to 1997.

CARDIAC SURGICAL EXPERIENCE:

- Cardiothoracic surgery unit, Kenyatta National Hospital. From 1989 when joined unit as a senior registrar to date.
- Visiting registrar in cardiac surgery, West Midlands Training Scheme. Commencing on 1st July 1995. Exposure to a hands on experience of a wide range of cardiac operations, including participation the management of cardiac transplant patients.
- Consultant at the cardiac unit Kenyatta National Hospital from 1995 to date.

PRESENT UNIVERSITY POST:

Professor, Department of Surgery and Anaesthesiology, Maseno University.

UNIVERSITY TEACHING EXPERIENCE:

1. Lecturer, University of Nairobi, Department of Surgery December 1988 to 1998.
2. Senior Lecturer, University of Nairobi, Department of Surgery. March 1998 to September 2001.
3. Associate Professor, University of Nairobi, Department of Surgery. September 2001 to August 2011.
4. Professor in the Department of surgery, University of Nairobi from 4th August 2011 to September 2015
5. Professor in the Department of Surgery and Anaesthesiology, Maseno University October 2015 to date.

Teaching of cardiothoracic surgery and general surgery to undergraduate students.
Teaching of cardiothoracic surgery theory, ward practice and theatre practice to postgraduate students.

Involved in examination of students, at undergraduate and postgraduate level.

Developed the cardiothoracic MMed programme curriculum for Department of Surgery, University of Nairobi

SUPERVISION OF STUDENT DISSERTATIONS:

1. **Dr. Stephen Cheuriuyot:** Part supervision of M.Med Dissertation title: A study of varicose veins at the Kenyatta National Hospital. (Participation in this supervision interrupted by study leave) Presentation 1994 Degree award. M.Med Surgery. University of Nairobi

2. Dr D.G. Kinyanjui:

Dissertation title: Empyema thoracis: is treatment procedure dependant?

Presentation March 2002

Degree award. M.Med Surgery. University of Nairobi.

Abstract: The study was a 10 years retrospective study between January 1990 and December 1999. A total of 224 patients were managed for empyema thoracis in surgical and non surgical wards of Kenyatta National Hospital (KNH), during the study period.

The commonest cause of empyema thoracis was post pneumonic (39.3%) with pulmonary tuberculosis being a close second (38.8%). The rarest aetiological factor was thoracotomy and represented 0.5% of all empyema thoracis during the study period. Men were affected more than females at a ratio of 1:2.5.

Four primary procedures (the first procedure carried out after the patient was admitted) were studied: thoracentesis, tube drainage, rib resection and thoracotomy and decortication.

The commonest procedure was closed tube drainage which was used as a primary procedure in 164 patients (73.2%) followed by decortication (15.6%), thoracentesis (8.5%) and rib resection (2.7%).

The cure rates achieved by procedures were dependent, among other factors, on the stage and aetiology of empyema. However, thoracotomy and decortication achieved the highest overall cure rate (82%) followed by thoracentesis (78.9%). Rib resection and tube drainage achieved 66.7% and 61% overall cure rates respectively. Analysing cure rates by stage of empyema showed thoracentesis to have achieved the highest cure rates in stage I (88.2%) and decortication the highest cure rates in both stage II and III (100% and 82% respectively).

Post thoracotomy empyema carried the highest overall cure rate (100%) and the empyema secondary to malignancy carried the lowest cure rate, with none of the patients with the diagnosis-achieving cure.

Complications were encountered in 66 patients or 29.5% of all the patients treated. Of the procedures associated with complications tube drainage recorded the highest number of complications (49/66 or 74.2% of all complications). However, this represented only 29.9% (49/164) of all patients treated using tube drainage. Tube drainage carried a lower complication rate than decortication (12/35 or 34.3%). Thoracentesis recorded the lowest complication rate (5.2%).

An overall mortality of 17.9% was recorded with the highest mortality being noted in the tube drainage group (20.1%) followed by decortication (17.1%), thoracentesis (5.3%) and none of the patients dying after rib resection.

Thoracotomy and decortication carried the longest duration of hospital stay with a mean of 19.8 days (range 6-57 days) and the shortest was thoracentesis (mean 7.75 days and range 1-19 days).

3. Dr. D. Mwaura:

Dissertation title: Immediate postoperative outcome for oesophagectomy patients at the KNH.

Presented February 2003.

Degree awarded M.Med Surgery University of Nairobi.

Abstract: A retrospective 10 year study was conducted at the Kenyatta National hospital (KNH) between 1991 and 2000 to determine the incidence of immediate postoperative outcome of oesophagectomy in KNH. One hundred and forty patients had oesophagectomy within the study period. A total of 108 (77.9%) file of patients with cancer of the oesophagus who underwent oesophagectomy were perused.

The surgical techniques used in all oesophagectomies performed included Ivor Lewis, McKeown's, Sweets and transhiatal.

Of the 108 patients, 76 (70.4%) were male while 32 (29.6%) were female. Their ages ranged from 28 years to 85 years with a mean of 60.0 years. Seventy six point six percent had squamous cell carcinoma; 10.5% had adenocarcinoma and 12.9% with histology described as dysplasia, severe dysplasia and a few were undetermined. Forty one point nine percent had lower third tumours while 48.1% of patients had middle third tumours.

The most common complication occurring after oesophagectomy was pneumonia occurring in 54 (50%) patients. This was followed by thirty-day mortality which occurred in 25.9% of patients. Food intolerance occurred in 21.3% of patients, primary haemorrhage occurred in 20.4% of patients. Anastomotic leakage both intrathoracic and cervical occurred in 19.5% of patients while lung atelectasis occurred in 10.2% of

patients. Other complications that were seen included wound sepsis 9.3%, empyema thoracis 8.3%, wound dehiscence 4.6%, secondary haemorrhage 2.8%, gastric stasis. Deep venous thrombosis (DVT) and recurrent laryngeal nerve injury each had 1.9% respectively.

Pneumonia and empyema thoracis occurrence increased with increase in age of the patients with ($p=0.048$) and ($p=0.002$) respectively. Mortality within thirty days was influenced by the grade of tumour with ($p=0.032$). Wound sepsis was commonly associated with Ivor Lewis form of oesophagectomy with ($p=0.040$).

4. Dr. P.M. Mbugua:

Dissertation title: Outcome of management of peripheral arterial occlusive disease at the cardiothoracic unit, Kenyatta National Hospital.

Presented February 2003.

Degree awarded M.Med Surgery, University of Nairobi.

Abstract: This is a retrospective study of the outcome of management of PAOD at KNH. It covered a 10 year period between January 1993 and November 2002. It was carried out by a review of medical records. A total of 80 patients with 100 involved limbs were studied. Twenty four patients were excluded from the study as their files could not be traced or lacked sufficient data for analysis. Ninety three lower limbs and seven upper limbs were involved. Twenty five patients had bilateral lower limb disease and one bilateral upper limb disease.

There were 61 (76.3%) males and 19 (23.8%) females giving a male:female ratio of 3.2:1.

The mean age of the patients seen was 52.6 years with a range of 16 to 100 years. The disease was uniformly spread between the ages of 30 to 79 years in both males and females.

The majority of patients (72.6%) had primary level of education and below. Central province had the highest number of patients by birth (56.3%).

Fifty percent of the patients were smokers while 15% were diabetics and 15% hypertensives.

Gangrene and rest pain were the most frequent presenting features occurring in 63% and 59% of the cases respectively.

Arteriography as a diagnostic modality was used in 80.6% of the cases.

Amputation was the most common primary mode of management reflecting the late presentation of the disease at presentation. It was done in 26 (32.5%) cases as the sole procedure and in 6 (7.5%) cases in combination with other primary procedures. Conservative management formed the next common mode of management in 16 (20.0%) cases. Amputation also formed the commonest secondary mode of management following failure of a primary revascularization procedure or after failure of conservative management.

There was a statistically significant higher rate of secondary procedures after graft surgery than after amputation.

The rate of sepsis following primary amputation (46.2%) was statistically higher than following graft surgery (8.3%).

5. DR. MUKTAR S. OMAR

Dissertation title: The management of intercostal chest tubes as practiced in KNH in post-traumatic fluid collections.

Presentation May 2005.

Degree award. M.Med Surgery. University of Nairobi.

Abstract: This is a prospective study conducted between tenth of February and tenth of November 2004. A total of ninety-five patients with posttraumatic pleural collections with pneumothorax and/or haemothorax were recruited. Ninety-six chest tubes were inserted in ninety-two patients. Eighty-eight had unilateral chest tubes while the remaining 4 had bilateral chest tubes. Three patients were managed consecutively.

Eighty seven percent of the patients were males and nearly 70% were in the 20-40 years age bracket. It was found that patients in slum areas were at higher risk for penetrating injuries compared to non-slum dwellers. Sixty one percent of the patients presented with penetrating injuries the majority of which were as a result of stab wounds. Two thirds of blunt injuries were due to RTA.

Nearly all the patients had chest radiographs performed prior to insertion of a chest tube. The commonest pleural collection was haemopneumothorax (48.4%), which if combined with simple haemothorax account for 72.6%. Only three different sizes of chest tubes were utilized-FG20, 24, 28-with FG-28 been the commonest tube used (57%). All tube insertions were carried out in the triangle of safety with the fifth intercostal space used in 52% of the patients. Sixty patients (62.5%) had their chest tube removed within one week. Only six patients had their tubes maintained for fifteen days or more. Two-third of patients with haemothorax had an output of 750mls or less in the first twenty-four hours.

The study showed that 54% of the patients had their tubes removed on the basis of chest radiographs. There was no significant difference on the outcome between the patients who had their tubes removed on the basis of clinical examination or chest radiographs.

The commonest complication encountered was empyema thoracic (8.4%). Empyema was highly associated with knife stabs and longer period of chest tube left in situ. Mortality was due to the initial injury and was commoner among patients with RTA and gunshot injuries.

6. Dr. Eric Hungu:

Dissertation title: Thromboembolic and bleeding complications in patients with prosthetic heart valves at the Kenyatta National Hospital.

Presented November 2011.

Degree award. M.Med Surgery. University of Nairobi.

Abstract: Background: The number of patients on warfarin anticoagulation due to prosthetic heart valve insertion is significant. Presence of valves and long term treatment with warfarin has associated haematological complications. These patients need constant follow up and monitoring of anticoagulation in order to minimize the occurrence of these complications. However, complications do occur in terms of bleeding or thromboembolic episodes. This study documented the occurrence of such complications in a local population and the associated risk factors.

Objectives: To document the incidence of occurrence of haematological complications and to determine the risk factors for developing the complications.

Study design and setting: Combined prospective and retrospective study at the Cardiothoracic clinic, Kenyatta National Hospital.

Study population: A total of 142 patients were recruited into the study. Thirty nine patients were seen at the cardiothoracic clinic over a period of 6 months for the prospective arm of the study; and records for 103 patients were retrieved for the retrospective arm.

Outcome variables: Outcome measures were: International Normalised Ratio (INR) results during clinic visits; presence of signs and symptoms of bleeding tendencies, neurological deficits, and deep venous thrombosis or valve thrombosis.

Data collection and analysis: Thirty eight percent of patients developed haematologic complications, with a significant association with the INR levels. Forty four patients (31%) presented with bleeding tendencies, out of who 28 had grade I bleeding, not requiring admission for further management. Four patients had grade III bleeding which required admission into the hospital for symptomatic management. The most common symptom of thromboembolic complications was occurrence of headaches occurring in 23.2% of patients. The mean duration of anticoagulation for the patients developing complications was 82.9 months (\pm 64 months), as opposed to those without complications, 60.8 months (\pm 43.8 months). Nine patients were non-compliant with taking their medications, and out of these, 8 developed haematologic complications. A positive association was established between the development of bleeding and thromboembolic complications INR fluctuations, duration of anticoagulation therapy, non-compliance in taking of medications, and increased duration in between clinic visits.

Recommendation: The rate of occurrence of bleeding and thromboembolic complications can be reduced by improving patient education so that drug compliance is ensured. Establishment of alternative cardiothoracic centres for easier follow up of patients who have to travel long distances to come for follow up in Kenyatta National Hospital would reduce the cases of missed clinic appointments.

7. Dr. Eric Mutiso:

Dissertation title: Evaluation of p-possum and o-possum scores in prediction of 30 day mortality rate in patients undergoing resection for oesophageal cancer

Presented August 2011.

Degree awarded M.Med Surgery, University of Nairobi

Abstract: Background: In the last two decades, P-POSSUM has been used for the prediction of post operative mortality rates in general surgery based on certain clinical parameters. The speciality based O-POSSUM uses, by and large, the same parameters with some modification in predicting mortality in upper gastrointestinal surgery. These clinical parameters are available in our referral hospitals where oesophagectomy is likely to be performed. Studies to assess the efficacy of these models in oesophagectomy have been published but literature on this in our setup is lacking.^{1,2,3} The aim of this study was to determine the accuracy of P-POSSUM and O-POSSUM in predicting the risk of 30- day mortality amongst patients undergoing resection for oesophageal cancer. **Objective:** To determine the accuracy of P-POSSUM and O-POSSUM scores in predicting mortality rates in patients undergoing resection for oesophageal cancer at KNH and Nyeri PGH. **Study design:** A combined prospective and retrospective 8 month study based at KNH, cardiothoracic surgery unit and Nyeri PGH.

Material and method: Physiological and operative details of the selected patients were taken based on the parameters set out in the formulae. The predicted mortality was calculated by a preset formula and compared with the actual observed mortality rates.

8. Dr. Micheal Dulo:

Dissertation title: Surgical APGAR score: applicability in patients undergoing laparotomy at Kenyatta National Hospital.

Presented August 2011.

Degree awarded M.Med Surgery, University of Nairobi

Abstract. The Surgical Apgar score (SAS) presents a simple, immediate and an objective means of determining surgical outcomes. The score has not been widely validated in low resource settings where it would be most valuable. This study aimed to evaluate its accuracy and applicability for patients undergoing laparotomy at Kenyatta National Hospital (KNH), Nairobi. Methodology: Using intra-operative records, we calculated Surgical Apgar Scores for 152 patients during a 6-month study between March 2011 and August 2011. Our main outcome measures were the incidence of major postoperative complications and/or death within 30 days of surgery. Results: The mean age of the patients evaluated was ere emergency procedures (86.8%) with mean duration for surgery of 131 minutes. The overall rate for major complications and mortality was 40.8% and 7.9% respectively. Common morbidities were superficial and deep wound infection, anastomotic leakage and wound dehiscence. The mean SAS for patients with complications was lower (4.0) compared to those without (5.73) ($p < 0.001$). Patients categorized as high risk had a 58.3% complication rate compared to low risk patients with 16.6 % ($p = 0.04$). These outcomes compare favourably with other studies. The SAS demonstrated good predictive accuracy for post- operative morbidity (ROC area under the curve of 0.796, CI 0.727-0.865). Conclusion: This study confirms the SAS as adequate in stratification of predictive accuracy.

9. Patrick Nyamohanga:

Dissertation title: Comparison of empyema thoracis presentation between HIV infected and non HIV infected patients as seen in a tertiary hospital in Kenya.

Presented August 2013.

Degree awarded M.Med Surgery, University of Nairobi

Abstract: Background. Empyema thoracis accounts for 23% of chest related complications in Human Immunodeficiency Virus-Acquired immunodeficiency Syndrome (HIV/ AIDS) and is a frequent complication of pneumonia in patients with HIV. Patients infected with HIV developing empyema thoracis tend to present late and are sometimes subjected to different management modalities with a lot of complications. Existing literature shows that this results in long hospital stay, high morbidity and mortality and that HIV infection has changed the pattern of presentation of many diseases. A clear understanding of symptoms, signs and microbial causes will help bridge the knowledge gap leading to early diagnosis and shortened hospital stay among these patients.

Objective: To compare the symptoms, signs and microbial causes of empyema thoracis between HIV and non HIV infected patients.

Study design: Cross-sectional comparative study at Kenyatta National Hospital over 4 month's duration between December 2012 and April 2013.

Methods and materials: Sixty four subjects were recruited into the study using convenient sampling method, divided into two equal groups comprising of the HIV infected and non-HIV infected patients of approximately 32 patients each. Independent variables were presence or absence of HIV infection. The dependent variables were signs, symptoms and microbiology of empyema thoracis.

Statistical analysis: Graph Pad InStat™ version 2.04 statistical software was used for analysis of data. The p value of equal or less than 0.05 was considered significant.

Results: Thirty six males (56.25%) and 28 females (43.75%) participated. Chest pain was the most common and consistent symptom in both HIV infected and non-HIV infected patients, 100% and 97% respectively. Cough was the second commonest symptom seen in 97% of HIV and 84% of non-HIV infected. Weight loss was noted in 81.3% of HIV and 53.1% of non-HIV infected patients. Patients without HIV infection presented with massive empyema thoracis with midline shift in 43.8%, while those with HIV infection only 15% had a noticeable midline shift. Whereas 81.3% of HIV infected patients reported fever prior to hospital admission only 68% had clinically demonstrable fever. Among the non-HIV infected, 66.4% reported febrile illness but only 59% had demonstrable fever. The commonest etiological factor among the HIV infected patients was PTB (50%) and Para pneumonia (47%). In non-HIV infected patient's malignancies (34%) and iatrogenic causes mainly chest tube insertions (32%) were the main etiological factors. The most common cultured organism in HIV infected were pseudomonas spp (25%) while Staphylococcus aureus were the most common isolates among non HIV infected at 34%.

Conclusion: Aseptic technique should be observed during chest tube insertion at all times, and that chest pain is the most common and consistent symptom in both HIV and non-HIV infected patients presenting with empyema thoracis.

10. Nikita Praful Metha:

Dissertation title: Prevalence, associated risk factors and progression of asymptomatic peripheral arterial disease at Kenyatta National Hospital
Presentation date 2016.

Abstract. Background: The prevalence of peripheral arterial disease worldwide has been estimated at between 4.5% and 29%. The cardiovascular disease burden is independently associated with peripheral arterial disease and is similar regardless of whether it is the asymptomatic or symptomatic form of disease. Over two-thirds of patients with peripheral arterial disease are asymptomatic and thus not identified, resulting in inadequate identification and treatment of their risk factors. Clinical experience with amputations at Kenyatta National Hospital, suggests that peripheral arterial disease is common, but the actual prevalence and natural disease progression of the asymptomatic form of disease has not been determined.

Objective: To determine the prevalence of asymptomatic peripheral arterial disease and progression over a one year period in patients with cardiovascular risk factors.

Study design: one year, non-interventional longitudinal study

Setting: Medical and surgical outpatient clinics and wards at Kenyatta National Hospital.

Patients and methods: 75 consenting patients with asymptomatic peripheral arterial disease determined by ankle brachial index ≤ 0.9 and cardiovascular risk factors were recruited by convenience sampling.

Demographic and risk profile was recorded and extent of disease ascertained at baseline using ankle brachial index. The patients were then followed up for 1 year and disease progression evaluated based on changes in the ankle brachial index as well as development of claudication symptoms.

Conclusion:

Of the 217 people screened, 78 (36%) had asymptomatic PAD affecting 113 legs. A total of 62 (83%) patients returned for the 1-year follow-up visit. On repeat ABI measurement, 8 of the 36 normal legs developed asymptomatic PAD, and 44 (46%) legs with asymptomatic PAD at baseline had progression of disease. The lower ABI (indicating the worse leg at baseline) showed a significant change over the 1 year of follow-up ($p=0.001$) and 13 (21%) patients developed intermittent claudication at one year.

In conclusion, this study showed a high prevalence of asymptomatic PAD in our population. It also showed that a significant number of patients (52%) with at least one associated cardiovascular risk factor and asymptomatic PAD at baseline, have progression of disease over 1 year, with or without development of

intermittent claudication and that those developing claudication have a significant deterioration in the ABI. Progression of asymptomatic PAD was also significantly associated with having 2 or more cardiovascular risk factors ($p = 0.031$).

PUBLICATIONS (PIER REVIEWED JOURNALS):

1. **S.W.O. Ogendo.** A study of haemorrhoids as seen at the Kenyatta National Hospital with special reference to asymptomatic haemorrhoids. . East Afr. Med. J. 1991;68:340
2. **S.W.O. Ogendo.** Surgery of the oesophagus: A Nairobi experience. East Afr. Med. J. 1993;70:306.
3. **S.W.O. Ogendo.** Nutritional status of patients with malignant dysphagia at the Kenyatta National Hospital. Proc. Assoc. of Surg. of East Africa. 1993.
4. S.O. McLigeyo, J. Mbui, A. Kungu, **S.W.O. Ogendo.** Fibrosarcoma of the lung with extrapulmonary manifestations: case report. East Afr. Med. J. 1995; 72(7):465-7.
5. **S.W.O. Ogendo.** Follow up of patients after open-heart surgery. East Afr. Med. J. 1998 75(12):675 – 78.
6. **S.W.O. Ogendo.** Pregnancy in open heart patients at the Kenyatta National Hospital. . East Afr. Med. J. 1999;76(1) 19 – 22.
7. **S.W.O. Ogendo.** Long term valve related morbidity of open heart patients operated at the Kenyatta National hospital. . East Afr. Med. J. 2000;77:199 – 202.
8. **S.W.O. Ogendo.** Pattern of anticoagulant control at the Kenyatta National Hospital, Nairobi. East Afr. Med. J. 2000; 77(7) 354 – 358.
9. **S.W.O. Ogendo.** Warfarin related bleeding following open heart surgery in Nairobi. East Afr. Med. J. 2001:78(3) 139 – 143.
10. **S.W.O. Ogendo.** Thirty-day mortality and related variables in open heart patients at the Kenyatta National Hospital. East Afr. Med. J. 2001:78(10) 526 – 530.
11. **S.W.O. Ogendo.** Follow-up up of oesophageal cancer therapy at the Kenyatta National Hospital, Nairobi with emphasis on oesophagectomy. East Afr. Med. J. 2001:78 (12) 650 – 654.
12. Yonga G.O., Munene J. C, **S.W.O. Ogendo.** Post infarction ventricular septal defect in Nairobi. A case report. East Afr. Med. J. 2005:82 (12) 660-662.
13. **S.W.O. Ogendo.** Post Oesophagectomy Leakage at The Kenyatta National Hospital – Nairobi. The East and Central African Journal of Surgery. December 2005:10(2) 77 - 83.
14. Awori N.M., **S.W.O. Ogendo.** Review article. Carcinoma of the oesophagus. International Surgery. June 2007 www.ptolemy.ca/memebrs .
15. **S.W.O. Ogendo.** Weight change post oesophagectomy for carcinoma of the oesophagus. East Afr. Med. J. 2007:84 (6) 271 – 275.

16. Awori M.N, Kwamboka S.O., Obonyo N.G, Gitome S., **S.W.O. Ogendo**. Analysis of the management pathway for congenital heart disease at Kenyatta National Hospital. *E. Afr. Med. J.* 2007. *84(7):312-7, 2007*
17. **S.W.O. Ogendo**. Follow up pattern for post-oesophagectomy patients at a single centre: association with selected preoperative variables. *Ann. of Afri. Surg.* Nov. 2007;1;2-5.
18. Awori M.N., **S.W.O. Ogendo**. RACHS-1 System in risk stratification for congenital heart disease surgery outcome at Kenyatta national hospital. *E. Afr. Med. J.* 2008. *85(1):2-5*.
19. **S.W.O. Ogendo**, Awori M.N, M.A. Omondi, E.M. Mulatya, P.W. Mugo. Risk of conjunctival contamination from blood splashes during surgery at the Kenyatta National Hospital. *E. Afr. Med. J.* Oct 2008. *85(9):432- 7*.
20. M Labib, **S.W.O. Ogendo**, T Rushdy, F Walsh, S Tierney. Abstract: A global "School for Surgeons" could help bridge the Healthcare Human Resource Crisis in Sub-Saharan Africa. *Irish Journal of Medical Science.* Volume 178, Supplement 2. 45-93. February, 2009
21. Surgical audit. (Editorial) *Annals of African surgery.* January 2010.(5)
22. EW Hungu, **SWO Ogendo**. Thromboembolic and bleeding complications in patients with prosthetic heart valves at the Kenyatta National Hospital. *Annals of African Surgery - Vol 9 (2012)*
23. Dullo M, **Ogendo SWO**, Nyaim EO. Surgical APGAR score predicts post-laparotomy complications at Kenyatta National Hospital. *The ANNALS of AFRICAN SURGERY.* 2013. *10(2):17- 22*.
24. Goldstein SD, Papandria D, Linden A, Azzie G, Borgstein E, Calland JF, Finlayson SR, Jani P, Klingensmith M, Labib M, Lewis F, Malangoni MA, O'Flynn E, **Ogendo S**, Riviello R, Abdullah F. A pilot comparison of standardized online surgical curricula for use in low- and middle-income countries. *JAMA Surg.* 2014 Apr;149(4):341-6. doi: 10.1001/jamasurg.2013.4830.
25. Matovu E, Bucheton B, Chisi J, Enyaru J, Hertz-Fowler C, Koffi M, Macleod A, Mumba D, Sidibe I, Simo G, Simuunza M, Mayosi B, Ramesar R, Mulder N, **Ogendo S**, Mocumbi AO, Hugo-Hamman C, Ogah O, El Sayed A, Mondo C, Musuku J, Engel M, De Vries J, Lesosky M, Shaboodien G, Cordell H, Paré G, Keavney B, Motala A, Sobngwi E, Mbanya JC, Hennig B, Balde N, Nyirenda M, Oli J, Adebamowo C, Levitt N, Mayige M, Kapiga S, Kaleebu P, Sandhu M, Smeeth L, McCarthy M, Rotimi C. Research capacity. Enabling the genomic revolution in Africa. *Science.* 2014 Jun 20;344(6190):1346-8. doi: 10.1126/science.1251546.
26. Zühlke L, Engel ME, Karthikeyan G, Rangarajan S, Mackie P, Cupido B, Mauff K, Islam S, Joachim A, Daniels R, Francis V, **Ogendo S**, Gitura B, Mondo C, Okello E, Lwabi P, Al-Kebsi MM, Hugo-Hamman C, Sheta SS, Haileamlak A, Daniel W, Goshu DY, Abdissa SG, Desta AG, Shasho BA, Begna DM, ElSayed A, Ibrahim AS, Musuku J, Bode-Thomas F, Okeahialam BN, Ige O, Sutton C, Misra R, Abul Fadl A, Kennedy N, Damasceno A, Sani M, Ogah OS, Olunuga T, Elhassan HH, Mocumbi AO, Adeoye AM, Mntla P, Ojji D, Mucumbitsi J, Teo K,

Yusuf S, Mayosi BM. Characteristics, complications, and gaps in evidence-based interventions in rheumatic heart disease: the Global Rheumatic Heart Disease Registry (the REMEDY study). *Eur Heart J*. 2015 May 7;36(18):1115-22a. doi: 10.1093/eurheartj/ehu449.

27. David Watkins, Liesl Zuhlke, Mark Engel, Rezeen Daniels, Veronica Francis, Gasnat Shaboodien, Mabvuto Kango, Azza Abul-Fadl, Abiodun Adeoye, Sulafa Ali, Mohammed Al-Kebsi, Fidelia Bode-Thomas, Gene Bukhman, Albertino Damasceno, Dejuma Yadeta Goshu, Alaa Elghamrawy, Bernard Gitura, Abraham Haileamlak, Abraha Hailu, Christopher Hugo-Hamman, Steve Justus, Ganesan Karthikeyan, Neil Kennedy, Peter Lwabi, Yoseph Mamo, Pindile Mntla, Chris Sutton, Ana Olga Mocumbi, Charles Mondo, Agnes Mtaja, John Musuku, Joseph Mucumbitsi, Louis Murango, George Nel, **Stephen Ogendo**, Elijah Ogola, Dike Ojji, Taiwo Olabisi Olunuga, Mekia Mohammed Redi, Kamanzi Emmanuel Rusingiza, Mahmoud Sani, Sahar Sheta, Steven Shongwe, Joris van Dam, Habib Gamra, Jonathan Carapetis, Diana Lennon, Bongani M Mayosi Seven key actions to eradicate rheumatic heart disease in Africa: The Addis Ababa communique. *CVJA*. 2016,27:online version

PUBLICATIONS (NON PIER REVIEWED JOURNALS):

1. V. Mutiso, K. Kimemde, **S.W.O. Ogendo**, C. Musau. Pattern of major trauma as seen at the Kenyatta National Hospital. *Proc. Assoc. of Surg. Of East Africa*. 1992.
2. **S.W.O. Ogendo**, V. Mutiso, K. Kimemde, C. Musau. Injury severity score as seen at the Kenyatta National hospital. *Proc Assoc. of Surg. Of East Africa*. 1992.
3. K. Kimemde, V. Mutiso, **S.W.O. Ogendo**, C. *Musau*. Outcome of major trauma as seen at the Kenyatta National Hospital. *Proc. Assoc. of Surg of East Africa*. 1992.
4. **S.W.O. Ogendo**, V. Mutiso. Mass accident awareness at the Kenyatta National Hospital. *Proc Assoc. of Surg. of East Africa*. 1992.

CHAPTERS IN BOOK/GUIDELINES

- Co author to third edition of “Clinical Guidelines” and MOH, WHO publication for medical personnel in Kenya
 - i. Clinical management and referral guidelines – Volume 1. Clinical guidelines for management and referral of common conditions at level 1 – community level. Soloh Worldwide Inter-enterprises Ltd. 2009
 - ii. Clinical management and referral guidelines – Volume 2. Clinical guidelines for management and referral of common conditions at level 2 - 3 – Primary Care. Soloh Worldwide Inter-enterprises Ltd. 2009.
 - iii. Clinical management and referral guidelines – Volume 3. Clinical guidelines for management and referral of common conditions at level 4 - 6 – Hospitals. Soloh Worldwide Inter-enterprises Ltd. 2009.

CURRENT ON-GOING PROJECT:

- Currently writing book for medical students entitled “Cardiothoracic notes for medical students in Africa” Completion date December 2012, publication bottlenecks.
- Theatre noise levels at Jaramogi Oginga Odinga Teaching and Referral Hospital, Kisumu, Kenya.

COURSES/CONFERENCES/WORKSHOPS ATTENDED:

1. Workshop. Basic life support systems. Kenyatta National Hospital, Nairobi. (ATLS). Prof. Haller. 1987.
2. The 4th International interdisciplinary conference on hypertension in blacks. Nairobi. The 28th June – 2nd July 1989.
3. The 5th Annual Scientific Conference of the Kenya Cardiac Society, Nairobi. September 1990.
4. First Annual Scientific Conference of the Kenya Surgical Society, Nairobi. 1990.
5. Workshop. Paediatric life support systems. Kenyatta National Hospital. Prof. Haller. 1991.
6. The 43rd scientific conference and annual general meeting of the Association of Surgeons of East Africa, Mombasa, Kenya. November 29th to 4th December 1992.
7. Regional meeting of the Association of Surgeons of East Africa, Entebbe, Uganda. The 22nd to 25th September 1993.
8. Regional meeting of the Association of surgeons of East Africa. Kisumu, Kenya. The 17th to 19th March 1994.
9. Workshop for clinical interventional cardiology, Kenyatta National Hospital, Nairobi, Kenya. The 13th to 24th June 1994.
10. Birmingham course in cardiac surgery for third part fellowship examinations. The 13th – 15th October 1994. Birmingham, UK.
11. The Midlands Cardiothoracic Society meeting. The 24th March 1995. Birmingham, UK.
12. The Midlands Cardiothoracic Surgical Meeting. The 6th September 1996. Leicester, UK.
13. Birmingham review course in Cardiothoracic Surgery. 19th to 21st September 1996. Birmingham, UK.
14. Mitral valve surgery teleconference. 28th February to 1st March 1997, Leeds, UK.
15. Midlands Cardiothoracic meeting. 14th March 1997. Walsgrave Hospital, Coventry.
16. The 14th Annual Scientific conference of the Kenya Cardiac Society. August 13th to 15th 1997. Grand Regency Hotel, Nairobi.
17. The 15th Annual Scientific Conference of the Kenya Cardiac Society. 12th to 14th August 1998. Grand Regency Hotel, Nairobi.

18. The 16th Annual Scientific Conference of the Kenya Cardiac Society. October 1999, Silver Springs Hotel Nairobi.
19. The 50th anniversary of the Association of Surgeons of East Africa (ASEA) and the Pan African Association of surgeons 3rd general assembly 29th November to 4th December 1999. Grand Regency, Nairobi.
20. Symposium on Heart Failure and TB in HIV era. Organised by the Kenya Association of Physicians. 29th July 2000 at the Serena Hotel, Nairobi.
21. The 17th Annual scientific conference of the Kenya cardiac society. 2nd and 3rd November 2000. Fairview Hotel, Nairobi.
22. The 2nd Annual Scientific Conference of the Surgical Society of Kenya 23rd February 2001, Aga Khan Hospital, Nairobi.
23. Joint regional meeting of the Association of Surgeons of East Africa and the Surgical Society of Kenya. 20th to 21st September 2001. Mombasa Beach hotel, Mombasa.
24. The 18th Annual Scientific Conference of the Kenya Cardiac Society. 25th to 26th October 2001. Fairview hotel, Nairobi.
25. The 3rd Annual Scientific Conference of the Surgical Society of Kenya, March 21st – 22nd 2002, Hotel Kunste, Nakuru.
26. The 19th Annual Scientific Conference of the Kenya Cardiac Society, April 23rd – 24th 2002, Fairview Hotel Nairobi.
27. Bioethical Review Workshop, Nairobi, Kenya. July 1st to 3rd 2002. Organised by the Kenyatta National Hospital Ethical and Research Committee in conjunction with the Human Subjects Division and the International AIDS Research Training Programme of the University of Washington, Seattle, USA.
28. The 4th Annual Scientific Conference of the Surgical Society of Kenya, April 3rd to 4th 2003, Green Hill Hotel, Nyeri.
29. The 21st Annual Scientific Conference of the Kenya Cardiac Society, 22nd and 23rd May 2003. Panafric Hotel, Nairobi.
30. Regional meeting of the Association of Surgeons of East Africa and the Surgical Association of Mozambique. Songo, Mozambique, 6th – 8th August 2003.
31. The 54th Annual Scientific conference and AGM of the Association of Surgeons of East Africa (ASEA). International Conference Centre, Kampala, Uganda 3rd – 5th December 2003.
32. The 5th Annual Scientific Conference of the Surgical Society of Kenya, March 25th to 26th 2004, Imperial Hotel, Kisumu.
33. Regional meeting of the Association of Surgeons of East Africa and the Surgical Society of Zambia. Ibis Gardens, Chisamba, Zambia, 2nd April 2004.
34. HIV/AIDS curriculum workshop for faculty of Medicine, University of Nairobi. Garden Hotel, Machakos. April 20th to 23rd 2004.

35. Faculty Workshop on Curriculum development for the undergraduate teaching of HIV/AIDS in the ECSA region, Green Hills Hotel, Machakos, 21st to 23rd April 2004.
36. The 21st Annual Scientific Conference of the Kenya Cardiac Society and annual General Meeting. The Stanley Hotel, Nairobi. The 20th to 21st May 2004.
37. The 55th Annual Scientific Conference of the Association of Surgeons of East Africa with the Surgical Society of Zimbabwe. Celebration Centre, Zimbabwe, 1st – 3rd December 2004.
38. The 6th Annual Scientific Conference of the Surgical Society of Kenya in conjunction with The Association of Surgeons of East Africa. April 7th to 8th 2005, Sirikwa Hotel, Eldoret.
39. Faculty Curriculum Development retreat. Lake Elementaita Lodge. May 2005 the 9th to 11th.
40. The 22nd Annual Scientific Conference of the Kenya Cardiac Society. May the 19th and 20th 2005, Nairobi Hospital.
41. Corporate governance dissemination forum for chairpersons of professional boards/councils and associations in Kenya Lenana Mount Hotel, Nairobi Saturday, 10th September 2005
42. Basic Surgical Skills course organised for Regional trainees of the College of Surgeons of East Central and Southern Africa (COSECSA) under the auspices of COSECSA and the Royal College of /surgeons of England. Attended as member of the local regional faculty. Friday October 21st to Monday the 24th October 2005. Venue Provincial General Hospital Nakuru.
43. The 56th ASEA and 5th COSECSA Annual General Meeting and Scientific Conference. November 30th to 2nd December 2005. Dar es Salaam. Tanzania.
44. Departmental workshop on student evaluation through MCQ's, structured short answers and other techniques. March 8th at the Fig Tree Hotel.
45. Surgical Society of Kenya 2005 Scientific Conference and Annual General meeting. Golf Hotel, Kakamega, Kenya; the 30th to 31st March 2006.
46. Combined Association of /surgeons of East Africa, College of Surgeons of East Central and Southern Africa and Surgical Society of Zimbabwe regional meeting. Mazvikadei, Zimbabwe. From 6th to 7th April 2006.
47. Training of Trainers Seminar. Superior Hotel, Blantyre, Malawi. December 1st to 2nd 2006.
48. Combined Association of Surgeons of East Africa, College of Surgeons of East Central and Southern Africa and Surgical Association of Malawi. Annual General meeting and scientific conference. Blantyre, Malawi,. From 6th to 8th December 2006.
49. Surgical Society of Kenya 2007 Scientific Conference and Annual General meeting. Grand Regency Hotel, Nairobi. From 15th to 16th March 2007.

50. Regional Scientific Conference of the Association of Surgeons of East Africa and the College of Surgeons of East, Central and Southern Africa. Marangu, Tanzania. April 18th to 20th 2007.
51. 1st All Africa Conference on Heart disease, Diabetes, and Stroke in Africa. Joint conference organised by the Kenya Cardiac Society and the Pan African Society of Cardiology. Grand Regency Hotel, Nairobi. May 13th to 16th 2007.
52. Combined Association of Surgeons of East Africa, College of Surgeons of East Central and Southern Africa and Surgical Society of Kenya. Annual General meeting and scientific conference. Mombasa, Kenya. From 5th to 7th December 2007.
53. College of Surgeons of East Central and Southern Africa and Surgical Society of Zambia. Regional meeting and scientific conference. Livingstone, Zambia. From 2nd to 4th April 2008.
54. The 24th Annual Scientific Conference of the Kenya Cardiac Society. May the 29th and 30th 2008, Silver Springs Hotel, Nairobi.
55. Registered for the Post Graduate Diploma Course in research Methodology. University of Nairobi Institute of Tropical Diseases. W61/00045/2008. June 2008 to April 2009.
56. First Kenyatta National Hospital Scientific Conference. Venue theatre III of University of Nairobi. The 18th to 19th September 2009.
57. College of Surgeons of East Central and Southern Africa and Surgical Society of Mozambique. Annual Scientific Conference. Maputo, Mozambique. From December 3rd to 5th 2008.
58. Pedagogy course organised by the University of Nairobi. January 14th – 16th 2009, at the CCU, University of Nairobi.
59. Surgical Society of Kenya/ College of Surgeons of East Central and southern Africa meeting. March 26th – 27th 2009. Nakuru, Kenya
60. Consultative meeting to finalise the Standard Treatment Guidelines. Sarova Lion Hill Hotel, Nakuru. June 29th to 3rd July 2009.
61. Regional Scientific Conference of the College of Surgeons of East Central and southern Africa and the Tanzanian surgical Association. Zanzibar Beach Resort, Zanzibar. August 6th to 7th 2009.
62. College of Surgeons of East Central and Southern Africa and Surgical Society of Zimbabwe. Regional meeting and scientific conference. Vitoria Falls, Zimbabwe from 22nd to 23rd April, 2010.
63. Annual Scientific Conference of the Surgical Association of Sudan, Khartoum. March 3rd to 5th 2010.
64. College of Surgeons of East Central and Southern Africa and Surgical Society of Ethiopia. Hawasa, Ethiopia. From 6th to 7th August 2010.

65. Kenya Cardiac Society Annual Scientific Conference. Imperial Hotel, Kisumu, Kenya. From 26th to 29th August 2010.
66. Third Kenyatta National Hospital Annual Scientific Conference. At the University of Nairobi Medical School. From 14th to 15th October 2010.
67. Commonwealth Health Ministers conference. Meikles Hotel, Harare, Zimbabwe. From 25th to 29th October 2010.
68. Annual scientific Conference of the College of Surgeons of East Central and Southern Africa and Surgical Society of Uganda. Speke Resort, Munyoro, Kampala, Uganda. From December 1st to 3rd 2010.
69. Scientific Conference and Annual General Meeting of the Surgical Society of Kenya. Nakuru, Kenya. From 14th to 15th April 2011.
70. Stakeholder's conference on surgical training in East Central and Southern Africa – A regional approach. Royal Society of Medicine, London on 6th May 2011.
71. Pan African Society of Cardiology (PASCAR) and the Uganda Heart Association conference 2011. Speke Resort, Munyoro, Kampala, Uganda from 26th to 30th May 2011.
72. 1st International Conference, College of Health Sciences, University of Nairobi. College of Health Sciences, Nairobi, 15th to 17 June 2011.
73. University of Nairobi / Medical Training College curriculum review workshop. Mombasa Beach Hotel 21st to 23rd July 2011.
74. HIV Curriculum Writers Retreat. Travellers beach hotel, Mombasa, August 8th to 12th 2011.
75. Kenya Society of Anaesthesiologists Annual General Meeting 2011. Kisumu Hotel, 10th to 12th August 2011.
76. Regional Scientific Conference of the College of Surgeons of East Central and Southern Africa and Surgical Society of Malawi. Lilongwe, Malawi. From August 22nd to 24th 2011.
77. Annual Scientific Conference of the College of Surgeons of East Central and Southern Africa and Surgical Society of Zambia. Lusaka, Zambia. From December 7th to 9th 2011.
78. International Cardiovascular Diseases Conference. Bank of Tanzania Conference hall. From 11th to 13 January 2012, Dar es Salaam, Tanzania
79. Course on Good Clinical Practice (GCP). University of Cape Town, South Africa, 10th February 2012.
80. Kenyatta national Hospital University of Nairobi ethical and Research committee orientation course. Rhamtulla Wing, KNH, 27th to 28th February 2012.
81. University of Nairobi / Medical Training College curriculum review workshop. Naivasha KPA Guest House, 4th to 7th March 2012.

82. Annual Scientific Conference of the Surgical Society of Kenya, 20th to 23rd March 2012. Imperial Hotel, Kisumu.
83. Association of surgeons of Uganda and College of Surgeons of East Central and Southern Africa regional meeting, 23rd to 27th April 2012. Kalya Courts, Fort Portal, Uganda.
84. The Advanced Course on Curriculum Development and Design. Maastricht University, Maastricht, the Netherlands. October 29th 2012- Nov 2nd 2012
85. Surgical Society of Ethiopia and College of Surgeons of East Central and Southern Africa Annual General Meeting, Addis Ababa. 5rd to 7th December 2012.
86. Tanzania surgical Association and College of Surgeons of East Central and Southern Africa Regional Meeting, Snow Crest Hotel, Arusha, Tanzania. April 17th – 19th 2013.
87. The 11th Pan African Society of Cardiology congress in conjunction with the 3rd Senegalese Society of Cardiology meeting, Dakar, Senegal. May 16– 20 2013
88. 2nd World Congress on Surgical Training (SurgiCON) June 17-19, 2013, Gothenburg, Sweden
89. Surgical Society of Zambia and College of Surgeons of East Central and Southern Africa Scientific Conference and Regional meeting, Kapilinga Hostel, Lusaka Zambia. 5th to 8th August 2013
90. Training of examiners workshop. Organised by the West African College of Surgeons. Ibadan, October 26, 2013.
91. Workshop on ethics and research conduct for senior management, deans/directors, chairmen of departments/UON bio-safety committee members and research development advisory board members. Central catering unit (CCU). Wednesday November 20, 2013
92. Surgical Society of Zimbabwe and College of Surgeons of East Central and Southern Africa Annual Scientific Conference, Rainbow towers, Harare, Zimbabwe, 4th to 6th December 2013
93. Critical appraisal of research proposals curriculum development workshop. 9th - 11th December 2013, Mombasa
94. 58th ECSA Health Ministers Conference, Arusha, United Republic of Tanzania, 27th to 28th February 2014.
95. Objective Structures Clinical Examination (OSCE) Training workshop for Department of Surgery 5th March 2014
96. Surgical Society of Uganda and College of Surgeons of East Central and Southern Africa regional meeting. Jinga, Uganda 21st – 25th April 2014.
97. Association of Surgeons of Great Britain and Ireland (ASBBI) meeting and meeting of Presidents of international surgical Colleges, Harrogate, United Kingdom. May 1st – 2nd 2014.

98. The impact of MEPI programme on research and medical education in Kenya meeting, Maanzoni Lodge, Machakos. May 26 – 28, 2014.
99. Kenya Cardiac Society 32nd Annual General Meeting and Scientific Conference. Leisure Lodge, Mombasa 30th July to 1st August, 2014.
100. COSECSA Annual Scientific Conference and Annual General meeting, November 31st to December 3rd 2014. Dar Es Salaam, Tanzania.
101. Third all Africa Workshop on Rheumatic heart Disease (RHD), 20th to 21st February 2015 in Addis Ababa, Ethiopia
102. University of Nairobi and Kenyatta National Hospital cancer symposium. 8th April 2015, lecture theatre III, College of Health Sciences.
103. Critical Appraisal of Research Proposals (CARP), training workshop 20th to 24th July, 2015. Silver Springs Hotel, Nairobi, Kenya.
104. The third international conference of University of Nairobi and Kenyatta National Hospital 10th to 12th June 2015.
105. LabSkills meeting, 22nd and 24th September 2015. Kampala Uganda. Strengthening engagement between clinicians and laboratory, the surgeons perspective”
106. The 3rd Annual AACVVS meeting 16th to 17 October 2015. Cardiothoracic surgery as a career.
107. The 16th COSECSA Annual General Meeting and Scientific conference, 27th November to 5th December , Hotel Victoria, Blantyre, Malawi.
108. The WHO Global Initiative for Emergency and Essential Surgical Care, 6th Biennial and 10th Anniversary Meeting, WHO HQ, Geneva, Switzerland, 14-15 December 2015
109. Aga Khan Heart Symposium. February 25th to 27th, Safari Park Hotel, Nairobi, Kenya.
110. Surgical Society of Kenya Annual Scientific Conference. March 16th to 18th 2016. Naivasha, Kenya.

PRESENTATIONS AT MEETINGS/ CONFERENCES:

1. Pattern of major trauma as seen at the Kenyatta National Hospital. Presented at the annual scientific conference of association of surgeons, Mombasa. 29th November to 4th December 1992. **V. Mutiso, K. Kimemde, S.W.O. Ogendo, C. Musau.**
2. Injury severity score as seen at the Kenyatta National hospital. Proc Assoc. of Surg. Of East Africa. 1992. **S.W.O. Ogendo, V. Mutiso, K. Kimemde, C. Musau.**
3. Outcome of major trauma as seen at the Kenyatta National Hospital. Proc. Assoc. of Surg of East Africa. 1992. **K. Kimemde, V. Mutiso, S.W.O. Ogendo, C. Musau.**

4. Mass accident awareness at the Kenyatta National Hospital. Regional meeting of the Association of Surgeons of East Africa, Entebbe, Uganda. 22nd to 25th September 1993. **S.W.O. Ogendo and V. Mutiso**
5. Nutritional status of patients with malignant dysphagia at the Kenyatta National Hospital. Paper presented at the Regional Meeting of the Association of Surgeons. 1994. **S.W.O. Ogendo.**
6. Surgery of the thoracic aorta: A three-year experience. The Midlands Cardiothoracic Society meeting. 24th March 1995. Birmingham, UK. **S.W.O. Ogendo and Mr. R. S. Bonser**
7. Coronary artery bypass surgery: Experiences of a trainee in the United Kingdom. Presented at the 14th Annual Scientific conference of the Kenya Cardiac Society 1997. **S.W.O. Ogendo.**
8. Twenty-five years of cardiac surgery in Kenya; clinic follow up, events and outcomes. Presented at the 15th Annual Scientific conference of the Kenya Cardiac Society. 12th to 14th August 1998. **S.W.O. Ogendo.**
9. Anticoagulant control in open-heart patients at the Kenyatta National Hospital, Nairobi. Presented at the 16th Annual scientific conference of the Kenya Cardiac Society. October 1999. **S.W.O. Ogendo.**
10. Results of mitral valve replacement surgery at the Kenyatta National Hospital, Nairobi. Presented at the 50th anniversary of the Association of Surgeons of East Africa (ASEA). 29th November to 3rd December 1999. **S.W.O. Ogendo.**
11. Variables in operative mortality in open-heart patients at the Kenyatta National Hospital, Nairobi. Presented at the 17th Annual scientific conference of the Kenya Cardiac Society on November 2nd 2000. **S.W.O. Ogendo.**
12. Variables in re-exploration for bleeding in open heart patients in Kenyatta National Hospital, Nairobi. Presented at the 17th Annual scientific conference of the Kenya Cardiac Society on November 2nd 2000. **S.W.O. Ogendo.**
13. Follow-up of carcinoma of the oesophagus patients at the Kenyatta National Hospital, Nairobi. Surgical society of Kenya meeting 23rd February 2001 at Aga Khan Hospital, Nairobi. **S.W.O. Ogendo.**
14. Knowledge recall after consenting the surgical patient. Regional meeting of the Association of Surgeons of East Africa. Mombasa 20th September 2001. **S.W.O. Ogendo.**
15. Body mass index and cholesterol level in an unselected group of medical workers. **S.W.O. Ogendo and Alice Ajwang.** The 18th Annual Scientific Conference of the Kenya Cardiac Society. 25th October 2001.
16. Congenital heart surgery at the Mater Hospital, Nairobi. **S.W.O. Ogendo and C.A. Jowi.** The 18th Annual Scientific Conference of the Kenya Cardiac Society. 25th October 2001.

17. Results of mitral valve surgery at the Kenyatta National Hospital, Nairobi. **S.W.O. Ogendo**. The 18th Annual Scientific Conference of the Kenya Cardiac Society. 25th October 2001.
18. Epidemiology of carcinoma of the oesophagus (in Kenya) revisited. The 3rd annual scientific conference of the Surgical Society of Kenya, March 21st – 22nd 2002. Hotel Kunste, Nakuru. **S.W.O. Ogendo**.
19. Epidemiology of anticoagulation at the Kenyatta National Hospital. The 19th Scientific conference of eh Kenya Cardiac Society, April 23rd – 24th 2002. **S.W.O. Ogendo**.
20. Warfarin induced skin necrosis: a case report. The 19th Scientific conference of eh Kenya Cardiac Society, April 23rd – 24th 2002. **S.W.O. Ogendo, Y.B. Sonigra, and M. Muhinga**
21. Warfarin resistance at the Kenyatta National Hospital: Two case reports. The 19th Scientific conference of eh Kenya Cardiac Society, April 23rd – 24th 2002. **S.W.O. Ogendo**.
22. Weight change in post oesophagectomy patients at the Kenyatta National hospital (preliminary report). The 4th Annual Scientific Conference of the Surgical Society of Kenya, April 3rd to 4th 2003. **S.W.O. Ogendo**.
23. Warfarin induced skin necrosis: a case report. The 4th Annual Scientific Conference of the Surgical Society of Kenya, April 3rd to 4th 2003. Y.B. Sonigra. J.C. Munene. Prof. P.A. Odhiambo, **S.W.O. Ogendo** and T. Omullo.
24. Development of Cardiac surgery in Kenya. The 21st Annual Scientific Conference of the Kenya Cardiac Society, 22nd and 23rd May 2003. Panafric Hotel, Nairobi. **S.W.O. Ogendo**.
25. The changing pattern of cardiovascular disease with emphasis on sub-Saharan. The 5th Annual Scientific Conference of the Surgical Society of Kenya, March 25th to 26th 2004, Imperial Hotel, Kisumu. **S.W.O. Ogendo**.
26. Non infarction left ventricular aneurysm. A case report and discussion. Regional meeting of the Association of Surgeons of East Africa and the Surgical Society of Zambia. Chisamba, Zambia, 2nd Aril 2004. **S.W.O. Ogendo**.
27. Post oesophagectomy leakage: a Kenyan experience. The 6th Annual Scientific Conference of the Surgical Society of Kenya in conjunction with the Association of Surgeon of East Africa. April 7th to 8th 200, Serikwa Hotel, Eldoret. **S.W.O. Ogendo**.
28. Post oesophagectomy weight change at the Kenyatta National Hospital in Nairobi. 56th ASEA and 5th COSECSA Annual General Meeting and Scientific Conference. November 30th to 2nd December 2005. Dar es Salaam. Tanzania. **S.W.O. Ogendo**
29. Post oesophagectomy weight change at the Kenyatta National Hospital in Nairobi. Surgical Society of Kenya 2005 Scientific Conference and Annual General meeting. Golf Hotel, Kakamega, Kenya; the 30th to 31st March 2006. **S.W.O. Ogendo**

30. Analysis of the management pathway for congenital heart disease at Kenyatta national Hospital. Surgical Society of Kenya 2005 Scientific Conference and Annual General meeting. Golf Hotel, Kakamega, Kenya; the 30th to 31st March 2006. Awori M.N, **Kwamboka S.O.**, Obonyo N.G, Gitome S. and S.W.O. Ogendo
31. Oesophageal stricture due to a common household water purifying product: A case report. Surgical Society of Kenya 2005 Scientific Conference and Annual General meeting. Golf Hotel, Kakamega, Kenya; the 30th to 31st March 2006. **Kaisha W.**, Muhinga M, Awori M.N. and S.W.O. Ogendo
32. Prospective follow up of oesophageal carcinoma and variables associated with follow up at the Kenyatta National Hospital. Combined Association of Surgeons of East Africa, College of Surgeons of East Central and Southern Africa and Surgical Association of Malawi. Annual General meeting and scientific conference. Mount Soche, Blantyre, Malawi. From 6th to 8th December 2006. **S.W.O. Ogendo.**
33. Is there a difference between the spectra of congenital heart disease encountered by surgeons in developing countries and that encountered in developed ones? Presented at Surgical Society of Kenya 2007 Scientific Conference and Annual General meeting. Grand Regency Hotel, Nairobi. From 15th to 16th March 2007. **M.N. Awori**, S.W.O. Ogendo
34. Thirty three years of cardiac surgery in Kenya. Presented at the 1st All Africa Conference on Heart disease, Diabetes, and Stroke in Africa. Joint conference organised by the Kenya Cardiac society and the Pan African society of Cardiology. Grand regency hotel 13 to 16th may 2007. **S.W.O. Ogendo**
35. Risk of conjunctival contamination during surgical procedures in a large general hospital in Kenya. Combined Association of Surgeons of East Africa, College of Surgeons of East Central and Southern Africa and Surgical Society of Kenya. Annual General meeting and scientific conference. Mombasa, Kenya,. From 5th to 7th December 2007. S.W.O. Ogendo, M..N. Awori. E. Mulatya, **M.A Omondi**, P.W. Mugo
36. Risk of conjunctival contamination during surgical procedures in a large general hospital in Kenya. Kenyatta National Hospital first Scientific Conference. From 5th to 7th December 2007. September 18th – 19th 2008. S.W.O. Ogendo, M..N. Awori. **E. M. Mulatya**, M.A. Omondi, P.W. Mugo
37. 50 years later, cardiac surgery in Africa. Special reference to Kenya Surgical Society of Kenya Annual Scientific Conference. Merica Hotel, Nakuru. March 26th – 27 2009. **S.W.O. Ogendo.**
38. M Labib, S.W.O. Ogendo, T Rushdy, F Walsh, **S Tierney**. Abstract: A global "School for Surgeons" could help bridge the Healthcare Human Resource Crisis in Sub-Saharan Africa. Sylvester O'Halloran Surgical Scientific Meeting, University of Limerick, Dublin, Ireland. March 6th and 7th 2009
39. Patient willingness to medical student participation in their care at the Kenyatta national hospital. Combined Association of Surgeons of East Africa, College of Surgeons of East Central and Southern Africa and Surgical Society of Rwanda.

- Annual General meeting and scientific conference. Kigali, Rwanda. From 5th to 7th December 2009. **S.W.O. Ogendo**, V. Kimani and E Wafula.
40. **S.W.O. Ogendo**. The current state of surgical training in East Central and Southern Africa. At stakeholders meeting on Surgical training in East Central and Southern Africa – A regional approach. Royal Society of Medicine, London on 6th May 2011.
 41. **S.W.O. Ogendo**. Training and services in cardiac surgery in Africa. Pan African Society of Cardiology (PASCAR) and the Uganda Heart Association conference 2011. Speke Resort, Munyoro, Kampala, Uganda from 26th to 30th May 2011.
 42. **S.W.O. Ogendo**. History of cardiac surgery in Kenya. At the International cardiovascular diseases conference. Bank of Tanzania Conference hall. From 11th to 13 January 2012, Dar es Salaam, Tanzania
 43. **Hungu E.W**, Ogendo S.W.O. Thromboembolic and bleeding complications in patients with prosthetic heart valves at the Kenyatta National Hospital. Annual Scientific conference of the Surgical Society of Kenya. Imperial Hotel, Kisumu, 20th to 23rd March 2012.
 44. **Ogendo S.W.O**. Plagiarism in medical research. Bioethics workshop. University of Nairobi Medical School 28th November 2012.
 45. **Ogendo S.W.O**. Closed mitral valvotomy: how to establish technique in African centres without open heart surgery facilities? PASCAR / Senegalese Society of Cardiology Joint Conference 2013. 16 – 19th May 2013
 46. **Ogendo S.W.O**. Surgical Training in the East Central and Southern Africa region. 2nd World Congress on Surgical Training – SurgiCON. Gothenburg, Sweden, June 17-19, 2013
 47. J. S. Okoroh, J. Swain, A. Bekele, A. El-Sayed, K. Okonta, **Ogendo Oduor**, M. Salami, C. Yankah, R. Bolman. Estimating the Cardiac Surgery Capacity of Sub-Saharan Africa: A Collaborative and Comprehensive Approach to Baseline Needs Assessment in Resource Limited Settings. Academic Surgical Congress 2014. Manchester Grant Hyatt, San Diego. February 4 – 6th 2014
 48. Surgical Society of Uganda and College of Surgeons of East Central and Southern Africa regional meeting. Jinga, Uganda 21st – 25th April 2014.
 49. **Ogendo S.W.O**. So many years after cardiac surgery what has held us back? Kenya Cardiac Society 32nd Annual General Meeting and Scientific Conference. Leisure Lodge, Mombasa 30th July to 1st August, 2014.
 50. **Ogendo SWO**. Critical Appraisal of Research Proposals (CARP), training workshop 20th to 24th July, 2015. Silver Springs Hotel, Nairobi, Kenya.
 51. **Ogendo SWO**. Strengthening engagement between clinicians and laboratory, the surgeon's perspective". LabSkills meeting, 22nd and 24th September 2015. Kampala Uganda.
 52. **Ogendo SWO**. Cardiothoracic surgery as a career. The 3rd Annual AACVVS meeting 16th to 17 October 2015. School of Medicine, Lecture theatre III.

53. **Ogendo S.W.O.** Training, Competence, Credentialing, and Oversight. The WHO Global Initiative for Emergency and Essential Surgical Care, 6th Biennial and 10th Anniversary Meeting, WHO HQ, Geneva, Switzerland, 14-15 December 2015

CURRENT ON-GOING RESEARCH PROJECT:

- Principle investigator, Kenya chapter for the REMEDY ASAP Global Registry project.
- Principle investigator, Kenya chapter for the Rheumatic Genetic (RENGEN) study.
- Theatre noise levels at the Jaramogi Oginga Odinga Teaching and Referral Hospital

PROFESSIONAL AFFILIATIONS:

- Kenya Medical Association.
- Surgical Society of Kenya.
- Kenya Cardiac Society.
- Pan African Association of Cardiology
- Pan African Association of Surgeons
- Pan African Society of Cardiothoracic Surgeons

POSITIONS HELD IN SOCIETIES:

- Secretary for Kenya Cardiac Society 1997 to 2000.
- Vice Chairman Kenya Cardiac Society 2000 to 2004.
- Chairman of the Kenya Cardiac society 2004 to 2008.
- Secretary of the Surgical Society of Kenya February 2001 to April 2003.
- Vice chairman of Surgical Society of Kenya April 2003 to April 2005.
- Chairman of the Surgical Society of Kenya April 2005 to March 2007.
- Ex officio member of the Surgical Society of Kenya from March 2007 to date.
- Member of the Association of Surgeons of East Africa 1989 to 1997.
- Fellow of the Association of Surgeons of East Africa 1997 to date.
- Association of Surgeons of East Africa, council member representing Kenya, December 2004 to December 2006.
- Member of the Kenya Medical Association.
- For the three Pan African Organisations, positions held that of member.
- President elect of the Pan African association of surgeons, December 2014 to December 2017.

FELLOW OF COLLEGES:

- Fellow of the College of Surgeons of East Central and Southern Africa (COSECSA).

POSITIONS HELD WITHIN COLLEGE OF SURGEONS OF EAST CENTRAL AND SOUTHERN AFRICA (COSECSA):

- Foundation Fellow of College of Surgeons of East Central and Southern Africa.

- Country representative for Kenya for the College of Surgeons of East Central and Southern Africa, March 2003 to December 2005.
- Member of the examinations committee for COSECSA. December 2004 to date.
- Member of finance committee for COSECSA.
- Assistant chairman to subcommittee for the MCS examinations, December 2004 to date.
- Treasurer of the College of Surgeons of East Central and Southern Africa. December 2005 to December 2007
- Secretary General of the College of Surgeons of East Central and Southern Africa. December 2007 to date
- Vice President of the College of Surgeons of East Central and Southern Africa. December 2011 to 2013
- President of the College of Surgeons of East Central and Southern Africa. December 2013 to December 2015.

DEPARTMENTAL DUTIES (UON):

- Coordination of BDS teaching within the department of surgery from 1989 to 1994.
- Coordination and execution of BDS examinations within the department of surgery from 1989 to 1994.
- Organisation of MB, ChB clinical examinations 1990 to 1994.
- Assisting in coordination of the M. Med examinations from 1989 to 1994.
- Coordinating the M. Med dissertations for the department of surgery 1999 to March 2005.
- Coordinating the M. Med dissertations (second time) for the department of surgery, 2010 to 2012.
- Departmental representative on the College Postgraduate committee. From 2002 to date.
- Departmental representative on the Faculty Curriculum Development Committee. May 2003 to date
- Acting Chairman, Department of Surgery March 2010 and December 1st to February 1st 2010.
- Chairman, Department of Surgery March 2010 to September 2015.

OTHER SCHOOL DUTIES (UON)

- Chairman of Undergraduate School (of Medicine) Curriculum Committee, January 2007 to date.
- Member of the Kenyatta National hospital, University of Nairobi Research Committee, December 2011 to date

- Member of the Kenyatta National Hospital/University of Nairobi Scientific and Ethics Committee

DEPARTMENTAL DUTIES (MASENO):

- Chairman

ACADEMIC APPOINTMENTS OUTSIDE UNIVERSITY OF NAIROBI

- **External examiner** in general surgery for fourth year medical students, Moi University from 2006 – 2009
- **External examiner** in general surgery for final year medical students, Dar Es Salaam University from 2007 – 2009.
- **Visiting professor in Cardiothoracic Surgery** to the University of Malawi from August 2006 to October 2010.
- **External examiner** for Master of Medicine Examination at University of Addis Ababa. August 2012
- **External examiner** for PART II Fellowship Examinations of The West African College of Surgeons, Ibadan, October 2013
- Member of the **editorial board of the Annals of African Surgery**
- Member of **steering committee of the Nairobi Surgical Skills Centre (NSSC)**, 2012 to August 2015

HOSPITAL DUTIES (KENYATTA NATIONAL HOSPITAL):

- Honorary Senior Registrar, 1993 to 1997.
- Honorary Consultant in Cardiothoracic Surgery, 1997 to September 2015.
- Member of the Kenyatta National Hospital Scientific and Research Committee. 2007 to September 2015
- Member of the Kenyatta National Hospital, University of Nairobi Medical Advisory Committee (MAC).
- Member of the Kenyatta National Hospital, University of Nairobi Ethics and Research Committee, December 2011 to September 2015.

HOSPITAL DUTIES (JARAMOGI OGINGA ODINGA TEACHING AND REFERRAL HOSPITAL):

- Honorary Consultant in Cardiothoracic Surgery, September 2015 to date.
- Chairman of Ethics and Integrity committee

OTHER DUTIES/CONSULTANCIES

- Member of the Medical Practitioners and Dentists Board subcommittee on Continuing Professional Development from 2006 to date.
- Resource person for the Commission for Higher Education 2009 - 2013

- i. Review of undergraduate medical curriculum for Uzima University College, Kisumu for the Commission for Higher Education December 2010.
 - ii. Accreditation visit to Uzima University College, February 3rd 2011.
 - iii. Review of undergraduate Bachelor of Medicine and Bachelor of Surgery degree programme for Methodist University.
 - iv. Accreditation visit to Kenya Methodist University by curriculum accreditation committee of CHE on 6th September 2011,
- Resource person for Commission for University Education.

RESEARCH FUNDING

As part of the RENGEM study brought in research funding to the University of Nairobi. Funding through Wellcome trust and project proposal written at the University of Cape Town, South Africa. Invited as principle investigator, Kenya a regional participant in study

COMMUNITY SERVICE:

- Public awareness campaign on heart diseases through the print and electronic media during month of August and September 2000 prior to the first World Heart Day.
- Public awareness campaign on heart diseases through the print and electronic media during month of August and September 2001 prior to the second World Heart Day. Screening for heart disease during second world heart day at the KICC, 30th September 2001.
- Executive member Hospital Hill High School PTA. Vice Chairman from September 1999 to 29th September 2001 and committee member 29th September 2001 to date.
- Board member of the Hospital Hill High School BOG from 2002 to date. Chairman of the BOG from 2009 to date.
- Surgical camp under the auspices of the Surgical Society of Kenya held in Narok District Hospital on 26th and 27th July 2002.
- Surgical camp under the auspices of the Surgical Society of Kenya held in Busia District Hospital, Alupe and Nangina hospitals on 1st and 2nd August 2003.
- Surgical camp under the auspices of the Surgical Society of Kenya held at the Kitui, Makueni, Marala District Hospitals and Meru Provincial Hospital in August 2006.
- Surgical camp under the auspices of the Surgical Society of Kenya held at the Kisii and Siaya District Hospitals on 31st August and 1st September 2007.

COMPUTER SKILLS:

Competent in the following programmes: Microsoft office applications, internet explorer, SPSS and others.

REFERENCES;

1. **Professor Peter A Odhiambo.** Professor of Cardiothoracic Surgery, University of Nairobi. P.O. Box 19676 – 00202 Nairobi.
2. **Professor Joseph Oliech.** Professor of Urology, University of Nairobi. P.O. Box 19676 – 00202 Nairobi.
3. **Professor Charles Omwandho,** Deputy Principal, Kirinyaga University

S.W.O. OGENDO.
21st August 2016.