



GENERAL
EDITION
60TH ANNIVERSARY

Interview with Dr. Olaleye Oladejo

(PhD, FRCS, MPH, MBBS (Ibadan)).
(Consultant Ear Nose and Throat / Head & Neck / Robotic Surgeon).



DOKITA: Good afternoon, Sir. My name is Adejinmi Oluwapelumi, currently serving as the Editor-in-Chief of DOKITA Editorial Board. It's a really great honor to be with you today. Congratulations on the award of the African Global Icon of 2024. You actually don't need much introduction, but for the people [paying attention] to us for the first time, I think [it'll be] nice to actually know who you are, Sir. Thank you.

Dr Olaleye: Thank you. Thank you so much for inviting me. I'm Dr. Oladejo Olaleye. I'm a consultant in Ear, Nose and Throat, Head/Neck, and Robotic Surgery. I work at the University Hospital of Leicester, United Kingdom. I'm an Honorary Associate Professor in the Leicester Cancer Research Center in the University of Leicester. I'm currently the Education and Research Secretary for Ibadan Medical Specialists Group-United Kingdom (IMSG-UK), and we've come along for the IMSG Symposium this year and to also commission solar panels for the students in the Anatomy Reading Room.

DOKITA: Thank you very much, Sir. Do you mind sharing your educational background, and your

journey to the top, and your choice of specialty?

Dr Olaleye: I went to Federal Government College, Ogbomosho. I finished in 1994. I got my admission to the University of Ibadan (UI), College of Medicine, in '95. I finished here in 2002. That's almost 22 years ago, a while ago, and what has happened since then has been an incredible journey. I've gone on to do my housemanship here in [University College Hospital] UCH Ibadan, I learned quite a lot.

My National Youth Service here [sic] was in Ebonyi state, and I had an incredible year. I ended up as the best [corps member] of the year, for serving the community. I did a lot of screening in the community for hypertension and diabetes, and set up drug revolving funds, reduced the rates of stroke and cardiovascular complications in the community. So that was a wonderful year. Then I went out to do postgraduate training in the UK. So, I spent quite a lot of time doing basic surgical training, core surgical training in London in those days, in St George's Hospital. That's where I started off with my core surgical training in cancer resource [extension], higher specialty training in the West Midlands Otorhinolaryngology Program.

Between my higher specialty training, I did a PhD, so I took some three years out to look at human papillomavirus epidemiology [and] epigenetics, to try and understand how the virus causes tonsil cancer. I'll be talking a bit about that tomorrow in the [IMSG] symposium. Once I finished that, I did two prestigious head/neck cancer fellowships, one in Norwich and the [other in the] Robotics Fellowship in Adelaide. So, I spent a year in Royal Adelaide Hospital learning how to use the robots to treat patients with cancers of the throat. It's minimally invasive, and it's a fantastic

people. I enjoyed studying with my friends – Oyewole Salako, Udemekiri Ekrikpo, Funmi Alonge, Kunle Lawal – those were some of the brightest in our set... Sunday Ekanem, Kunle Onalapo... we spent a lot of time studying together and going over Anatomy, studying Physiology. Somebody will cram something and come and talk to some of us, some of us would listen. It was that symbiotic working together with others that was something that I really enjoyed. When I was here, I found that there is strength in working with others, and not just in [a silo]. We've had a lot of incredible



technique. I was appointed a consultant in Leicester in 2020. We've set up a robotics program now in Leicester, which is great. I lead the research for head and neck cancer with the University of Leicester as well, because I think it's important to find better treatments, diagnostics, follow-up, therapeutics for patients. So, it's been an incredible journey which took its path through the College of Medicine, University of Ibadan.

DOKITA: Thank you so much. Thank you very much, Sir. You were trained in the University College Hospital. How much has the training experience in UCH contributed to your success?

Dr Olaleye: I think training in Ibadan gave me the foundations I needed and have built upon over the years. We've had fantastic lecturers. It's a great environment to learn. It builds stamina into you, and you're able to work [with] a world-standard curriculum. And that's why Ibadan graduates, wherever you go in the world, you're one of the best. Don't ever forget that. When I was here, I had a community of friends. It's important that you learn to work with other

teachers here in UI and in UCH over the years, and they taught us a lot about dignity for patients, and then they taught us about hard work, and all of those things have helped me in my journey to the top.

DOKITA: I think I can actually relate very much to that. Thank you very much, Sir. Sir, so how has it been, being a member of the prestigious [Ibadan College of Medicine Alumni Association] ICOMAA and the Ibadan Medical Specialist Group?

Dr Olaleye: Well, thank you for that. I think it's important to work in a community. I'm all about community, and I think, again, the alumni community, Ibadan College of Medicine, Alumni Association, ICOMAA; the Ibadan Medical Specialist Group is a UK group, and I'm part of those two groups. I'm currently the education and research secretary for IMSG UK. So, we are giving back. We come every year. We organize a symposium. This year we'll be talking about strengthening primary care services in Nigeria. You're able to do a lot more in an Alumni Association, and when you leave school, you want to keep those friendships and those bonds... those bonds will never

break. The fact that you've come through Ibadan, your friends, you will be friends forever. And it's important to then tap into that friendship to do greater things: to impact on the next generation coming after you, to try and improve education, support research, support projects; help the institution in any way you can. It's more about giving back. And I think those are platforms that allow us to do that. To look back and to say, how can we make the road easier for the next generation? How can we work better for Ibadan? So, yeah, it's great being part of ICOMAA, part of IMSG UK. IMSG UK has a solid track record over 30 years. IMSG has been doing symposiums since even when I was a medical student here. Seeing people come is inspiring, even for me [then] it was, to see, you know, [Dr.] Adeyanju, come from the UK, and at that time he was talking about laparoscopic surgery for urology cancers. I thought, you know, wow, I can do that, I can be like that, you know. I think it's been great to be part of alumni associations that are committed to giving back, that have shown a track record and that genuinely care about student welfare and improving medical education.

DOKITA: Thank you very much, Sir. Thank you for having you with us. So, what was the driving force [that drove you] to otolaryngology and Head and Neck Surgery, and how has the journey been so far?

Dr Olaleye: I care about people, and what drives me is making a difference in people's lives. I look after patients who have cancers, and often it's a very difficult journey. Cancers can be a challenging thing to accept or to treat, particularly in our culture where there's a lot of silence around it but it's okay for people to speak up and to be treated. So often, when I meet patients, it often feels like their world has come to an end, and it's important to give hope. And in those darkest moments, I'm able to say, "yeah, you got cancer, but I can do something about it. I can help you. I can operate on this." Sometimes we can't do anything about it. Sometimes, patients need to have radiotherapy or [chemotherapy], and sometimes we can't even treat them at all. So, for me, it's about being a bright hope in those darkest moments when patients have cancer. So that's what drives me. It's long hours, it's complex surgery, but when it's all done, I can restore the patients back to their families, and they can go back to their jobs and their livelihoods and their loved ones. It's a real difference.

[As for] otolaryngology itself? When I started my

DOKITA FACT

“This was my very first publication and it was with Mr Awojobi in Eruwa (of blessed memory) during my community medicine posting as a medical student there.

I wanted to understand the causes and trends of mortality in the region as there were so many infective conditions and our people died from these and road traffic accidents. It set me on my journey in academia with a greater resolve to try and improve outcomes and prevent diseases.

21 years later, God continues to grant me strength in reducing health inequalities amongst communities and raising awareness of preventable conditions.”

Dr Olaleye Oladejo

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training in St George's Hospital in London, I worked with some fantastic people. [Dr.] Tunde Odutoye, he's a head/neck surgeon in St George's. So, he's a mentor. It's important to have mentors, I think, in your journey. So, I was doing a clinical observership with him at the time. It just means, I was supporting in theaters, clinics. I wasn't paid for any of that, but I kept applying myself, and I started to learn a lot of complex anatomy in the head and neck, and every nerve and every blood vessel and what it does. It was incredible. I was like, wow. So, when eventually a job

came up in St George's, I applied, and I got the job. So that's how I got my first job in the UK, after doing, you know, several months of just observership. I say this so that everybody understands that there will be seasons when it doesn't seem like things are going your way. There'll be seasons when people see the glory, but don't know what your story is. So, there were times when I was doing unpaid jobs and where I kept improving myself, and whilst I was waiting for my job to come. I was doing exams. I was passing the roll call exams. I started doing the Masters in the UK. I kept improving my CV. So, when the opportunity came, I went into the interview and I said, you know what, I'm every single thing on this job description. And they gave me the job. So, it's about God opening doors for you, but you have to apply yourself. You have to work through the dark moments and moments when nothing is happening. So yeah, my faith keeps me going, my commitment to patient care and my belief that you can make magic happen even when nothing is happening. You know, when you plant a seed in the ground, sometimes you don't see it, you don't see anything happening for the first couple days. Nobody knows you're there, nobody is interested. But then suddenly you break out, right? You keep watering your dream. You keep working at it. You keep doing all you can, even though it seems like nothing is happening. If you do that, you eventually break through.

DOKITA: That strikes many chords. Sir, I would like to ask, what's the most interesting thing you're working on right now?

Dr Olaleye: Okay, so I get to do a lot of head and neck cancer research, and I work with the Leicester Cancer Research Center in University of Leicester. I have started doing some research into developing a new robot, adapting a robot with Rolls Royce, which is huge. The Rolls Royce group have a robot called Cobra. It's like a snake, so it's a cobra, so it glides and it bends, and it stays where you bend it. The critical thing here is that they use it for aerospace engineering. They use it to go into aerospace engines and it welds metal. I came back from Australia. I went to learn robotics in Australia. I said to the Rolls Royce team, can I come and have a look at this? And [they] said, Yeah, you know, come and have a look. We spent several months working together. So, I've been working with them to put the arms onto the cobra, put the camera where it should be for me to operate on cancers. It helps me in the difficult anatomy in the head and neck, so it can glide through the back of

[the] tongue, to the voice box, and it's flexible, and it stays there. Watch out for the Cobra. You can Google the "Cobra robot", and you would, you would see what Dr. Olaleye's been doing there. And but again, that came out of thinking, how can I make this better? Who can I work with? So be keen and collaborate with other people. Try and find what your skills [are, and] how your skills fit. It's almost like Robotics Engineering, Medical Engineering, and that's a whole new field. So yeah, so that's something exciting I'm working on. And it was on the BBC recently as well. So, if you look up snake-like robots, hopefully in the next 10 years, you will see it.

DOKITA: That's exciting. So, Dr. Oladejo, do you mind giving us a brief overview of what robotic surgery entails and how robotic surgery has revolutionized Head and Neck Surgery?

Dr Olaleye: Thank you. So robotic surgery is minimally invasive, that means, for major cancers in the throat area at the back of the tongue, of your voice box, we don't have to split the jaw, so we just put the robot through the mouth. It has high-definition magnification, so it's almost like 10 times what I can see with my naked eyes. It's really, really sharp, so it amplifies the cancer to such an extent that I can see the cancer and I can see the margins, so I can get the cancer out more completely, and that impacts on survival. So that means if all the cancer is out, the patient is more likely to survive. It means patient would have a better quality of life; swallowing, speech. They would avoid radiotherapy and [chemotherapy], because at the moment, that's how we treat cancers of the head/neck area. We'd give them chemoradiotherapy for six weeks, and then they'd have problems [with] swallowing and [with] breathing, and [with] tiredness. If I can find early cancers; tonsil, tongue-based cancers, and I can offer them surgery, they avoid chemoradiotherapy altogether, and the outcome is better.

DOKITA: Okay, thank you very much, Sir. Yeah, so let's come back home now. So, you know, Nigeria has a great pool of diaspora talent. What are your thoughts on how the government can harness these Nigerian talents that are just scattered in different parts of the world? How can they harness them to improve the country?

Dr Olaleye: Nigeria has incredible wealth... physical

wealth, and also skills. And a lot of Nigeria's talents are right across the world, in the US, in the UK, Canada and the Middle East, everywhere, all over Africa. Ibadan graduates are everywhere, and we're doing great things. And I think it's important to understand that the vision is for us all to contribute to lift our healthcare up. I'm part of the Ibadan Medical Specialist Group, for example, and we're physically here in Ibadan giving back, organizing a symposium, helping medical education, teaching and training students on how to do research. So that is one way: the diaspora can contribute to medical education. I currently teach residents online, so we can teach using online platforms. And I've taught on how to do research, how to do an audit, talked about thyroid surgery, teaching UCH residents. And you've got the internet, you know, online platforms that can connect the world. [The world] is a very small place now, and someone in the US can teach Ibadan graduates or anywhere in the world. We can support with projects, financing and money. IMSG [does] that a lot. With projects, whether it's the solar panel project we've just commissioned today, or the preclinical library, which the IMSG built and refurbished, or helping with theater linen, which IMSG has done in the past. So, there's lots of things that we do. The other critical thing that we do is scholarships. We give scholarships to indigent students, and IMSG supports about 16 scholars, and same with my class of 2002 – we call ourselves POUCH 98. We support indigent students as well. There's a lot that the diaspora can do, and the alumni associations help to harness all of that. Yeah, ICOMAA, IMSG, we come together. I'm aware that the government had been reaching out to the specialists in the diaspora. I've attended a couple meetings [where] they've explained their vision to try and bring everybody together to help with research. There are committees set up to help research, help with medical education, help with collaborating, to improve skills, run courses, training. So those are all the things that I'm about, and IMSG is about, and I think we can bring all those parts together in the diaspora.

DOKITA: Very good, Sir, very good. I would like to know, you know, we're in this serene environment, of, you know, [the] physiology [department], you know, we have [the] anatomy [department] just behind us...

Dr Olaleye: Just, yes, it's great, it's great. It's brilliant to be back in this environment. Actually, I remember [the departments of] anatomy, biochemistry, physiology. I

remember these hallowed halls, so it's good to be back here, actually.

DOKITA: Yes, Sir. So, as I would like to know what was your favorite preclinical course?

Dr Olaleye: Alright, okay, I enjoyed anatomy, and in particular, head and neck anatomy, believe it or not.

DOKITA: So, at [that] point, it was like love at first sight?

Dr Olaleye: Well, you know, okay, I'll tell you a story. So, we had done a lot of the other anatomy sections, you know, abdomen, thorax, upper, lower limb. We'd done all of that. And the head/neck was one of the last ones before the exams. And there was a lot of material to cover, a lot of foramina to learn. About what goes through, you know, foramen rotundum. What goes through, you know, the [foramen] ovale. Should I be asking you questions, to put you on the spot now. Okay, where does the middle meningeal artery go? What [is] its course? What does it [innervate]? So, I really, really enjoyed looking at the complexity of that and studying it. Before we could get to it [in class], there was [an industrial] strike [action]. So, my group of friends and I, [Drs.] Oye [Salako], Udeme [Ekrikpo], Kunle [Onalapo], Sunday [Ekanem], we stayed in school. And I remember studying a lot to come around these areas. We go to the reading rooms in the halls. I was in [Obafemi Awolowo Hall], but I would go to [Nnamdi Azikiwi Hall] and [Independence Hall] where my friends were. We'd sit down, read through the night. We would then come back the next day, sit down. We'd [delegate topics]. You would read one bit, you would read one bit, and then everybody sort of chips in. We'd go through questions. And during that time, when there was a strike, we were just doing that. I got to lead the head and neck anatomy section, so I knew the thing inside out. Fast forward 22 years, and I'm a head and neck surgeon. Actually, what you do now, the seeds you're sowing now, you never know where it will grow. I get up and I enjoy going to work. I enjoy the complex head/neck surgery that I do, and I know where the nerves and the blood vessels and everything [are], not just from [the College of Medicine] Ibadan's anatomy [lectures], but because I interact with it on a daily basis. So, find what you enjoy doing: physiology, biochemistry, whatever it is you enjoy doing, public health, when you [cross over to Clinicals], obstetrics, surgery, medicine, and go for

it. We can't all do the same things. Important thing is, what do you enjoy doing? And apply yourself.

DOKITA: Wow, insightful. So, do you have any memorable events from [your time in] UCH and Alexander Brown Hall, when you were a student, walking through the corridors of the mighty UCH, laying it down on the city of the brown roofs. So, do you have any memory of events, from ward rounds [for example]?

Dr Olaleye: Yes, oh yeah. I remember the ward rounds, because a lot of the times you might approach it with a fear that, oh my God, what might possibly happen here? We would go to the bedside, and our consultants will ask us questions, and they'll go through one person [and the next], and then you'd think, oh my God, it's going to be my turn next. I hope I can, you know, get the answer. And I remember, well, in surgery [posting], we had some brilliant lecturers. [Dr. Olusola] Oluoluwa Akute was one of our surgical teachers then. You dare not come late for his ward rounds. And, he turns up nicely, dressed up with his bow tie, stands by the patient's bedside and starts asking us [questions like], "what are the causes of jaundice, obstructive jaundice" and "were you in Honolulu when I was teaching this?" It was quite fun. And there was this particular day [when] I was the captain of my group at the time, and... normally you would assign patients to each person so that they can present at the ward round. So, I thought I'd done that, and then I turned up on the ward round the next morning and there were like, three patients unclerked who nobody knew who they were. And I was thinking, how did that happen? So, it's because they had been admitted overnight. So, you can imagine when [Dr.] Akute comes to ward round, says, "whose patient [is this]?" And everybody's like, I don't know. [He would then ask,] "Captain, where are you?" So, I step forward. [He then asked,] "Who is this?" I was staring at the patient. The patient had

a drain, so I was looking at the patient, looking at the drain, and he said, "Why are you staring at it like that? Do you think it's blackcurrant!?" I have to say, so for me, that taught me a lot of diligence, and whether it's daytime, nighttime, whatever it is, the bar is high, and make sure you're interested enough in the patients. There was an episode when I was doing a bit of neurosurgery with Prof. [Adefolarin] Malomo, and there were patients on the ward. Some of my colleagues [and I] hadn't seen the patients, and then we turned up for ward round, and after he asked a couple of us a few questions... "whose patient is this? Do you not know this patient?" He said, "right, everybody, leave my ward round now – I don't have guinea pigs to teach you guys with. You have to be interested in the patient enough to know who they are, to ask them questions and to come here, look through the notes and speak to them." And I learned a very important lesson that day: it's about the patients. It's not so much about your clerking or whether you got something right or not. Take a genuine interest in the patients. There's someone there. [Think about] their families. Think about how you can help them. I think it's important to have that mindset when you're managing people. So yeah, those are my experiences.

DOKITA: Thank you so much. I cannot [overemphasize how much] I appreciate [you], how grateful I am to actually [meet you]. Thank you so much, Sir.

Dr Olaleye: It's been a pleasure. Thank you so much for having me and all the very best to all of you [students]. We were once like you. You can be anything in the world that you want to be. Follow your dreams. Work hard for it. Believe in yourself, work with others, collaborate. You will do great things. It's been a pleasure. Thank you so much for having me.

DOKITA: Thank you so much. Thank you Sir.

