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**Report of International Fellow of International Council of Coloproctology**

I want to express my deep appreciation to the Executive Council of the International Council of Coloproctology (ICCP) and the American Society of Colon and Rectal Surgeon (ASCRS) for the privilege granted me to benefit from the 2013 International Fellowship programme of ICCP. The fellowship afforded me the opportunity to attend the 2013 Annual Meeting of the American Society of Colon and Rectal Surgeons, as well as to visit three leading colorectal units in United States of America.

The annual meeting of ASCRS was highly educating. I was able to attend Endorectal Ultrasound workshops, Meet the Professor' breakfast meeting and as many symposia as possible. Most of the symposia dealt in detail important clinical questions that confront young surgeon like me lacking answers. The symposia on worst cases was highly illuminating. It made me realize that difficult cases have no boundary. The important thing is to follow the principle. The exposure, no doubt, has significantly increase my knowledge base needed to influence my decision making in subsequent cases. The ongoing Video display were well selected and quite helpful.

After the meeting, I started my visit at the John Hopkin's University (JHU), Baltimore, Maryland. I was warmly received by the Faculty Staffs at the Colorectal Unit of the hospital lead by Dr Jonathan Efron. During this two week visit at JHU, I attended all the grand rounds, some clinic sessions, theatre sessions and the simulation laboratory. The most interesting thing about my visit was the readiness of the Faculty staff to answer my questions on thromboprophylaxis in colorectal surgery, decision making in complicated cases, stoma or no stoma and where to the place stoma, conventional open surgery and minimal access surgery – where is the limit. I am deeply grateful to the Faculty staff who did their best to respond to my questions despite their busy schedules. Large referral of complicated and redo cases to the hospital afforded me great opportunity to observe large a number of open surgery cases.

Having received a solid foundation at Hopkins, it was not too difficult for me to settle in a busier colorectal unit in Cleveland, Ohio. After the academic meetings in the morning, I spent most of the time in the operating room. I gave observation of surgeries on benign lesions a priority. Despite the less personal touch to the visit as I experience in JHU, I was able to maximize the visit and also to improve on the basic skill in the hospital simulation lab.

I ended the visit at Memorial Sloan Kettering Cancer Center, New York. My focus was observation of management of cancer patients. The rich multidisciplinary meetings and research meeting was quite revealing. The vast application of technology to the practice in the hospital help to chart a long-term focus for my practice in Nigeria.

The two-month visit was no doubt eventful. I am sure my practice cannot be the same again and the joy is that my patients have a better surgeon to help them.