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ASCRS International Traveling Scholarship Report 2016

India is a vast country with a population of 1 billion. We see a wide variety of colorectal diseases in our country, both benign and malignant. Benign diseases include haemorrhoids, fistulas, pelvic floor disorders including prolapse, and IBD cases. Colorectal cancer, although not very common in the country currently, is on the rise and we are seeing a different subset of population with 30% of patients under the age of 40 years.

Colorectal surgery is an upcoming branch in our country and is currently a part of GI sciences in the teaching hospitals. There are less than 15 centres with a dedicated colorectal unit and even fewer than that are in the teaching hospitals. Although the case load is there the training in colorectal surgery specifically is lacking in my country.

Colorectal surgery practice in the U.S. is a specialised branch with doctors who are specifically trained in the field. In India it is still a part of the GI sciences and is still a developing field with minimal training opportunities.

Patients in India see more cost restraints and lack of educational opportunities regarding these diseases.

The spectrum of diseases that seen in the U.S. is different. For example, diverticulitis is not common in India. Rectal prolapse is more common in young adult males in the country, which is not the same in U.S. The colorectal malignancy cases we see are often stage II/III as there is no screening programme in India as in the U.S.

Attending the ASCRS Meeting was a wonderful experience. In addition to the scientific knowledge and newer advances in the field, it was a good opportunity to make new friends and contacts.

The workshops and sessions that I attended were very helpful. The Norman D. Nigro lecture was an eye opener for me and I was really impressed with the work being done in watch and wait policy in rectal cancer management.

Of the many procedures that I was able to see while in the U.S., the maximum benefit was seeing the laparoscopic hand assist procedures which we do not do in our institution. This is a good way of doing a minimally invasive procedure faster and helps in saving theatre time.

Pelvic floor surgeries, ventral rectal prolapse repairs, HIPEC and DGHAL are also some surgeries I was looking forward to seeing as these can be implemented easily in my country and I will definitely start doing them in future.

I have already changed my practice by starting to give perianal blocks which I saw in the U.S. and was quite impressed with the post-op results.

I think this is a wonderful opportunity being given to young colorectal surgeons from around the world to get an insight into colorectal practice in U.S.

I hope this programme continues for many, many years to come to benefit future colorectal surgeons. Thank you once again.

One Year Later

It's been more than a year since my travel to the USA on the ASCRS Travel Scholarship. It was a memorable experience for me. After I came back, my practice has changed as per what I saw during my stay there. I have tried to incorporate slight modifications in keeping with our practice in India.

Pain management in proctology cases has become an integral part of my practice. I have also started doing more minimally invasive procedures and have become more open to learning newer and improved techniques.

I would at this point like to share some important milestones in the last year. I have shifted from Christian Medical College, Vellore, to my hometown, Kolkata. I am currently doing a GI-HPB fellowship at Tata Medical Center, Kolkata, West Bengal, India. The shift was to pursue my ultimate dream to step up a good colorectal unit in my hometown.

I also felt a need to improve my understanding of the upper GI and HPB anatomy in order to improve my skills in doing CRS + HIPEC. During the last year I have been able to improve upon my laparoscopy skills, have done more independent procedures and also operated on recurrent rectal cancers. I was also able to do a CRS + HIPEC operation independently and look forward to doing many more.

As the current set up I am working in mainly caters to oncology, I miss doing benign work. The bulk of my work is colorectal oncology currently. I have done/assisted more than 150 oncology operations since August 2016 at the current centre. I was also fortunate to be a part of robotic surgeries at our centre and hope to master the technique one day.

I was invited as a faculty in the National colorectal conference of India (ACRSICON 2017) held at Coimbatore. I also had an oral presentation at the annual conference of the Indian Association on Surgical Gastroenterologists held at Puducherry, India.

The Travel award has helped me grow as a person, which has also helped me professionally. I feel more confident in what I do and always try to improve myself. My counselling regarding operations and one to one talk with patients has improved significantly.

We are also trying to formulate guidelines to see if we can start a watch and wait policy for rectal cancers at our institution.

I must admit though that it is difficult to incorporate many things that I saw during my travel as one of the important limitations of health care delivery in our set up is cost. This is because most our patients have to bear their own medical bills and do not have insurance. Overall, I see a definite improvement in my colorectal practice since my visit.

I would like to thank ASCRS once again for the award.