ZAHEER MOOLLA, MD, SOUTH AFRICA

ASCRS International Traveling Scholarship Report 2017

South Africa has a huge divide between state and private health care. In the private sector, surgical care, i.e. surgical equipment and oncological therapy, is comparable to what is found in developed first world countries. In government's state sector, however, major deficiencies exist particularly when trying to obtain proper surgical equipment to perform colorectal procedures. These include gloves, sutures, stapling devices, stoma bags, retractors and so forth. Furthermore, oncology services are under severe pressure with shortages of staff and machines resulting in long and unacceptable waiting times for patients. Sub- specialty training is still in its infancy in South Africa and a limited number of centers have formal programs resulting in 1-2 colorectal surgeons qualifying annually. Visiting the various institutions helped me appreciate the state of healthcare in South Africa, both in terms of hospital infrastructure, training programs and overall quality of care for colorectal patients. Acceptance of subspecialists in South Africa is also a problem and recognition of HPB and colorectal surgeons has not fully integrated within surgical departments and the private sector. By interacting with some leaders in the field, I was able to obtain ideas and methods to improve this specific problem.

The practice of colorectal surgery among colorectal surgeons in South Africa is very similar to what is being practiced in the U.S. Open and laparoscopic surgery predominate on the West coast as it does in South Africa. Robotic surgery has not taken off in Seattle nor Portland, similar to the situation in South Africa. In the private sector of South Africa, the type of surgical procedures, equipment and workup is comparable to that being done at the University of Washington and Oregon Health and Science University. The notable difference is that patients in the private sector are not discussed at a tumor board meeting. This is being done in the South Africa state sector; however, as pointed out above, the state has other major limitations to deal with. In the South Africa state sector, there is a high burden of colorectal and HIV associated colorectal diseases. The relative shortage of general and colorectal surgeons means that patients in South Africa wait longer periods to surgery and have shorter time spent in consultation with clinicians. Another difference in South Africa is that colorectal surgeons are also expected to perform general surgical procedures as part of their practice both in state and private, compared to colorectal surgeons in the U.S. that are exclusively colorectal surgeons.

While in the United States I observed several procedures. The ones that will have the greatest impact on how I practice are Pouch surgery and redo pouch surgery, especially in the setting of complicated IBD, robotic hernia surgery, Watch and Wait for rectal cancer, oncology strategies and surgical site sepsis prevention and management.

The ASCRS Annual Meeting is a truly comprehensive colorectal meeting, often spoilt for choice on which session to attend. As a colorectal surgeon, most of the sessions were an experience of the American approach to various colorectal conditions. Being exposed to "gold standard"/alternate ways on how we

conventionally manage patients in South Africa was invaluable. Transanal colorectal procedures, taTME, the talk by Dr. Hompes on the learning curve and training programs for taTME were major highlights of the meeting for me and definitely something that I will share with many of my South African colleagues. I also learned that controversies being debated in colorectal disease management in South Africa are controversies worldwide and that sometimes no clear algorithm of management exists.

The ASCRS app was also helpful and something I wish to introduce at our meetings in South Africa. The availability of the Powerpoint talks on the app was extremely useful particularly for missed references and knowledge sharing.

The meeting allowed me to interact with leaders in the field of colorectal surgery from around the world. I will provide feedback regarding the ASCRS congress and scholarship at the next South Africa Colorectal Society (SACRS) meeting in September, 2017.

The level of professionalism throughout my stay in the U.S. and at the meeting was commendable. It's a part of medical practice that many centers in and some outside of South Africa are beginning to neglect.

My sincere appreciation to ASCRS and deep gratitude to the International Committee. The scholarship is truly one of the best available worldwide. Great communication and organization from ASCRS Staff ensured that the trip was without glitch.

I suggest that a research component be introduced into the scholarship in some way. Furthermore, if the number of awardees could increase (if possible) in order for more young colorectal surgeons to be exposed to centers of excellence and a world class congress!