



**Ayesiga Herman, MD, Tanzania**

### **ASCRS International Traveling Scholarship Report 2017**

My name is Dr. Ayesiga Herman and I live in Tanzania. After completing my medical school and internship, I worked for one year in the general surgical department, after which I joined the residency program for four years. Following this I was awarded a master in medicine for general surgery (MMEd G/surgery). I have been working as a general surgeon for two years now. I want to train as a colorectal surgeon and will need to find training opportunities with scholarships and sponsorships. My goal is to spearhead colorectal services in the country by creating awareness, and initiating collaborations and partnerships in research and training of our junior colleagues for this highly needed specialty.

Surgical training in my country usually follows a period of working as a registrar where one has been exposed to surgical conditions, usually in the district hospitals from which one can join the residence programs. During the residence program, one is developed as a general surgeon. Colorectal surgery is just a part of what a general surgeon is expected to be conversant with at completion. Currently there is no colon and rectal surgery specialty as an independent entity.

We have a health system that is structured into five levels of health care services, starting with dispensaries, health centers, district hospitals, regional referral hospitals and zonal referral hospitals. We have four zones and I am working at one of the zonal referral hospitals. Patients may be attended to at dispensary and health centers and those with simple surgical cases may be handled at district and regional hospitals. Others that require a specialized care are usually referred to zonal hospitals. At health centers and dispensaries patients are treated by clinical and assistant medical officers. Properly trained general surgeons are at district levels, regional level and at zonal levels.

The funding of the health system is largely by the government through the health budget. There are health insurance plans, but the majority of people are not insured. Also, both private and public sectors participate in the provision of health care. We have a wide variety of colon and rectal diseases. According to what we observe at our hospital and the published studies from different centers in the country, more than 90% of the patients present late. This is more often in patients with colon and rectal malignancies, which have been on the rise in the recent years.

In our country, colorectal diseases are widely managed by general surgeons. Training for colorectal surgery is not offered as a specialty of its own by most of the colleges in our country. Therefore, colon and rectal diseases are considered in the general pool with other surgical diseases. With the already over-stretched system due to a large burden of surgical diseases, this makes colorectal diseases lack emphasis.

From the visit I made to the ASCRS Annual Scientific Meeting, it's clear to me that we need to have more emphasis on colorectal diseases and embark more on research and training into this field.

There were a lot of educational sessions and I learned about new updates in management of colon and rectal diseases that will be beneficial to me and my colleagues in my center. The annual subscription to the *Journal of Disease of Colon and Rectum* will help me disseminate the knowledge, through teaching and journal clubs. I believe this will build our capacity in managing these diseases, ignite our minds into research and emphasize on further training in this field.

I would like to thank the International Committee for the opportunity for the award and their excellent arrangements. Special thanks to ASCRS staff for their tireless coordination of my visit. It was made smooth and enjoyable.