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ASCRS International Traveling Scholarship Report 2016

One of the biggest challenges in managing colorectal conditions here in the Philippines is the inability to provide the ideal and standard of care, mainly due to financial or economic reasons. Although third-party payers are becoming the trend, there are still many out-of-pocket payment situations, and these sometimes hinder the availability of basic healthcare and treatments. Related to this is the lack of modern equipment that will help in the management of these diseases.

Another challenge is the inadequate training of specialists and allied medical professionals related to colorectal surgery. Although I believe our training programs meet the standard requirements, more extensive or in-depth exposure to emerging advancements is needed.

Admittedly, research output is also scarce, owing to the same reasons mentioned above, and this contributes to lack of knowledge of our own country's prevalence and trends about disease.

My visits to institutions in the U.S. were beneficial in that I had the opportunity to learn about how some colorectal conditions are managed in the ideal setting; at the same time, it gave me some insights into how we can achieve the same goals given our own limitations in funds and equipment. It also made me realize which areas I have to improve on and what aspects I would still like to receive additional training. In the same way I would like to push for other medical and nursing professionals to receive the necessary training, in order to achieve that multidisciplinary approach.

The payment system in the Philippines sometimes dictates to what extent treatments can be offered. Open surgeries are still very common, although laparoscopy and robotics are available, because patients would choose the cheaper option or because health maintenance organizations or insurance companies will not cover minimally-invasive procedures.

Also, regarding pelvic floor disorders specifically, there is still no multidisciplinary approach and I feel that we do not take advantage of conservative treatments enough.

During my visit to the U.S., my focus was on pelvic floor disorders, so I sought out procedures, both major and minor, that relate to them. I was happy that I saw many rectal prolapse procedures, some of which we are doing, but I picked up some tips and tricks that I would like to try out. My goal is to be able to do a robotic ventral mesh rectopexy, which is why I am now pursuing getting a certification course for robotic surgery. Of course, we can probably attempt to do the laparoscopic approach for now.

I also observed some sphincter repair procedures, which are probably the most feasible treatment strategy we can offer at present, seeing as sacral neuromodulation is not yet being

done in the country. Regarding SNS procedures, I will start exploring how we can start doing this in our setting.

One of the outpatient procedures I observed was the injection of Botox for anal sphincter spasm. This would be a viable option for those who can afford it. I was also able to spend some time with biofeedback nurses and pelvic floor physical therapists and it was a very educational experience. I hope we can have our own trained professionals for these.

The biggest impact for me is the different management strategies in pelvic floor disorders (fecal incontinence, constipation and other defecation disorders, and rectal prolapse/intussusception) that colorectal surgeons may not be even aware of, or are not offering. Also, since we know very little of inflammatory bowel disorders, that is also one topic that can be very useful for us.

I would like to say I am very honored and grateful to have been given the chance to go on these observerships that wouldn't have been possible had I tried to venture on it on my own. The surgeons I visited have tried to accommodate me as best they can, going out of their way to let me observe the things I had set out to see on this trip. It was truly a most memorable and insightful experience.

One Year Update

In the year following the receipt of the ASCRS Travel Scholarship, I think the experience has helped me bring awareness about pelvic floor disorders among fellow surgeons and medical practitioners. When I came back last year, I was asked to share about my experience rotating with centers in the U.S. at the quarterly general assembly of the Philippine Society of Colon and Rectal Surgeons (PSCRS). I felt that it sparked renewed interest in pelvic floor disorders, when in recent years it has been relegated to gynecologists and gastroenterologists. Worse, patients' symptoms have been dismissed as non-life threatening and something they can live with, in contrast to being cured for cancer, which is of course, still the primary priority. Now we understand that colorectal surgeons should also be at the forefront of these situations.

Since then, with the U.S. exposure as well as previous training opportunities in Italy and Singapore, I have received referrals from colleagues, and I have helped manage some patients with pelvic floor dysfunction. We have recently acquired anorectal manometry and biofeedback machines in the two hospitals I am affiliated with, The Medical City, a private hospital, and Philippine General Hospital, the national university hospital. We are now able to offer these modalities to both private and charity patients, and it has helped us treat these patients. I do admit I'm in the learning curve of both performing and analyzing these exams,

and one of the drawbacks is that we haven't figured out the workforce needed to help me run these equipment, because they're new and there's no previous technical training.

Aside from this, we do the other diagnostics, like the endoanal/endorectal ultrasound, transperineal ultrasound, transit marker studies, and occasionally pelvic MRIs. What we don't have are the defecography or the dynamic MRI studies, so we've had to adjust and rely on other tests. I've also applied most of the conservative measures that I've learned from the surgeons at Cleveland Clinic and the Pelvic Floor Center in Minnesota, which I've found alleviates some of patients' symptoms and they're already happy with it, surprisingly.

In addition, I have been asked to speak in several forums and conventions about related topics, albeit still with very little local experience. But my mentors, the senior colorectal surgeons in the hospitals, and my co-fellows in the PSCRS have been very supportive of my work and they actively seek cases they can refer to me and further my growth. They've endorsed me as a pelvic floor specialist and given me avenues to promote my cause. In the PSCRS annual scientific meeting last March, I was the organizer of the Anorectal and Pelvic Floor Ultrasound Pre-Congress Workshop, with my previous mentors Prof. Guilio Santoro and Dr. Mark Wong as expert speakers/facilitators. I do hope I can also invite my American mentors in the succeeding congresses. In the coming months, I will also be participating in several post-graduate courses and the Philippine College of Surgeons annual convention.

I'm grateful for this follow-up because it has also made me reflect on the past year since being awarded the scholarship. It really has been a great experience for me, personally and professionally.