U.K. Surgical Camp at B.K.L. Walawalkar Hospital, Dervan January 2020

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The team:

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The 'British Medical Team' B.K.L. Walawalkar Hospital, January 2020

I was very fortunate to have the opportunity to attend the B.K.L. Walawalkar Hospital, Dervan with the UK camp team who have been attending the Hospital and Medical School for a number of years as part of an outreach medical education programme and for specialist operative and anaesthetic input and with support from Urolink. The team consisted of a number of consultants and a handful of registrars as well as nurses and allied health professionals from all over the UK and from a variety of specialities. I joined the Urology Team which consisted of my consultant, one of our scrub nurses and a junior consultant currently working in Maharashtra. For a week the whole team stayed in the hospital accommodation, taught students and residents including a formal Basic Surgical Skills course and trained the theatre staff. Each evening the Urology team would do a ward round which consisted of patients who had travelled from far and wide to get specialist Urology input from the visiting team and the next day we would perform their operations.

In dribs and drabs through the night and early hours of the morning the UK team arrived and I started to meet people who had been going on this trip for years, almost like a pilgrimage, to help develop the hospital in Dervan which served a huge population of village dwellers in rural Maharashtra. Next came the adventure of getting to Dervan which is a small town 7 hours away

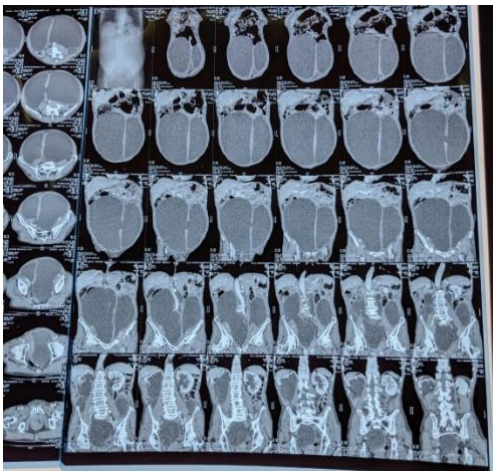
from Mumbai, guided at all times by the wonderful SVJCT gang. On the train we introduced ourselves and I was excited to hear from others about all the brilliant work that had been done by the camp in previous years from training scrub teams, fixing old, discarded machinery, drawing up plans to create a modern theatre and recovery set up, treating complex surgical patients and much more. On arrival at Dervan we were collected by a few cars and one huge, industrial truck filled with volunteers who live close to the hospital to help the UK camp workers with their bags. Another hour of travel on a very bumpy road, mostly still under development brought us to the impressive B.K.L. Walawalkar memorial hospital where we were warmly welcomed by the Medical Director and various members of the board and staff working at the hospital and medical school.

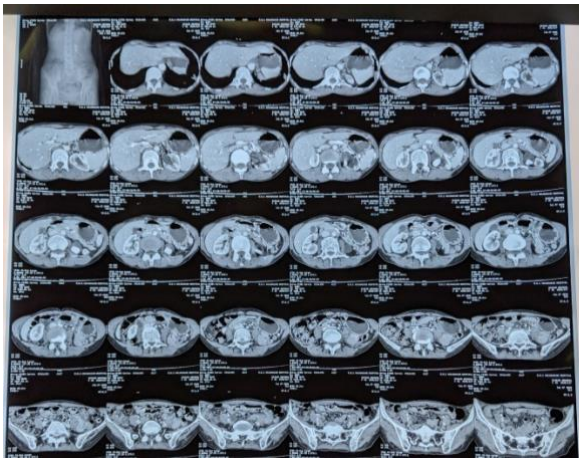
On our way to Dervan

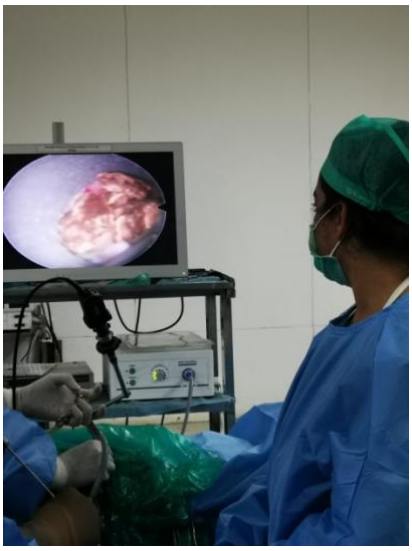
The next few days started with initial orientation around the enormous grounds of the B.K.L. Walalkar Memorial hospital and education centre. As the hospital had been built in an underdeveloped area, brilliant education facilities were established to help support the families of staff committed to working there. The hospital itself is a hub of activity with people waiting in corridors to be reviewed by doctors or nurses in huge open wards. The theatre complex is cleverly laid out to include separate theatres for orthopaedics, obstetrics, general surgery and Urology with a well-staffed recovery and facilities for staff to change and take breaks in, all separated from the main hospital to minimise any contamination from the outside into the operating theatres.

Our first night we saw 3 patients with large, complex stones and a patient who was catheter dependent requiring TURP. As in the UK, we spent time consenting the patients but I quickly got a sense that the more traditional style of doctor-led care of patients is what the patients are more comfortable with. However, the trainee surgeons were keen to work in a more modern way and their enthusiasm for practicing in a more patient-centred, holistic manner was clearly starting to change tradition. They keenly quizzed us on how things are ‘back home’ and we had many thought-provoking conversations over the days to come about the doctor-patient relationship, how different a public-funded healthcare system is and about surgical training. I was quickly impressed by the system that runs entirely differently to what I am used to in the U.K. where the notes and images are all on electronic systems, shared easily between hospitals and accessed on computers. In this hospital, the patient took full ownership of prints of their images and the medical staff would review

the images against a light-source at the patient bedside with the management plan decided there and then.







CT of stones and PCNL in progress

The next days of operating were busy with back-to-back cases of complex stones requiring ureteroscopy and lithoclast or PCNL, TURPs, TURBTs, urethral strictures requiring dilation, a large hydrocele and a chronically infected kidney for which the patient required open nephrectomy. The stone disease in these patients was noticeably different from in the U.K. The stones were often sizeable and, in many cases, PCNL was more appropriate for a shorter, more thorough operation. These decisions were often made after reviewing imaging alongside the Radiologist on site. For PCNL, the Urology team would form their own tract under USS guidance and the patients recovered well from the procedure, mostly leaving the hospital within 2 days after post-operative antibiotics and blood tests. I loved working in this environment where the Urology is essentially the same but all the equipment is slightly more out-dated. It was a reminder of how Urological practice has become so wonderfully advanced and of how we take for granted even simple things such as continuous irrigation during endoscopic procedures!

Sorting out irrigation in theatre

An intriguing aspect of the time I spent in Dervan was observing the post-operative recovery of patients that almost always had doting family members at the bedside, ready to help their loved ones with mobilising, washing and eating post operatively. The nurses were fantastic at encouraging the patients and their family members to work at recovering and getting out of hospital. This dynamic allowed for very effective medical care by freeing up the nurses to be a more active part of multi-disciplinary team looking after the patient.

I was fortunate to spend some time with some of the students and the residents at the hospital as well who were very motivated to learn and very knowledgeable. The team from the UK helped them with Basic Surgical Skills and management of common Urological conditions. We discussed the differences between the training systems in India and the UK, details of how we manage stones, cancers and I was interested to learn about how independent the practice in India is. We are fortunate in the U.K. to have systems in place to ensure quality and safety are maintained which has led us to sub-specialise. In India, as it is mostly a private health system where even the instruments, stone fragmentation devices etc are owned by the surgeon themselves, the surgeons need to be proficient in a huge variety of operations to treat their patients. Not only do they spend time learning how to do complicated operations, the trainees and consultants also learn a great deal about instruments, how to sterilise and optimise them, keep them in working condition for as long as possible and their day-to-day work also involves costing for these things.

Looking after endoscopic kit

Our role as the team of visiting Urologists was to clear the backlog of urological cases that had built over recent months as, with Dervan being so remote, the nearest Urologist was based 8 hours away in Mumbai. There had previously been a visiting Urologist from Mumbai who would come every few months, but not enough to manage all the patients fully. The patients would have ended up using a great deal of their savings to get to Mumbai for expensive stone treatment if it weren't for the camp and the work done by the Walawalkar Hospital and they were very grateful for the work done by the well-established U.K. camp team.

Whilst in Dervan I was lucky enough to do some visits to local towns and villages to learn about some of the customs and work being done in these communities. In one village we visited we were shown the different industries women have developed to earn money for their families and we were excitedly shown how to process mangoes to create and preserve 'amrus' (mango pulp), various pickles, wicker work and clothing. We were even taken to a ceremony for women at a local medical centre which is aimed at providing Women's Health services. The things we take for granted in the UK have been painstakingly thought-through by women that have had difficult births or have had to try to provide care for village-dwellers who have no real access to modern medicine or healthcare during the most dangerous times of their lives.

The short time I spent at the Walawalkar Hospital was an inspiring time for me. I was able to see how ideas can thrive and turn into magnificent units filled with people eager to learn and to do their very best in providing patient care. The teams working at the hospital were knowledgeable, keen to develop and were constantly re-evaluating their practice, teaching at the medical school and improving how they use the very limited resources they had at the hospital. Almost as a separate venture, the charity which had created the hospital had managed to create phenomenal athletic and educational facilities for the children of the hospital staff to use, which had developed into a powerful and well-respected educational institute in its own right. The medical and nursing students were all thoroughly excited to meet us 'foreigners' but it was truly endearing to know how even on the opposite side of the world, university is a time for making friends, forming relationships, establishing professional and personal interests.

On our last night we gathered together with the students and medical staff to celebrate the wonderful tradition of the U.K. camp, reflecting on how it had allowed us to develop new educational programmes and plans for the hospital and medical school. After a formal ceremony where we were each invited to shake hands with the medical director and receive a gift, we had our own informal ceremony to say goodbye to each other which was one of my favourite memories from this colourful week. Leaving our real existences back home, we were able to share the wonderful experience of working in the Walawalkar hospital and medical school together and to find a re-energised motivation for the work that we do day-to-day.

Over a number of years, this hospital and the seven-day camp has become an integral part of many of the volunteers' lives, helping them to do better at their jobs at home and giving them the opportunity to make a valuable contribution in a rural village; I would relish the opportunity to continue to do such work in the future. For budding Urologists and trainees who are open to learning from the variety of opportunities that are available in more austere environments, I feel the week-long camp or an even longer placement 'out of programme' would encourage development of new skills, new contacts and a valuable understanding of the relationship between resources and medical care for patients in all environments. I am grateful that Urolink was able to support me in taking advantage of such an opportunity.

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