Karl Storz and British Society for Endourology Travelling Fellowships in Laparoscopic Urology - Report of a visit to the All India Institute of Medical Sciences, New Delhi

Laparoscopic urology is a hot topic these days. Numerous articles have appeared this year in international journals and indeed the July 2001 issue of European Urology was entirely dedicated to laparoscopy. Indian Urologists have contributed many pioneering techniques to the world literature. In 1992, Dr Durga D Gaur first reported the use of balloon dilatation to create an effective retroperitoneal space. The idea behind this approach came from the CT scan of a patient with a large retroperitoneal cyst.

Professor Ashok Hemal from the All India Institute of Medical Sciences (AIIMS) is a world expert on laparoscopic urology. He is renowned for the retroperitoneal approach but is equally proficient with the transperitoneal route. He has received over 40 international and national awards, published nearly 200 papers and chapters and 5 books. Numerous centres have invited him as Visiting Professor and he conducts live international workshops to promote laparoscopic urology. I was impressed by his presentation of a prospective comparison between a 100 open and 100 laparoscopic nephrectomies at BAUS a few years ago and therefore decided to visit him in October this year. I wish to thank Karl Storz and the British Society of Endourology for their fellowship grants.

The Fellowship was planned well in advance using e-mail. Unfortunately, the war in Afghanistan broke out a few days before I was due to fly to New Delhi but after taking advice from the Foreign Office and the Indian High Commission, I decided to brave it! Despite being on a Visiting Professorship in Detroit [robotic DaVinci intuitive laparoscopic radical prostatectomy] Professor Hemal kindly organised my fellowship visit with great efficiency. He had returned to Delhi a few weeks prior to my visit.

I was welcomed to the Department of Urology, AIIMS by Professor Hemal and Professor Narmada P Gupta who is Head of the Department and Honorary Secretary to the Urological Society of India (USI). The urology department in AIIMS is very

similar to ours in Guy's with 50 beds, 5 Consultants and 10 residents (6 senior and 4 junior). They are fully supported by the Government of India and being a prestigious institution, have managed to acquire state of the art equipment through government funding.

The aim of my visit was to train in laparoscopic urology and this was admirably fulfilled. We operated every day of the week between Monday to Saturday. Professor Hemal and I performed 10 laparoscopic cases in two weeks mainly through the retroperitoneal route (please see details of operative experience). I found this experience most useful and realised that good access is the key to success in retroperitoneoscopy. I learnt tricks about port placement and dissection based on the bodily habitus of individual patients. Thursdays were academic days for departmental teaching, journal clubs, pathology and radiology meetings and grand rounds. Professor Hemal is a believer in low-cost laparoscopic surgery, a subject that is of particular relevance to India. Most of the equipment that he uses is can be resterilised rather than disposable. He avoids the use of an endocatch to retrieve non-functioning kidneys after laparoscopy. Since patients have to purchase most disposables, keeping the cost down by reusing instruments after sterilisation makes perfect sense. Professor Hemal gifted me a signed copy of his book on laparoscopic urology, published by B I Churchill Livingstone in 2000. The author's list reads like a who's who in laparoscopy and the chapters are lucidly written. It will be a nice addition to my small personal library.

The ward rounds at AIIMS are primarily aimed at bedside teaching of residents and I believe they find this approach helpful for their MCh examination in Urology. The variety of patients in the urology wards was absolutely amazing. A large number had stone disease (often neglected by the patients' themselves) as they live in a stone belt. In addition there were a number of urethral strictures, vesico-vaginal fistulae, bladder cancer patients with sigmoid orthotopic bladders, reno-vascular diseases and even a patient with augmentation ileocystoplasty for TB (20 years ago) who had adenocarcinoma of the bladder.

During my first week of stay, AIIMS was the centre for the Diplomate of the National Board examination in Urology (DNB Urol). This is a national exit exam and I was

invited as an external observer. The candidates and external examiners had travelled from various parts of India. The examination was of a high standard and I thought was extremely fair. The candidates were examined on long and short cases, instruments, pathology specimens, X-rays and scans. In addition there were two viva tables, which covered various sub-specialties within urology. The most obvious difference from the FRCS Urol was that candidates had to examine real patients, report on their findings and decide about management as they would in clinical practice.

It was a pleasure to be involved in teaching and I delivered two invited lectures on "neurogenic bladders" and "flexible ureterorenoscopy". One of the Consultant Urologists invited me to perform diagnostic flexible ureterorenoscopies for unexplained malignant cells in the urine. My experience with this technique at Guy's in the last few years came in handy. AIIMS has successfully bid for a holmium laser, which is soon to arrive in the department.

In the time that I had away from work I managed to put finishing touches to our poster on laparoscopic radical nephrectomy (with Abhay Rane) for the World Congress of Endourology in Bangkok.

For my stay I had hired an apartment in New Delhi close to AIIMS. Although possible, it is not easy to organise this through the Internet. My parents and friends had made this arrangement and to them I am most grateful. I had also hired a local car with a driver, as I do not think driving in Delhi is easy, particularly if you do it infrequently. Local food, as usual, was excellent. AIIMS has a pleasant little cafeteria on the floor above theatres-the samosas here are truly mouth-watering and hard to resist between cases.

Finally, the socialising was excellent. Indians are renowned for their hospitality and sure enough there were plenty of invitations to lunch and dinner. The residents had organised a wonderful party by the swimming pool one evening. On every occasion the food was delicious and the company thoroughly enjoyable.

A pleasant surprise was also in store-on my very first day at AIIMS, I came across Dr Girendra Sadera, a dear friend who I haven't met for some 20 years. As kids we

went to school together in Rourkela (Steel City), India. He is now Asst. Professor of Anaesthesiology at AIIMS. Not surprisingly, dinner that evening was with his family, at his residence. We spoke about the old times we had shared and I realised, as I have always done, that there really is no place like home.

Prokar Dasgupta MSc(Urol), MD, FRCSEd, DLS, FRCS(Urol), FEBU
Guy's Hospital, London

Timetable of activity at AIIMS

15/10/01	1 ureteroscopy; 2 PCNLs
16/10/01	2 laparoscopic nephrectomies; 1 ureteroscopy
17/10/01	1 laparoscopic nephrectomy; 1 redo PCNL; 1 bilateral PCNL
18/10/01	DNB Urol
19/10/01	1 lap V-Y pyeloplasty; 1 lap nephrectomy (previous pyelolithotomy)
20/10/01	1 lap deroofing of renal cyst; 2 micro-varicocoelectomies
22/10/01	1 laparoscopic nephrectomy; 1 radical nephrectomy
23/10/01	1 laparoscopic orchidectomy; 1 laparoscopic orchidopexy
24/10/01	3 TURs, 1 cystectomy, bilateral flexible ureterorenoscopies
25/10/01	Academic day; delivered 2 invited lectures
26/10/01	Dussherra-national holiday
27/10/01	1 pyeloplasty; 1 PCNL

All laparoscopic renal access was retroperitoneal except in one patient.

The testicular operations were performed transperitoneally