

**BAUS Section of Endourology – Residential Operative Course, Stockport, 2012**  
**TUF travelling bursary - report of clinical visit**

Dates – 2<sup>nd</sup>-9<sup>th</sup> December 2012

Location – Kalubowila Hospital, (South Colombo General Hospital), The Sri Lankan National Hospital and the Asiri Surgical Hospital, Colombo, Sri Lanka

Visiting – Prof Srinath Chandresekera, Endourologist, on Mr Graham Watson's "Stonebusters tour"

There is an enormous burden of complex renal stone disease in Sri Lanka, with many patients suffering the complications of stone disease. Still to this day, the majority of large or staghorn renal calculi in Sri Lanka are still managed with open nephrolithotomy, an operation carrying significant morbidity. By comparison, in the UK, less than 1% of these stones are managed in this way, instead being treated with minimally invasive endoscopic procedures, predominantly percutaneous nephrolithotomy (PCNL). This allows a much more rapid return to normal activity and importantly work, as well as fewer complications associated with the surgery itself.

Professor Chandresekera is a Urologist who previously spent time in the UK under Graham Watson's tutelage learning PCNL. He then took this technique for the management of complex large renal stones back to Sri Lanka and has been spending a number of years training an increasing number of Sri Lankan Urologists to do the same.

For the last 6 or 7 years, Graham Watson has taken a small group of UK Endourologists, including trainees, back out to Sri Lanka to continue this education for Sri Lankan Urologists. This benefits the patients who may otherwise undergo unnecessary open surgery, the Sri Lankan Urologists who get some intensive training, but especially the UK Urologists. In the UK it is rare to come across such a large number of patients with such challenging stones and under such challenging conditions. On the trip I was involved with, the 7 of us performed 56 successful PCNLs in 54 patients in 7 days. Most of the UK team were trainees in their last 12 months, supervised by Mr Watson, Mr Paul Jones (Swansea) and Prof Chandresekera. We were invariably using sub-optimal equipment compared to that which we are used to "back home", with the economics involved meaning that most equipment is re-used time and time again including those items we see as "disposable" or single-use. Things like the x-ray equipment in the operating theatres was significantly out-dated, and the optical equipment for the endoscopes similarly so. The experience taught me to be able to manage difficult stones under these circumstances, which will allow me to cope even better in the fully-equipped modern NHS operating suite! The other aim of the trips that Mr Watson arranges is a charitable one – we were able to donate new equipment to some of the hospitals in Sri Lanka as a result of fundraising activity we had undertaken before departure. We donated some endoscopic imaging equipment, and two brand-new lithoclasts, with funds being raised from beer festivals, charity bike rides and whist drives, amongst others! Overall this was a humbling and enlightening experience, which in a short space of time taught me an enormous amount, including things to take with me into my consultant career.

I would like to thank TUF and the BAUS Section of Endourology for their support.

Jake Patterson