Report on visit to the Urology Unit at the Christian Medical College and Hospital, Vellore, India

Sept 14th to Oct 7th 2001

Andrew Cliff FRCS (Urol)

Arranging the visit was very straightforward once Professor Neal had supplied me with a contact name; India is a nation of technocrats and so all communication was by e-mail. My host was Professor Ganesh Gopalakrishan, who ensured that a taxi was waiting at Madras airport to drive me to the hospital 150km away. Hospital accommodation in an air-conditioned room was also pre-booked. First impressions of India were the noise, heat, smell and appalling driving conditions.

The urology department at CMC consists of two units, each with a departmental head, a further senior consultant and two junior consultants. There are also two postgraduate urology trainees together with a number of more junior surgeons who had already completed postgraduate training in general surgery and wished to subspecialise in urology. In return for the prestige and opportunity afforded by working at CMC, these juniors were prepared to work at house officer / SHO level. Each unit has two full day clinics and two and a half theatre days per week. On theatre days there are three parallel lists, with procedures being allocated between the junior consultants and trainees as appropriate. The rest of the weekly timetable consists of ward rounds, journal club and a Saturday morning teaching session where both units met up and to which I was expected to contribute.

Most patients pay for their care and have a choice of a cheaper open ward or a more expensive single room. Many patients are offered reductions because of financial hardship and some are treated free of charge. The hospital is a tertiary referral centre and also provides care to patients from neighbouring countries such as Nepal, Bhutan and Bangladesh. The standard of urological care is essentially the same as is offered in the UK, but much disposable equipment is re-used. The hospital benefits from a fully digitalised radiography service with computers on every ward and in every clinic room for viewing films and test results. The scope of urological services offered by the department includes the full range of endourology, a nascent laparoscopic service, renal transplantation, paediatric surgery and complex reconstructive surgery, together with a good deal of oncology. As would be expected the pathology is often advanced at presentation.

Although I was offered the chance to perform some open procedures, in particular living related donor nephrectomy, I found that the volume and scope of work meant that it was more useful for me to wander between the adjacent theatres watching procedures in all three. By doing this I was able to at least see virtually every urological operation to which I had not been exposed during four years of training. If I had been able to stay for longer then I am sure that I would have received ample opportunity for fully supervised operative experience. Having had no prior experience whatsoever of paediatric urology or transplantation I found these aspects very useful; if I had visited prior to my FRCS (Urol) I would have been much more confident for the exam.

I particularly enjoyed the experience of living in India and interacting with Indian trainees. Once over the initial culture shock and having got used to the heat and humidity, I began to enjoy the food, company and general atmosphere of Vellore. Travel to nearby cities was easy by train and a limited amount of sightseeing was possible. E-mail facilities are present in all but the smallest towns, so keeping in touch with home was straightforward.

Several of the senior consultants had spent a period of three years as a higher trainee in Newcastle. They were clearly appreciative of the experience that they had gained in the UK and would be very willing to reciprocate by providing experience to other UK trainees. I hope that I have paved the way for other visitors and would recommend the CMC for any relatively senior specialist registrar. A short visit of two or three weeks just before FRCS (Urol) would be an excellent opportunity to see some rarities and fill in gaps. A longer visit of six or eight weeks would provide a real opportunity for high quality, well supervised open surgery. It is not, however, a place to visit if you are seeking an "in at the deep end" experience.

Operative procedures observed

Laparoscopic nephrectomy (3)
Simple nephrectomy (2) including dorsal lumbotomy approach
Exploration and biopsy of complex renal cyst
Nephrectomy for Wilm's tumour
Nephroureterectomy
Nephrectomy, ureterectomy, ileal ureter and bladder augmentation (TB)
Donor nephrectomy (3)
Renal transplant (3)
Allograft nephrectomy
Allograft exploration and drainage of haematoma
Native nephrectomy
Creation of arterio-venous fistulae (2)
PCNL (4)
Pyeloplasty (2)
Ureterectomy
Ureteric reimplantation (primary obstructive meagaureter)
Repair of VVF
Closure of adult extrophy with Mainz II diversion
Anterior exenteration with nephrectomy
Anastomotic urethroplasty requiring partial pubectomy
Patch urethroplasty with buccal mucosa
Meatoplasty
Laparoscopic orchidectomy

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