

## REPORT ON FELLOWSHIP AT CMC, VELLORE, INDIA

During my urological training in the North East of England, I have had the great pleasure of working alongside urologists trained at the Christian Medical College and Hospital, Vellore, India. Having always been impressed by their surgical acumen, I discussed the possibility of a training fellowship with Nitin Kekre, Professor of Urology in Vellore, while he was working in the UK, and with his support a fellowship was arranged. I had to register with the Medical Council of India, a relatively straightforward process, to be able to operate under licence. The MCI registration fee was less than the bank's charge for arranging the draft! I also sought provisional approval, duly granted, from the SAC to have the fellowship recognised for training.

I spent three months at CMC Vellore, leaving the UK at the end of October. This is the best time to visit South India in terms of climate – 30-32°C during the day and 16-20°C at night. The ambient temperature rises from mid-January onwards, and can be in excess of 40°C in May. This was my first visit to India and it took me a good week to adjust to the way of life there, although I don't think I ever really adapted to the driving habits - as one of the consultants said, it is only in India that you can find six lanes of traffic on a road three feet wide! Accommodation, comfortable but basic, was located on the college campus with breakfast and dinner provided. I usually dined with some of the other overseas volunteers, and contrary to popular opinion, the food was not excessively spicy; indeed, the food in India was one of the highlights for me.

There are two urology teams at CMC, Unit I (headed by Professor Ninan Chacko) and Unit II (headed by Professor Ganesh Gopalakrishnan, who is also the departmental head): these two firms work independently of each other (for example, there will be a junior doctor from each team on call). I was mainly attached to Unit II and worked under the supervision of Professors Gopalakrishnan and Kekre. The whole firm attends clinic or theatre on their allotted days. In the OPD, 'general' patients are seen by the registrars and the 'private' patients are seen by the consultants (all fees are paid to the hospital and no individual doctor gains financially). The patients may have had imaging done elsewhere, confirming a problem, and attend for further advice. For example, one young woman had been extensively investigated in India and Bahrain for lower abdominal pain, including CMG, MRI, video cystoscopy etc. All these tests generate income in the private sector (a booming business in India) and over-investigation is commonplace. CMC is a charitable institution with a Christian ethos, and as such, patients attend knowing that the medicine practised at CMC is safe and of a high standard.

At CMC, patients will be assessed at the first visit and appropriate OP investigations are requested. The majority of these (imaging, urodynamics, OP cystoscopy) will be performed before the second clinic visit 3 days later! OP cystoscopy and urodynamic investigations are performed in the rooms next door to the clinic – this means that inexperienced juniors can be well-supervised and the consultants are accessible if needed. The majority of patients who require surgery will usually have their operation within 7 days – a very efficient system. It needs to be like this because patients often travel long distances (over 1000 miles, or 2-3 days by train) to be seen at CMC, recognised as one of the most prestigious institutes in India. Patients will stay at local guest houses/hotels while waiting for treatment or convalescing after surgery. This contrasts starkly with the UK public who demand that all specialist services are available on the doorstep!

On theatre days (2.5 days per week) all the consultants and juniors from the team attend OR – 4 consultants, 1 post-training fellow, 3 PGs (postgraduate trainees), and 1 or 2 non-PG trainees (studying for the urology entrance exam for the opportunity to train at CMC). There are 3 interconnected theatres in the suite and the operations are performed by the trainees under supervision. First year PGs do mainly open work, including donor nephrectomies, and ureteroscopy; second years concentrate on endoscopic work (TURP) and third years will learn PCNL (the urologists do their own access) and more complex cases (cystectomy/major reconstruction) – the non-PGs mainly assist and perform more minor surgery including access surgery. There are always surgeons available and there is a very supportive atmosphere – no registrar only lists without a consultant in sight! I was very impressed with this arrangement.

I arranged my fellowship in Vellore mainly to gain experience in reconstructive urology, and in urethral surgery in particular. I was not disappointed, and it was a great privilege to train under Professor Gopalakrishnan, who is one of the leading authorities on urethral surgery/urethroplasty in India, and is an excellent trainer. I was exposed to a wide variety of cases, ranging from anastomotic urethroplasty with inferior pubectomy for PFUDDs to repair of a urethra-rectal fistula with gracilis interposition. My most memorable patient was a man in his 60s who was breathless in clinic with a distended abdomen. Investigations confirmed anaemia with a giant left hydronephrosis causing the left ureter to be displaced across the midline. Five days later he underwent a nephrectomy, and incision of the renal pelvis yielded 5 litres of old/alterred blood. He was a very satisfied man when he attended for his final review 10 days later.

There is an active post-graduate programme within the department and I was able to participate in the weekly teaching on Saturday mornings. The session usually included public viva practice for the candidates preparing for their exit exam (MCh Urol). A journal club was held weekly and there were two teaching ward rounds.

India is a fascinating country and over Christmas I had the opportunity to travel around South India with Kerala being a particular highlight. I was fortunate to avoid the tsunami, only witnessing a 3 feet rise in the sea level in 30 seconds as we strolled along the promenade in Kochin on Boxing Day. Vellore is in Tamil Nadu, a state which was badly affected by the disaster, and staff members from CMC are continuing to provide help, mainly in the form of counselling and psychological support.

This fellowship has been an invaluable experience, and as well as having a concentrated exposure to reconstructive urology, I cannot emphasise enough how useful it has been to witness healthcare in a different country. I was humbled by the hospitality extended to me by the staff at the hospital and left with great memories of CMC Vellore. Finally, I wish to thank the British Urological Foundation for supporting my visit.

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