

Visit report	
Country visited	Vietnam
Institution or workshop	Hanoi Medical University, VietDuc Hospital, Bach Mai Hospital, National Cancer Hospital
Dates of visit	15-20th May 2023 (funded by UCL Global engagement fund)
Team members	Maxine Tran (consultant), Hannah Warren (trainee), Dimitrios Volanis (consultant), Darrell Allen (Consultant), Angeline Shoniwa (Senior theatre sister)

Travel

The group departed London Stansted Airport on an Emirates flight to Hanoi, with a 2-hour layover in Dubai. Return flights in May 2023 were in the region of £800/adult. Arrival at Hanoi airport was smooth, and there were no immigration issues (British nationals do not require a visa for leisure or unpaid business travel in Vietnam up to 15 days). We had pre-booked an airport transfer to our hotel via Booking.com. We traveled within Hanoi city by foot or taxi (car or motorbike) via ride share app *Grab* (£2-5/journey). We would recommend pre-downloading an eSim for affordable mobile data e.g. via Airalo.

Accommodation and locality

We stayed in a Hotel Emerald Waters Classy in the bustling Hanoi Old Town. The cost was approximately [£40/night] for a single-occupancy double room with en-suite. The price included a buffet breakfast with a selection of Vietnamese and European food options. Each of the four major hospitals were <30 mins by foot or taxi from Old Town. Accommodation and travel was funded by the UCL Global Engagement Programme. The Old Town offers a range of restaurants, street food, bars, shops and entertainment all within easy walking distance. There is a lake nearby and we enjoyed a rickshaw tour of the area on our first day. Trips to nearby attractions including Bat Trang Ceramic Village, Ninh Bing and Halong Bay are all possible from Hanoi Old Town. The economy is cash-based, and Vietnamese Dong are available at numerous ATM or foreign exchange shops in the city.



Hospital politics

There is no primary care service in Vietnam, so symptomatic patients present directly to their chosen hospital – forming long queues. Services are busy, well-staffed and highly efficient. Patients are centrally triaged, then wait to be seen by the relevant specialty. Diagnostics are performed quickly and definitive treatment usually arranged within 1-2 weeks. There is high demand for urology services, with patients travelling to Hanoi from all over north Vietnam. There is a high burden of stone disease, bladder outflow surgery and renal and bladder cancer. Without any form of screening, prostate cancer usually presents in advanced stages.

There are public, army and purely private hospitals. Medical insurance typically covers 80% of the cost of healthcare to the patient. The remaining 20% can present a significant financial challenge, and resource use can play a central role in treatment planning. It appears that almost all of the population have some sort of medical insurance, and report that it is generally 'affordable'.

Postgraduate medical training in Vietnam is very different to the UK. For those wishing to pursue a career in urology, medical graduates will first need to self-fund a 3-year oncology resident programme, spending one year each in radiology, clinical/medical oncology and surgery. Residents learn from observation, and once qualified will secure a paid position as a urologist which is when they will build up their practical skills, firstly through assisting, performing stages of more complex operations then practicing independently. We observed that the Director/Chief Surgeon was usually in the vicinity in case of surgical challenges or complications, and may transiently scrub in to help a case progress safely.

Theatres are busy spaces, typically with 2-5 residents observing, 2-3 qualified doctors scrubbed and assisting the lead surgeon. Other professionals included a theatre runner, scrub nurse(s), anaesthetist with 1-2 residents and an anaesthetic assistant. Medical careers in Vietnam are hierarchical, and we would recommend communicating with the surgical director in advance of your visit if you have particular learning objectives to fulfil.

Clinical interactions

Monday 15th May

- Arrive in Hanoi at 2pm
- Welcome to Hanoi Medical University (HMU) – largest medical school in Vietnam.
- Meet HMU Director
- Discussion of collaborative opportunities

Tuesday 16th May

- Meet VietDuc Hospital Director – largest hospital in Hanoi.
- Presentation and discussion of the day's surgical cases
- Observation in theatres VietDuc Hospital (laparoscopic ureterolithotomy, laparoscopic nephrectomy, HOELP, TURP, circumcision, x2 PCNL)
- Tour of VietDuc Hospital
- Departmental Educational Meeting: Bilateral talks from Vietnam/UK
- Tour of Bach Mai Hospital

Wednesday 17th May

- Observation in theatres HMU Hospital (laparoscopic nephrectomy, x2 PCNL)
- Tour of HMU hospital

Thursday 18th May

- National Cancer Hospital (also called the 'K' hospital for Kancer!) morning handover
- Meet the director
- Tour of national cancer hospital
- Ward round
- Observation in theatres National Cancer Centre (robotic nephrectomy, open nephrectomy)
- National Cancer Centre Educational Conference on Kidney Cancer

Process and availability of resource differs from one centre to another in Hanoi, but operating theatres are invariably well staffed by experienced teams, economical and highly efficient. Operating has begun by 7:30am and in one theatre we observed a laparoscopic nephrectomy and 2 PCNLS on a half-day list. Turnaround is fast, usually with <30 mins between one case finishing and the next beginning (including anaesthetic time). Delivering care is prioritized and is not hampered by lack of resource; in the event of resource constraints patients will share a post-operative bed, laparoscopic procedures will be changed to open, and even two operations may even take place in the same operating theatre by parallel teams. Surgical equipment is similar to what we use in the UK, but 'single-use' items, right down to foley catheters, are used, cleaned, sterilized and re-used until they no longer function.

Procedures (Observed during 3 half-day sessions)	Number
PCNL (US guided puncture performed by urologist)	4
Laparoscopic nephrectomy	2
Open nephrectomy	1
Robot-assisted nephrectomy	1
Laparoscopic ureterolithotomy	1
TURP	1
HOLEP	1
Circumcision	1



Social interactions

Monday 15th May

- Welcome to Hanoi Medical University (HMU)
- Meet HMU Director
- Traditional Vietnamese dinner with HMU team

Tuesday 16th May

- Meet VietDuc Director
- Lunch with VietDuc Team
- Visit to vietnamese coffee house
- Meet Bach Mai Director
- Traditional Vietnamese dinner with VietDuc and Bach Mai Hospital Teams

Wednesday 17th May

- Bat Trang Porcelain Village Tour

Thursday 18th May

- Visit to Vietnamese buffet dinner with National Cancer Centre Team

Friday 19th May

- Day trip to Ninh Bing, Trang An and Bich Dong Caves
- Evening flight home



A concluding overview

This preliminary visit was successful in establishing links between UK Urology and four major urological centres in Hanoi, Vietnam. The medical and nursing teams in all four institutions (VietDuc, HMU, Bach Mai and National Cancer Hospital) were incredibly welcoming and hospitable. We are confident any visiting professional from the UK would have a fruitful visit, and there is sufficient workload to support several visitors at any one time. If undertaking a clinical placement here, one could expect to gain experience in complex stone surgery, open and laparoscopic renal and bladder surgery and core urology. Level of hands-on experience would need to be evaluated following future visits, as the our trip was purely observational.

Medical Centres in Hanoi are well equipped, but donations of unwanted equipment in good condition would be gratefully received (guidewires, dilators, reusable surgical instruments, laparoscopic ports, vascular bulldogs, laparoscopy equipment).

Overall impressions

Keen, welcoming and enthusiastic workforce with creative solutions to delivering efficient care in the context of resource limitations. There is however, huge variability in treatments offered; often lacking in standardization even within hospitals. The medical teams were very keen to learn about our referral streams and protocols to deliver streamlined, safer care and quality assurance/indicators. Clearly there are lots of reciprocal learning opportunities.

Hannah Warren and Maxine Tran