Overseas Development

Robert Davies

Steps to learning

The generosity of sponsors allows an Australian team to further the knowledge of Vietnamese Urological surgeons

A child waits outside an operating theatre for surgery

That is presumably Kosher: Mr David Ende didn't flinch when it was served up to him for lunch at Tap Mui, a rural hospital in southern Vietnam. David was part of the "Australian Urologists in Vietnam Project 2008" that saw five self-funded Australian Urological Surgeons (Mr David Ende, Mr Mark Louie-Johnsun, Mr Finlay MacNeil, Mr Thomas Dean, Mr Charles Chabert and Mr Robert Davies), an Anaesthetist (Dr Lan-Hoa Le) and a scrub nurse (Bonnie La) travel to Vietnam in January 2008 to further develop the endourological skills of Urologists in several hospitals. Mr Mark Louie-Johnsun established the foundations for the project on trips to Vietnam in 2006 and 2007 and coordinated the 2008 program with Dr Nguyen Hoang Duc from the Department of Urology, University Medical Centre, Ho Chi Minh City who accompanied the Australian team.

The group was based at the provincial Dong Thap Hospital in the town of Cao Lanh, which lies on the Mekong Delta in rural southern Vietnam. The first morning was spent being presented with all of the x-rays and case histories of the 31 patients that had been selected by the local urological surgeons for surgery. An afternoon of urological lectures were delivered by the Australian group to a mixed audience of surgeons, nurses and trainees then a ward round was undertaken in a very public fashion: crowds followed the surgical team around and watched as various patients were examined, X-rays reviewed and as doctors conferred.

Over the course of the next four days all patients were operated on by the local urological surgeons guided by the Australian team with an emphasis upon endourology. Most were challenging stone cases: partial staghorn calculi, large ureteric stones and chronically obstructed renal units. The Vietnamese urologists proved particularly adept at open pyelolithotomy. The renal pelves of the Vietnamese patients all seemed to be intrarenal and the Vietnamese surgeons demonstrated to the Australians a unique parenchymal clamping technique to achieve almost bloodless renal pelvic access.

At Dong Thap Hospital Mr Charles Chabert expertly demonstrated extraperitoneal laparoscopic surgery while Mr Finlay Macneil, Mr Thomas Dean and Mr Robert Davies upskilled the local surgeons in the techniques of ureteroscopic stone treatment and in percutaneous nephrolithotomy. Anaesthetics were delivered by Vietnamese technicians who worked to empirical formulae: Dr Lan- Hoa Le contributed enormously to their continuing education in anaesthetic techniques, and improving the safety and efficacy of the agents used. Bonnie La worked tirelessly to improve nursing and sterilisation procedures. Both Lan-Hoa and Bonnie La had separately been Vietnamese boat people who had been smuggled out of Vietnam as children to be eventually accepted as refugees in Australia. Their return to Vietnam on this project completed a remarkable circle for them both.

Although most surgery was based at the Dong Thap Hospital, visits were made each day by part of the group to the outlying hospitals at Sa Dec and Tap Mui. The Vietnamese Urologist based at the hospital had, remarkably, never performed a cystoscopy since the hospital did not possess such an instrument. Perth urological surgeon Mr Sydney Weinstein kindly donated a flexible cystoscope and light source to the project and this was left at the hospital along with rigid cystoscopic instrumentation originally owned by the late Mr Antony Low (past President of the Urological Society of Australasia). The local Vietnamese urologist was instructed in cystoscopy: probably one of the simplest but most worthwhile skills imparted over the course of the trip.

What was most striking was perhaps not so much the differences in Vietnamese Surgical practice compared to Australia but the similarities. The general standard of medical care was basic but seemed adequate and there was a genuine desire to improve care and to adopt new techniques. The quality of surgical equipment at Dong Thap Hospital was inconsistent: a mixture of Chinese produced instruments, previously donated 'scopes and one image intensifier. Due to cost considerations, disposables were invariably re-used. Hospitals in Australia had donated a variety of expired disposables and these were thankfully received. Some differences were obvious: one operating theatre at Dong Thap was used by General and Orthopaedic surgery simultaneously. After disconnection from the anaesthetic machine, thin gauze was tied over the open end

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Finlay MacNeil hands out toys on a ward round


Australian surgical team


The Paediatric ward at Sa Dec Hospital


Charles Chabert demonstrates laparoscopic renal surgery


Hospital surgical staff inspect donated equipment

of the endotracheal tube to prevent inhalation of flying insects. Post-operative patients were routinely restrained to their bed in recovery by cloth straps. The hospital provides a bed and medical care but patients' relatives supplied their food and day to day care. Mothers of paediatric patients slept in the bed with their children and patients had to buy their investigations. Unlike bureaucratised public hospitals in Australia, Dong Thap provided an elegant sit down lunch to their surgical staff every day, even if this sometimes included some rather unidentifiable animal body parts (or, in Mr David Ende's case, rat!)

After a week in Dong Thap, the team travelled back to Ho Chi Minh City where we attended the University Hospital and Mr Thomas Dean and Mr Charles Chabert delivered lectures at a meeting convened for local Urologists. A visit was made to Cho-Ray Hospital in Ho Chi Minh where the breadth of urological conditions represented was impressive: everything from renal transplantation and AV fistulae to trauma. Until recently the Urologists there had also looked after hemodialysis. Cho-Ray hospital has 16 operating theatres and 32 operating tables with different operations routinely happening simultaneously side-by-side. There were some extraordinary contradictions: the neurosurgery theatre housed a new Stealth neurosurgical localisation machine and fairly advanced laparoscopic urology was being performed whereas the hospital did not possess a flexible cystoscope or a simple optical lithotrite.

The Australian team was shown enormous hospitality by their Vietnamese hosts. We shared a number of somewhat riotous dinners that variously involved extraordinary local delicacies, Vietnamese Karaoke, and copious shots of vodka downed to the Vietnamese toast of "Yo!" The Vietnamese rivalled the Japanese for the most ridiculous renditions of English songs and at one dinner in Cao Lanh we were serenaded by the Saigon University Surgeon singing us "Jingle Bells". In Ho Chi Minh City several of the Australian team also took the opportunity to visit the harrowing War Remnants Museum along with the remarkable Viet Kong built Cu Chi tunnels.

The trip built upon the previous Australian-Vietnamese urological relationships developed by Mr Mark Louie-Johnsun. He deserves special recognition for his role in instigating and coordinating the whole project, made all the more impressive by the fact that this was done as a Registrar during completion of his Australasian Urological Fellowship. In the future, consideration should be given to how Trainees might benefit further from the relationships that have been established. An exchange of Registrars, for example, would allow Australian Trainees to be exposed to an extraordinary range of pathologies and depth of open operating experience and for a Vietnamese trainee to hone endoscopic and minimally invasive surgical skills that could be taken back to their own country.

It is a project that we plan to continue. One of the biggest challenges is to change the focus of the local Vietnamese from that of visiting surgeons operating on difficult cases for them to that of giving local surgeons the skills to do this themselves, particularly using minimally invasive techniques. To effect such change takes patience and aid groups such as ours need to adopt the philosophy of Antoine De Saint-Exupery who wrote that "What saves a man is to take a step. Then another step."

Australian Urologists in Vietnam Project 2008 – Acknowledgements

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