

To  
The President  
Japanese Urological Association  
Japan.

Date-10<sup>th</sup> July 2011.

**Sub: JUA-Fellowship Report**

Through: Prof. Hiromi Kumon, Head of the Department of Urology.  
Okayama University.

Respected professor,

Before I go any further, I would like to take this opportunity to thank the Japanese Urological Association and Department of Urology at Okayama University for arranging this program for me. This is my first time experiencing Japanese culture and it could not get any better.

As you all may know- Bhutan is small land locked country situated in the Himalayas with China in the north and India on the other three sides. The size of the country is about 45,000 sq km, with population of 650,000. We became democracy in 2008 with our 4<sup>th</sup> King giving up his power willingly to his people.

Modern health care system came to Bhutan only in the 1970s and so far, we have been doing very well on the primary health care front. We have now started to focus on our tertiary health care system.

My Fellowship with the Department of Urology at Okayama University is for only three months (11<sup>th</sup> of April to 10 of July-2011) but I must say that it has been a very fruitful one. I would like to highlight the take home messages of my experience with Okayama University.

**A. Subject matter-Urology.**

I will subdivide as follows:

**1. Procedures that I have been doing and got updated and reinforced in skills during the Fellowship:**

- Cysto-urethroscopy
- TURP

- TURBT
- TRUS and prostate biopsy
- Open radical nephrectomy
- Laparoscopic radical nephrectomy
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2. Procedures that I have not been doing before but now can perform when I get back to Bhutan.

- Laparoscopic radical prostatectomy
- TRUS and saturation prostate biopsy
- Ultrasound scanning of the Urinary system
- Ureteroscopy and laser lithotripsy
- Laser enucleating of the prostate ( HoLEP)

3. Procedures that I have seen here but will not be able to practice in Bhutan due to costs, lack of equipment or lack of adequate skill.

- Gene therapy
- Brachytherapy for prostate cancer.
- Robotic surgery
- Gender transforming procedures
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4. Procedures that I did not get to see enough due to scarcity of cases:

- PCNL

- Urethroplasty
- Radical cystectomy and bladder reconstruction
- Pediatric urology
- Female urological procedures

**B. CME activities**

1. The 99<sup>th</sup> JUA at Nagoya from 21<sup>st</sup> to 24<sup>th</sup> of April, 2011.

The conference was extremely well organized with outstanding international speakers. I had taken special note of the talk on Male LUTS by Prof. Paul Abram, ESWL by Prof. Christain G. Chaussy and Conflicting guide lines on VUR by Michael C. Carr from the US.

Unfortunately, due to language problem, I could not follow the presentations that were done in Japanese language. Given the excellent standard of Medical practice in the country, I am definite that all those presentation were of very high quality.

## 2. AUA-2011, from 14<sup>th</sup> to 19<sup>th</sup> of May at Washington DC.

I had the opportunity to attend the AUA-2011. As always, it was highly educative. The take home messages are:

1. Basic science lecture- dietary advices to the urinary stone formers.
2. Drinking enough water to increase the urine output above 2 liters is the most effective preventive method for the urinary stones formers
3. Male LUTS-it is not just the simple issue of prostatic enlargement. It includes the whole spectrum of men's health.
4. Immunotherapy (sipuleucel-T) for advanced prostate cancer patients is coming up.
5. Abiraterone got FDA approval this April.
6. Urethral stricture-there is no role for urethral dilation and internal urethrotomy for stricture cases beyond one attempt; it is proven to fail in 100% of cases; the best is substitution urethroplasty.
7. Role of MRI in screening prostate cancer patients is being studied at many centers.
8. Point/counter point discussion on discrepancies of the guidelines on management of VUR in children was excellent. It is clear that there is no clear consensus when it comes to the choice of different procedures used to treat VURs; it is mostly surgeon choice and experience.
9. The welcome reception (a self sponsored-USD 90-event) at the national science museum was outstanding-wonderful exhibition and good participation.
10. The lunch and learn sessions were not very productive.
11. Net working- got connected to few out standing speakers like Prof. Barbagli from Italy, Prof. Paul Abrams from the UK and Prof Chris Cheng from Singapore.
12. The next AUA-2012 will be from 19<sup>th</sup> to 24<sup>th</sup>, May in Atlanta, GA USA.

### **C. Literature search.**

I learnt a great deal regarding the ways and methods of on-line literature searching. I have collected enough websites that will be of immense help to me in Bhutan. In addition, I took personal lessons from the IT savvy staff on various IT gadgets and their usages. I find them very handy in our day to day professional life.

### **D. Social events:**

I visited the following near by places:

- Osaka

- Kyoto
- Kobe
- Hiroshima

I was so fortunate that I got this opportunity to experience the wonderful Japanese culture-delicious food, world heritage/historical sites, religious shrines and temples. Of all, the atomic bomb museum at Hiroshima was the most out standing.

On a lighter note, I organized some English speaking and writing lessons for the office assistants at the Department.

### **Conclusion:**

I am very fortunate to have received the JUA support for this fellowship. The knowledge and experience that I have gained from this training is invaluable. In addition to the above mentioned academic knowledge, I have realized that the Japanese people are very hard working, highly dedicated and do their duty with utmost sincerity-why won't Japan succeed as a Nation?

I would like to, once again, thank the JUA and the department of urology at Okayama University for giving me this wonderful opportunity. This program would not have been possible without the unwavering support of Prof. Hiromi Kunom and Dr. Sinya Uehera's.

The experience that I have received from here will go a long way in the urological care of the Bhutanese patients. I look forward to a very fruitful relationship between the urological services in Bhutan and the Japanese Urological Association.

Thanking you.

Yours most respectfully

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