Nepal Visit IHPBA Outreach

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In 2014 October, IHPBA outreach program was conducted in Tribhuvan University Teaching Hospital (TUTH), Kathmandu, Nepal. It was two days program with didactic lectures and hands on training of basic laparoscopic surgery under the leadership of Professor Jagannath in association with the Department of Gastrointestinal and General Surgery of TUTH and Nepalese Association of Surgical Gastroenetrology (NASG). During that time, need for establishment of surgical skills lab was felt. With the contribution from IHPBA and Ethicon India, surgical skills lab was set up in Institute of Medicine (IOM) and inaugurated by Professor Jagannath and Prof Van Gulik in October 2017 during which time the IHPBA Nepal Chapter was formed.

This month I had the opportunity to visit the Tribhuvan University Teaching Hospital (TUTH) and with the senior GI/HPB surgeon Dr Lakhey discuss and plan how the IHPBA could support the HPB services in Nepal. Fig 1

Common conditions encountered in Nepal are pancreatic/periampullary cancers, which are increasing in incidence, hilar cholangiocarcinoma and HCC. Bile duct injures transferred into the hospital from elsewhere are also a regular occurrence. The team in this teaching hospital performs Whipples procedures, complex biliary surgery and liver resections although at present there is no CUSA available.
In Nepal patients have to pay for their health care. For this reason patients often present late. There is no HCC surveillance programme and this also contributes to late presentations.
Dr Lakhey also told me that if complications are experienced post operatively for example following a whipples procedure the family will deny further treatment their reasoning is that the patient has cancer and therefore paying more money is futile.

Most of the consultant surgeons have been trained in Nepal with short term training abroad, and have a good skill set, what they would like is the ability to stay up to date and continue learning and improving both their skills and knowledge.
Their trainees have plenty of exposure to complex HPB cases.

I was able to visit the laparoscopic Skills lab, which is now functioning well holding regular basic laparoscopic courses for surgical trainees. Fig 2

Dr Lakhey then kindly showed me around the hospital visiting theatres where one of the faculty members was performing an open bile duct exploration for a patient with acute cholangitis and a failed ERCP due to duodenal diverticula. Fig 3
Anaesthetists trained in Canada oversee the ITU; today the unit was fully occupied. In addition there is a separate HDU.
Here there was a young female who had previously undergone an open cholecystectomy in India complications had been experienced and she was transferred back to Tribhuvan hospital with a drain in situ. She recovered and was discharged with the plan for further follow up but did not attend. She now presented with a CHD stricture, portal hypertension, encephalopathy and secondary biliary cirrhosis. Fig 4
Liver transplant is not yet performed in Nepal. One of the senior HPB surgeons had been trained in liver transplantation in Australia. Setting up a transplant programme in Nepal is a challenge. He is working hard to set up liver transplant program at TUTH and look forward to start the program some time in 2018.

Although Dr Lakhey audits her personal outcomes and practice a formal audit of the department's activity does not yet occur and she is eager to put this into practice.

At present the unit follows International management guidelines for HPB diseases. They do not have guidelines specifically for their practice taking into account resources, demographic and local health structure.

We discussed how the IHPBA could assist in improving HPB practice
in Nepal and we considered:

1. Education
For trainees and consultants
For other hospitals outside Kathmandu
Distance learning opportunities for trainees

2. Facilitating the development of multidisciplinary guidelines specific to Nepal

We concluded that
1. An IHPBA outreach visit would be beneficial
2. The first IHPBA outreach visit should be structured as follows:

I. Visit outside Kathmandu to other referring hospitals. The faculty could consist of both visiting and local faculty

   Topics to be covered in the first place:
   - Safe cholecystectomy and bile duct injuries
   - Acute pancreatitis

II. A multidisciplinary meeting for all HPB centers in Kathmandu to set up clinical guidelines appropriate to Nepal for:
    - Pancreatic/periampullary cancer
      Faculty both local and visiting consisting of: Surgeons, ERCPist, Gastroenterology, Oncology, pathology, clinical nurse specialists

III. Master class for HPB surgeon's consultants/ senior trainees
    - Complex clinical cases
    - Mock MDT
    - Updates what is new

IV. Distance learning how this could be used in Nepal for trainees

Date possibly Feb 2019

Dr Lakhey felt these would be the most valuable topics to look at first with future visits addressing hilar cholangiocarcinoma and HCC

Dr Lakhey was extremely welcoming and generous with her time.
It was wonderful to be able to start a conversation about how IHPBA could contribute to HPB services in Nepal and we are both excited about future plans.

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Figure 1 Meeting Dr Lakhey at TUTH

Figure 2 Visiting the Laparoscopic skills Lab

Figure 3 common bile duct exploration

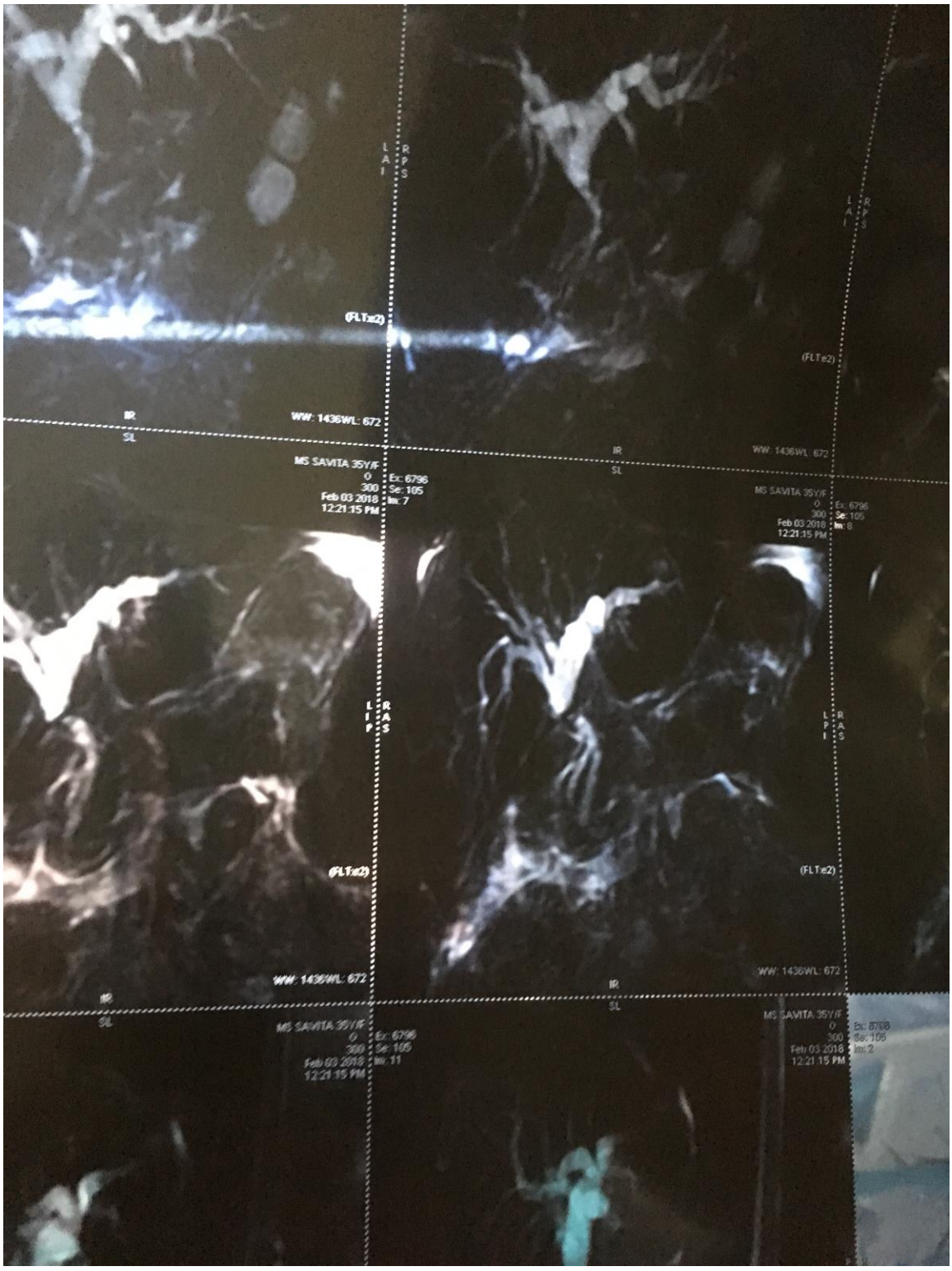

Figure 4 CHD stricture following cholecystectomy