



## **ROSARIO SUSAI VIJAYARA, MD, HUNGARY**

### **ASCRS Career Development Travel Scholarship Report 2017**

My name is Dr. Rosario Susai Vijayaraj, and I was honored to be one of the awardees of the American Society of Colon and Rectal Surgeons 2017 Career Development Scholarship.

Prior to attending the ASCRS 2017 Annual Meeting I had the chance to spend altogether six weeks in New York City, as a visiting doctor first at the New York Presbyterian Hospital's Weill Cornell Medical Center, then at the New York University's Langone Center.

In Hungary, the treatment of IBD and the surgical treatment of such diseases is much underdeveloped. In most of the hospitals, IBD patients are considered to be problematic and tiresome to treat due to the often-occurring complications. Hungary has a population of 10 million people and we only have three specialists practicing IBD surgery on a more or less sufficient level, and two of them are in their sixties. This is a serious problem, considering that the number of patients diagnosed with Crohn's disease and colitis ulcerosa is constantly growing in our country – if we compare the statistics of 2014 and 2016 we can see that in only two years the number of people affected had almost doubled (in 2016 the number of IBD patients registered in Hungary has reached 60,000 cases). Often times, due to a lack of knowledge on how to treat these patients, they are passed on to different medical clinics.

We have four medical universities. After a student has completed their major, young doctors are free to select in which field they would like to specialize. Unfortunately, they have rather limited possibilities, since they must train in the clinic or hospital they are employed. It is quite hard to be employed where they really want to be. Very often the employing hospital cannot offer training in the desired field. To start with, in the Hungarian system of higher medical education there is no special training for colorectal surgery; it is only a small section of the general surgical training.

Observing the work of two NYC based surgical departments helped me to catch up with the latest operative techniques, to have an insight on the organization of the patient care and to get an overall impression on both general and surgical care, which is, I must admit, quite different from that practiced in Hungary. The most serious difference is in the technical facilities that are abundant in the institutions I visited in the U.S., and so meagre in Hungarian hospitals. For example, the NYPH hospital I observed that there are several laparotomy sets for each operation theater, in our hospital we must share one bottle of disinfectant between several operation theaters. As for the theoretical and manual knowledge, I really do not feel I can say much against my fellow surgeons. The main problem we are facing is not with the knowledge, but with the limited possibilities both to practice medicine on a sufficient level and to grow professionally – all due to the financial conditions the Hungarian healthcare system is struggling with.

Among the stunning cavalcade of information I had the chance to absorb at the ASCRS Annual Meeting, the most practically useful was on perioperative management in colorectal surgery, represented as part of the Core Subjects update.

It helped to refresh the basics as well as the current approach to the subject. Besides, to me all topics on IBD surgery were really informative and very helpful. Finally, I found that the video session was a great way to get introduced to new procedures and techniques.

The procedure that, I feel, will be vastly used by me in the future was the re-do pouch operation that I had a chance to observe and learn from Dr. Feza Remzi at the NYU Langone Center. And it was not only the manual techniques that I learnt from Dr. Remzi, but his approach while consulting his patients, combined with his ability always to find the right words. After returning from the U.S. I was already able to apply this knowledge while consulting a Crohn's disease patient of mine to undergo the operation for his own benefit. I was also highly impressed by the procedures in robotic surgery, performed by Dr. Mitchell Bernstein.

As you can see, the professional gain of this scholarship is obvious. But there is one more aspect I would like to mention which was something I did not even think about at the beginning – focusing solely on the professional and technical experience I can get. What I am talking about is the humanity, modesty and dedication of my highly respected American colleagues; the respect they show toward their patients is what really left me speechless. Definitely, I've learned a lot, both as a doctor and as a human. This thought actually reminded me of the words I used to hear repeatedly from my mentor, Dr. István Dobó, "IBD surgery makes a surgeon humble!"

Once again, thank you very much for this grand opportunity!