

REPORT TO COUNCIL
INTEREST VIETNAM PROJECT
HUE, VIETNAM
JANUARY 2017

BACKGROUND

In early 2016, contact was made by the INTEREST Chairman with Professor Nguyen Dinh Tung, Vice Director of Oncology in Hue Central Hospital regarding a collaboration between the IAES and Hue for engagement with the INTEREST program. Previously “Breast Surgeons International” had provided support in the breast area and the hospital was keen to explore opportunities in Endocrine Surgery.

Hue Central Hospital is a major teaching facility in Central Vietnam and was established in 1894 as the first Western hospital in Vietnam. The hospital, providing 2078 beds and occupying 120,000 square meters, is one of three largest in the country along with Bạch Mai Hospital in Hanoi and Chợ Rẫy Hospital in Ho Chi Minh City, and is managed by the Ministry of Health. HCH, positioned as the top referral hospital, is a central medical institution for the 15.3 millions of Central Vietnam population. It is also the primary training facility for the Hue Medical College.

Hue Central Hospital employs 2,016 persons, including 431 doctors and pharmacists and 18 professors. They are supplemented by 152 staff and 2,500 students of the Hue Medical College and around 300 doctors and interns continuing their professional development at the hospital. HCH is organized into 52 clinics and para-clinic departments, notably the Cardiovascular Center (co-funded by Atlantic Philanthropies and East Meets West Foundation), Blood Transfusion Center (co-funded by World Bank and the World Health Organisation) and a Training Center. Annually it provides between 250 and 300 thousand medical examinations, 60 to 70 thousand in-patient treatments and 20 thousand surgeries.

HCH has been the site of Central Vietnam’s first open heart surgery performed by Prof. Bui Duc Phu and his team in 1999. By 2007, Prof. Phu has performed more than 500 heart surgeries. In 2.3.2011, the first heart transplantation was performed, completely by Hue Central Hospital team.

The Facility seems quite well maintained with a very adequate infrastructure such as Intrasyte radiotherapy, endoscopic surgery including thyroidectomy, Nuclear Medicine and imaging.

This is an important point as experience from the recent INTEREST programs was that the benefits gained from providing teaching are very limited if the facility does not have an adequate technology infrastructure.

The age of the staff was noted to be generally quite young (in keeping with Vietnam's general demographics with 70% being under 40 years). Although seemingly well trained and extremely enthusiastic and hardworking, the level of experience was an area for improvement with the expectation that this will progress with the passage of time.

Satellite hospitals were in the surrounding districts but in general thyroid surgery was not performed in the centers.

During the year a program was slowly progressed and a trip was undertaken in the first week of January 2017.

Prof. Janice Pasioka from Canada and Prof. Rob Parkyn from Australia were the visitors with a program including lectures as outlined below, involvement on ward rounds and Tumour Boards as well as demonstrating operative procedures.

Accommodation and transport was provided by the Hospital according to the INTEREST Guidelines. Airfares were paid by the participants with a review pending by Council regarding appropriate financial support.

The general support, hospitality and friendship of the Hue Surgeons was excellent.

The visit was structured as an initial meet, greet and orientation with, in the following days, a formal teaching course program

TRAINING COURSE SCHEDULE ON DIAGNOSIS AND TREATMENT OF THYROID AND PARATHYROID DISEASE

Jan 04- 06, Hue City

Location : Hue Central Hospital

Time Jan 04	Lecture	Prof.
9:00- 11:30	1. Differentiated Thyroid cancer : Surgical Concepts and Controversies 2. The Surgeon as a Prognostic Factor In Thyroid Cancer 3. The development of a perfect storm ? A Surgical Perspective on the Future Dilemma of the Management of Differentiated Thyroid Cancer	Rob Parkyn Janice Pasioka Rob Parkyn
11:30- 13:30	Lunch	
14:00- 16:30	1. Re-operative Thyroid Surgery 2. Re-operative parathyroid surgery 3. Neurocognitive Dysfunction in Primary Hyperparathyroidism	Janice Pasioka Rob Parkyn Janice Pasioka
Jan 05		
8:30-11:00	1. The Role of Ultrasonography in the Follow-up of Differentiated Thyroid Cancer 2. Parathyroidectomy in 1^o HPT From a Focus Approach to a Bilateral Exploration then back again... only to have history repeat itself?	Rob Parkyn Janice Pasioka

11:30-13:30	Lunch	
14:00-16:00	1. Surgical Ultrasonography of the thyroid and parathyroid glands 2. Multiple Endocrine Neoplasia Type 2	Rob Parkyn Janice Pasioka
Jan 06		
9:00-11:30	Surgery in OR : Hue Central Hospital and Hue University Hospital	Rob Parkyn Janice Pasioka Dr Nguyen D Tung Dr Phung Phuong
14:00-17:00	Visiting Hue City	Dr Hong

There were approximately 40 participants.

The lecture program was well organised. The presenters' slides were sent early and subsequently translated into Vietnamese and with simultaneous projection the audience followed the presentations without difficulty. This was supplemented by an interpreter translating during the presentations. The also facilitated question time which was often quite vigorous. The audience was a mixture of Surgeons, Surgical trainees, radiologists, radiotherapists and endocrinologists.

"Learning Points" for the visitors included the value of changing slides from the "usual" western pattern of a few dot points to a more expended description, particularly if translation was available. It was thought that a more interactive program could have been valuable with Trainee Case Presentations and

subsequent discussions. Perhaps the subject matter could have been more basic particularly for the trainees. Subjects such as “workup of a thyroid nodule or hyperparathyroidism” would be appropriate. It will be important to have a little more clarification as to the main audience.

It was considered that a formal Ultrasound for Surgeons course in Endocrine Surgery would be invaluable. This should be proposed for any future meeting.

The Theatre time was interesting and the residents and surgeons enthusiastic and quick to learn. Areas of value included a demonstration of Parathyroid Auto-grafting, dissection techniques and the “Valsalva Manoeuvre” prior to closure.

The surgical approach was mature and it was appreciated that the visiting surgeons met and were introduced to the patients on the evening prior to surgery for confirmation of the clinical finding and surgical plans. Peri operative management of the patients seemed skilled and appropriate.

The physical layout of the theatre complex was impressive with the theatre, recovery room and overnight post-operative ward being within a few meters of each other.

The Surgical Department would meet at 0700 each morning where a “Tumour Board presentation” would be undertaken. This was well structured and the quality of presentations and responses excellent. The patient plan would be “signed off” by the Director. It was noted that there was an excellent level of responsibility and respect between patients and staff. The department was clearly well run and directed.

SAFETY ISSUES

In contrast to Africa there were no concerns re personal safety in Hue, but if in transit some degree of caution should be observed in larger cities such as Ho Chi Minh and Hanoi. Electrical safety in theatre was of no concern. Usual blood borne infectious precautions should be observed as in any theatre circumstance.

Visas can be arranged on arrival with a complete service provided by various commercial organisations. A letter of introduction for your visa can be supplied by the hospital.

Perhaps the greatest risk is the traffic with the course of hundreds of scooters reminiscent of “Brownian Motion”. Crossing the street simply requires courage, determination and absolutely no hesitation or variance from a set pace. The scooters will invariably find a way around the intrepid traveller.

Taxis are safe and cheap. Food is generally safe but bottled water essential and salads perhaps best avoided. Similarly ice should be avoided in drinks as this is usually frozen tap water.

The area is rich in both modern and past history and if possible the viistor should take a few days to visit local sites including the Citadel.

GENERAL CONSIDERATIONS

The Surgeons were very receptive and appreciative of the involvement of the IAES. The INTEREST program could achieve a great deal in the long term and Vietnam should be a strong source of new membership for the IAES. The underlying infrastructure will allow for “value for money” in terms of a commitment from the IAES for ongoing teaching and the planned program in the future highly recommended.

My sincere appreciation also goes to Prof. Janice Pasioka whose commitment and enthusiasm was excellent in the delivery of the course.

Rob Parkyn

Chairman, INTEREST

IAES