

## The State of Coloproctology in Honduras

Heidy Rapalo

Hospital del Valle

Honduras is a small country in Central America with a surface area of 112,000 km<sup>2</sup> and a population of almost 9 million. Since the 1950's general medicine was taught at the nation's capital, Tegucigalpa, in only one school of medicine. Decades later, the first specialists were trained and in the late 1980's the first generation of General Surgeons graduated. Since then, most of the surgeons practicing in our country have been trained at the main public hospital at Tegucigalpa, "Hospital Escuela". Honduras is an impoverished country, so very few of the graduated surgeons have the opportunity to travel abroad and obtain subspecialties. Because of this, most of the procedures of the different branches of surgery are performed by general surgeons in the public hospitals. Sadly, the enormous amount of trauma patients at these hospitals consume most of the resources and patients requiring elective digestive surgeries sometimes have to wait for more than one year to get their procedures performed, if they are lucky enough to get to the operation room at all. Many procedures as restorative procedures, that are not urgent, never get done.

When I graduated from the General Surgery program in 2005, I had only met one coloproctologist. He worked at the Hospital Escuela in Tegucigalpa and the resident's program paid little attention to his procedures, trainees spent only one month of the entire residency in his service. I must say, I graduated with little or no knowledge of the field of coloproctology and this has happened to trainees for decades. When I started working, I realized the huge amount of pathology this field embraces and started getting interested in it. I traveled to Mexico City in 2008 and enrolled in a resident program for coloproctology; and returned to Honduras in 2010, to San Pedro Sula, my home town, the second largest city in the country.

As a started practicing, I realized physicians in general knew very little about the field of coloproctology; many didn't even know it existed. Colon and rectal cancer surgeries were being performed by oncology surgeons, and the rest of the procedures by general surgeons.

In the present year, only 6 coloproctologists practice in the entire country. There are 2 in Tegucigalpa and 4 in San Pedro Sula (3 general surgeons with subspecialty in coloproctology and 1 proctologist). Just 3 of the 6, work at public hospitals.

Even though some advances have been made, we still struggle with the doubts of the medical community and population about our ability to operate on colon cancer. Now,

there is a bigger knowledge about the existence of the specialty, but the general belief is that we only do anal pathology.

Despite all of the above, in the “ Hospital del Valle”, the institution I work at, one of my colleagues and I, have been able to perform more than 40 laparoscopic colonic resections in the last 7 years, and the numbers are getting better as the information about the results gets around. Still, we have lots of drawbacks. We lack anorectal manometry; videodefecography, is also not available. Radiologists haven't been trained to perform it or interpret the images. We don't have endorectal ultrasound either, but I use magnetic resonance to stage the rectal cancers.

Another big struggle is to get rectal cancer patients to get radiation therapy before the surgery when they are candidates for it. It was not the standard of care offered to patients when I started working 7 years ago and still many oncology surgeons perform the surgery without neoadjuvancy. They justify this decision based costs. They say that if patients spend all their financial resources in radiation, they won't be able to cover the expenses for the surgery later. This is the perspective in the private medicine; in the public hospitals, patients on the other hand, many times debut with bowel obstruction and are just given derivative stomas and not a resection with intention to cure, being most of the cancers diagnosed in advanced stages.

Not everything is negative, since there are many physicians in the different branches trying to give the population first world medicine in spite of living in a third world country and many things are done even though resources are scarce. Lot of work is there to be done in Honduras in medicine at general and coloproctology in particular. We are trying to make it better by teaching new generations of the new schools of medicine in the city about the colorectal pathology, so more people get interested in enrolling in this, and the general knowledge of coloproctology grows.