

## **The State of Coloproctology in Nepal**

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The land of Lord Buddha and Mount Everest with a multicultural history, Nepal sits in South-East Asia and shares its boundaries with India in the south and China in the north. Despite of being between two mega nations like China and India, Nepal has not been able to establish itself economically and still falls in under-developed nations.

Currently when the medical field is boasting about minimally invasive, endoscopic and further still robotic surgery; there are many centers here that rely on open surgery and only a few can boast of the very basic laparoscopic and endoscopy procedures. Though everyone carries the latest iPhone and android devices, it is the medical front that has suffered a lot where patients die due to unavailability of a medical center near them.

There is a huge patient load in Nepal with a lot many coming to us at a much progressive disease state due to unawareness and the economic status of the population. The patients of colorectal diseases coming to us ranges from the common benign anal fissures, fistulas, hemorrhoids, abscesses, intestinal obstruction/perforation to the rarer polyps, diverticulosis, IBD, IBS and the malignant carcinomas of colon, rectum and anus. Most of these patients come to the clinician in an advanced stage of their disease where a more drastic measure for cure is usually required.

It is generally seen that early screening and treatment of colorectal diseases could significantly improve treatment and reduce morbidity, yet many patients postpone treatment due to inadequate knowledge about the disease, its symptoms or the benefits of early and proper treatment, also they are too embarrassed to seek help simply because of the anatomic location of the problem. Also the symptoms of different colorectal disease resemble each other which is potential for misdiagnosis and mistreatment.

Coloproctology has always fascinated surgeons, where there has been newer advances in the field day by day, with better understanding of the disease, newer investigations and modalities of treatment and better patient management in the recovery room and post-operatively.

Where investigations have reached new heights in the areas of coloproctology with the use of MRI and PET scans in colorectal cancers, we have to be more reserved not just due to the economic conditions of the patients who come to us but also due to the unavailability of those machines.

Where surgeons were more conservative in their approach for a complete cure in the past, surgeons now-a-days have become more aggressive with a better understanding of the disease and the advent of better radiologist and anesthesiologist support. Here, the patients do get the

appropriate management for the coloproctological conditions, but where minimal invasive procedures can be done, we are operating via the open techniques. Where the developed countries have progressed to using anastomotic staplers we have to do with hand sewn sutures. Also at times it's hard to get the newer chemotherapy drugs and the availability of radiotherapy is only at a few centers in Nepal for the cancer patients.

We as surgeons and clinicians, do organize regular health camps and outreach programs for those who cannot come to meet us. Also various surgical skills courses and laparoscopic skills training program is organized for the benefit of newer clinicians and residents are organized from time to time. There are a lot may general surgeons today who are taking on further studies and courses to better their knowledge in this field and others disciplines as well. However, I see a huge potential for improvement in the medical field in Nepal, with a great number of newer technology yet to be freely available. Provided given the necessary resources and support, I believe the state of health care will improve in my country.