

Gastroenterology Program 2009 Report

The 2009 Gastroenterology Program has again been a great success and overall saw the improvement in skills of physicians and surgeons and the running of the gastroenterology academic programs for the MMED and Diploma of Medicine candidates. In addition, the new endoscopy unit at the CWMH was inaugurated with the plaque of the WGO and GESA formally in place. A definite improvement in the program is the participation of the GENCA and training of our endoscopy nurses with 2 excellent representatives and teachers. The timely arrival of the Fujinon Endoscopy units (Donation of the World Gastroenterology Organisation), which, although took some time to assemble, will facilitate the endoscopy teaching and service. Towards the end of the four weeks' program, the newly organized endoscopy unit was operating smoothly to facilitate faster and safer endoscopy for both patients and endoscopists. The nurses importantly have gone through a very good teaching and practical program and the doctors have improved their skills particularly in areas of therapeutic endoscopy and colonoscopy.

The 2009 gastroenterology Program was organized similarly to the 2008 program. It had a clinical and teaching component and the latter was the academic program involving teaching the diploma and Master of Medicine students at the Fiji School of Medicine. The Ministry of Health had organized for its nurses from Labasa, Lautoka and Suva to be present at different times of the four week period. In addition, the doctors from Lautoka had organized in advance to be present for the third and fourth week of the program.

Weekly Timetable for the Gastroenterology Programme (August 11th – September 5th)

	Monday	Tuesday	Wednesday	Thursday	Friday
8-11am	Ward Round (Start at CCU CWMH) Endoscopy Session (9am – 12 MD)	Ward Round (Start at CCU CWMH) Endoscopy Session (9am – 12 MD)	Ward Rounds (Start at CCU CWMH) Endoscopy Session (9am – 12 MD)	<u>8-9am</u> Pathology Session <u>9-11am</u> ward round: (Start at CCU CWMH) Endoscopy Session (9am – 12 MD)	<u>8-9am</u> Xray Session (Xray Department: CWMH) <u>9-12MD</u> Ward Rounds (Start at CCU CWMH)

11-12MD		Bedside teaching with MMED (Men's Medical Ward)		Clinical rounds with the MMED candidates	
1-2PM		Lunch Hour CME Lecture (CWMH Auditorium)*	Lunch Hour CME Lecture (CWMH Auditorium)		
2- 4.30PM		CWMH Medicine Department Meeting (Medical Registrar Room)		MMED Teaching Module	Diploma of Medicine Teaching Module

There were four gastroenterologist and two nurses that participated in the four week program. The first 2 weeks included Drs Ian Roberts-Thompson and Daniel Worthley and Endoscopy Nurse Cathy Conway. Dr. Tony Clarke spent the initial first week to introduce the 2009 gastroenterologists to the program. The third and fourth week included Dr. Robyn Nagel and Dr. David Scott and Nurse Unit Manager and trainer Dianne Jones. The doctors from Fiji included Shrish Acharya (Physician), Ing Hong (Consultant Surgeon), Mailing Perman (Physician), Sitiveni Vudiniabola (Surgeon), Arun Murari (Surgeon), Ifereimi Waqainabete (Surgeon), Joji Malani (Physician). The endoscopy nurses included Kesaia Gutabua, Losalini Tabua, Lydia Andrews, Maikeli Cabemaiwai, Maraia Ratumaiyale, Nanise Ratulilai and Pailato Matanawa.

The program started with the inauguration of the endoscopy unit and this was a ceremony that involved the participation of the hospital administration, Endoscopy unit, and members of the GESA, GENCA and the Fiji School of Medicine. The new operating room which now is the endoscopy unit is well placed and apart from a small alteration that needs to be done, will provide a proper unit for training and service.

The Colonial War Memorial Hospital's Gastroenterology Task Force has laid the foundation for the proper organization and administration of the Endoscopy Unit. It will formulate and provide the endoscopy unit policy and guidelines. It has assisted in bringing in both nurses and doctors not only from Suva but also from Lautoka and Labasa. This is to address the needs of endoscopy and skills in the northern half of the main island of Fiji (Vitilevu) but also in the second large island in Fiji – Vanua Levu.

There were a total of eight nurses (2 from Lautoka, 4 from Suva and one from Labasa) and eight doctors (4 physicians and 4 surgeons). The nurses had identified training objectives which were conducted throughout the endoscopy sessions and also through lectures. The visiting gastroenterologists divided into two on most days: one would participate in our ward rounds and the second would conduct the endoscopy list and teaching of gastroscopy and colonoscopy. A total of 88 procedures were performed during the 4 weeks period (53 gastroscopies and 35 colonoscopies). In addition, variceal banding, polypectomies, PEG insertion, adrenaline injection of bleeders and insertion of a guide wire through a narrow fundal gastric tumor were performed. All reports were done using the Scopeside software with a computer and printer now consistently in the endoscopy room.

The eventual setup of the new Fujinon equipment (4 adult gastroscopes, 4 pediatric gastroscopes, 4 colonoscopes, 4 processors, 4 light sources and 4 flexible sigmoidoscopes) has expedited the flow of the endoscopy list and allowed a bigger number of cases in a session. Because of the teaching process, the number of cases per list was initially limited but this was later increased when the Fujinon scopes were setup. We were fortunate that through Dianne Jones, David Scott and Robyn Nagel, we were able to solve the missing components of the Fujinon machine which included water bottle, RGB3 wire to the monitor and a proper power surge and step-down.

The majority of the Fiji physician and surgeons were able to perform gastroscopy satisfactorily. The cases included flatulence, abdominal pain, esophageal varices, upper gastrointestinal bleeding and a PEG insertion. An important addition is now, our capability to test for H. Pylori, using the Rapid Urease Test. This was provided by Dr. Peter Ketalaris and brought across by Dr. Dan Worthley. The proper mixing of the reagents has been shown to Dr. Shrish Acharya. This has enabled us to test for the H. Pylori immediately and will also be successful in evaluating our H. Pylori prevalence.

The colonoscopy skills this year has progressed well from the 2008 program and the candidates were able to perform gastroscopy and colonoscopy comfortably and safely. One of the new candidates was able to consistently arrive to the caecum and internal ileum with later little assistance. The rest of the candidates also performed well and reaching the caecum and ileum on a number of occasions.

The cases include evaluation of inflammatory bowel diseases, abnormal bowel movements, rectal bleeding and anaemia. A case was colonoscoped to evaluate her ulcerative colitis, but the finding of sigmoid stricture and skip lesions and biopsy showed that the lesion was Crohn's Disease. Another case of a young woman with seven months of diarrhea was colonoscoped and the finding showed extensive patchy ulcers throughout the colon and extending to the caecal area. The biopsy to our surprise showed amoebic infection.

There were consumables also brought in by the gastroenterologists and nurses and these included – snares, biopsy forceps, proton pump inhibitors, guide wires. In addition, there were software teaching programs introduced by Dianne Jones for our nurses.

At the end of the program, we have achieved some of our short-term goals which includes – improved caecal and ileal intubation, injection of bleeding ulcers, variceal banding, and polypectomy. There has been the regular use of Scopeside reporting system. The introduction of the Rapid Urease Test has been

a major progress. From the equipment side of things, the arrival of the Fujinon and the sets of four scopes have expedited our endoscopy list and will allow us to be able to increase the number of our endoscopy list. Administratively, the establishment of our Gastroenterology Task Force has facilitated and provided a solid platform for the proper formation of the endoscopy unit, proper structure of the unit and importantly, continuity.

Suggestions for future programs.

1. The need for extra endoscopy sessions (apart from the 4 weeks program) may need to be put in place.
2. The possibility of sending one of our candidates to undergo the “Train the Trainers” Program.
3. Sending one of our nurses across to Australia for further training.
4. Identifying two further candidates to undergo endoscopy training for 2010.
5. Inviting a surgeon to be part of the endoscopy team which may assist with the surgical program
6. To improve our consumables supply that will allow us to support proper interventional endoscopy sessions.

Acknowledgement

We would like to firstly thank and acknowledge the major donation of the Fujinon Endoscopy Equipments which no doubt will enhance the teaching and endoscopy service in Fiji.

We are greatly appreciative of the personal sacrifice and the teaching provided by the members of the GESA – Dr. Tony Clarke, Dr. Ian Robertson-Thompson, Dr. Daniel Worthley, Dr. Robyn Nagel and Dr. David Scott. The members of the GENCA, Dianne Jones and Cathy Conway. Their contribution and teaching has been of great benefit to all our doctors and nurses and we cannot thank them enough.

Professor Finlay Macrae has been the backbone and organizer of the program and we are most appreciative of his commitment and support.

The strong support and funding from the W.G.O. and its President, Dr. Eamonn Quigley has seen us completing the second year of the program and allowed the Suva WGO Gastroenterology Training Center to be an important training center for Pacific Island Countries.

