Myanmar May 2014

By Di Jones

This teaching visit arose from a request to Dr Thein Htut, one of the ANZGITA team, from Professor Thein Myint, the Director of Gastroenterology at Yangon General Hospital (YGH), to assist in the establishment of a gastroenterology training centre at that site. The teaching visit extended over 2 weeks with Dr Finlay Macrae teaching in week 1 and Drs Peter Katelaris and Tony Clarke in week 2. I taught for the full 2 week period and Thein was there for most of the fortnight.

The first impression I had when I flew in after a 7 hour delay to my flight from Hong Kong was that the landscape was tropical and very flat, with Yangon a large city surrounded by a number of significant size rivers. I was met at Yangon International Airport by one of the junior gastroenterologists, Dr Swe Mon Mya, and Captain Thet Aung Zaw Myint, an advanced trainee from the military hospital. These 2 dear people had waited at the airport all night from the time of my original arrival at 11pm. Captain Myint's assistance ensured an unencumbered entry for the donated equipment that I was bringing in my luggage. Thein had already

taken much of the equipment in his luggage and had prearranged permissions etc with the relevant authorities.

The accommodation had been carefully chosen by Thein Htut so as to be close to the hospital. This avoids the very lengthy delays that occur from traffic jams throughout Yangon. Apparently, five years ago, there were very few cars on the roads. However, with the lifting of the restrictions to the import and purchase of a vehicle, this is no longer the case. Our commute each morning was thankfully in the realm of a 5 minute drive.

The endoscopy unit at the Yangon General Hospital was in the throes of moving to a refurbished area of the hospital. Unfortunately building delays meant that the unit was not in the finished state that Prof Myint would have hoped for our visit. The unit is spacious with 4 procedure rooms plus a separate radiology room for ERCP and other interventional procedures requiring screening. The facilities for infection control were severely lacking, with hand washing requiring walking to another room. Endoscope reprocessing was being performed manually with washing in bowls and soaking in tubs of disinfectant. There were

2 separate tubs; one with glutaraldehyde used to soak the colonoscopes which was to be changed fortnightly and one with another chlorine disinfectant used for the gastroscopes which was to be changed each night. I asked why they had separate systems and they eventually volunteered that the daily change product was bought for our visit. The water quality was worse than poor – the lone tap above the lone sink had gauze wrapped around the outlet to catch the mud coming through the pipes.

There was an endoscope reprocessing machine in place (but not being used) on the day we arrived and workmen came and installed water filtration but I advised the team that with the water quality coming into the unit, the filters would be blocked within minutes and render it unusable. Prof Myint organised for the donation of a small reverse osmosis water treatment tank to be installed so there would be better quality water for rinsing post disinfection. The

storage of endoscopes was in specifically made cupboards which allowed full length hanging. Work flow was concerning, with the distinct possibility that an endoscope awaiting cleaning could be collected as one to be used in a procedure. Changes in work processes were recommended and adopted to avoid this error. There was a new ultrasound machine that was not in use so I manoeuvered it into a space near the sink so as to access the water and commissioned it using the alfoil test to

show it was working. We then commenced processing of all endoscopic accessory items. I encouraged the staff to send all items which were autoclavable to the CSSD for overnight processing and they did indeed begin to segregate these items though I later discovered they were not actually sending them to CSSD as items would not get returned!

The staff of the YGH endoscopy unit are ably led by Lydia Naw (second from left in photo). Those working in the procedure rooms changed into scrubs but those on patient reception etc wore their hospital uniform. The colour of the skirt (sarong or *longyi*) denotes seniority. These nurses work incredibly hard and stoppage for breaks didn't occur if there was work to be done. It was difficult to determine what the nursing team in a procedure outside of our training visit would be. My interpretation is that they would have 1 nurse assist the doctor and maybe one other nurse or the orderly in the room. The sedation for patients is minimal, with a small dose of benzodiazepine used if at all. For our visit, we had the services of an anaesthetist who used Propofol for the colonoscopy procedures. The heavier sedation highlighted that the unit does not have a recovery unit….the patients usually get up from their bed and sit on the wooden benches in the waiting room

post procedure. So some of these patients needed to lie for some time before they could depart. It also highlighted that the processes we are familiar with to maintain an airway safely ie having a sucker available, needed addressing. Patients waiting for endoscopy were put on trolleys and lined up outside the procedure rooms.

One of the team would speak to the treating or referring doctor. Whilst we were there, the nursing trainees from Mandalay, the Military Hospital and from another large teaching hospital in Yangon, San Pya General Hospital all were jostling for space in the procedure room along with the medical trainees. The room set up was difficult to work with as the monitor

was located on top of the stack where the processor was so the endoscopists were having to turn sideways to view the screen. Thus at the start of week 2, I spent an afternoon with Lydia and we set the systems up with the monitors on a separate trolley. The Olympus rep came along to program the new 190 series endoscopes which had just been obtained by the Myanmar government and Yangon were given 2 of these.

The pattern of our work day really didn't take shape till the Wednesday of week 1 as the first day was taken up with formal meets and greets and then followed by a formal lecture session in the afternoon given by Fin Macrae in the new training centre auditorium. The lecture was attended by all of the trainees plus the consultant gastroenterologists from Yangon

and also 1 from Mandalay. The junior doctors in their colourful clothes provided the refreshments. Day 2 was a public

holiday for Lord Buddah's birthday so no procedures scheduled but the staff worked through the day to get the unit ready to take patients on the Wednesday morning. We visited two pagodas in the morning and then attended a lecture meeting with the Myanmar Society of Gastroenterology and Hepatology in the afternoon where Fin again presented. For the rest of the visit our day would be endoscopy procedures in the morning then a major lecture from 1-2pm by one of us and then separate teaching sessions for the doctors and the nurses from 2-4.30. My presentation for the 1-2 session was on Infection Control in Endoscopy, delivered to all the nurses and doctors. I did skills training with the endoscopist trainees and the nurses in the use of their ERBE VIO diathermy system. That proved so popular that I had to repeat the hands on practice the next day. For the nurses

training, by request, the topics I covered were GI Bleeding and PEGs and I needed to repeat them in the second week for the nurses from Mandalay who had changed after the first week and for the YGH nurses who had missed the first round. After the first day, the main lectures were held over at the medical school, a short walk away from the hospital. The nurses lectures were held in a room in the endoscopy unit. Each endoscopy list had 2 rooms running

The topics for the main lectures delivered in week 2 were gastroscopy, colonoscopy, sedation in endoscopy and Helicobacter and Peptic Ulcer. Peter and Tony did a hands-on session with the doctors teaching them basic endoscope handling skills. As most of these people have been self-taught, they found the teaching on loop reduction, positioning the endoscope within the lumen, straightening the instrument etc just invaluable and by request they repeated this teaching session the next day. Apart from these formal

teaching sessions, the gastroenterologists did a teaching ward round on a number of occasions. These wards were very crowded, though even more so when the trainees, students and everyone else it seemed joined in for a listen! Like many underdeveloped

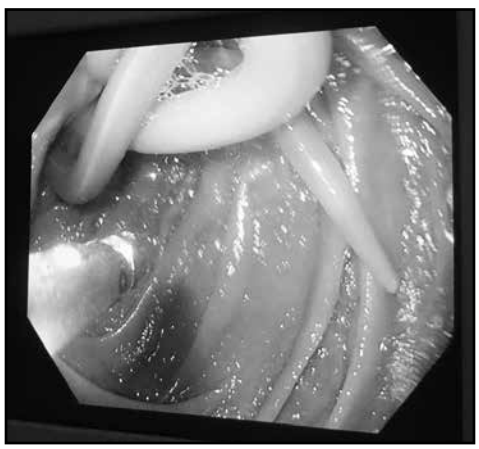
countries, the family of patients provide most of the inpatient care. Shortage of beds meant some slept on the wooden forms.

The gastroenterologists from San Pya Hospital (Thingangyun) requested that Fin and I visit their unit to offer suggestion for improvement. They were in the middle of an EUS procedure when we arrived then Fin ended up doing the students teaching

session for the afternoon. I went through some of their accessories and discussed how to use them and ways to reprocess them. Reprocessing was performed in the

procedure room, with no real ventilation from the disinfectant fumes. But the nurses were all diligent about following all of the steps to clean their endoscopes. As is elsewhere in low resource countries, single use products are reused many times. The 2 gastroenterologists work inordinately long hours in both public and private service and are supported by a great team of 7

nurses. There is much to challenge us when working in resource poor countries, from the lack of equipment, the poor quality of some equipment or indeed some of the pathology we see. But there can be no doubt as to the enthusiasm and eagerness of the professionals to learn and to improve.



The teaching visit was a big news event in Yangon….in week 1, Professors Macrae, Htutt & Myint and I were all interviewed by the local media personality and a 20 minute segment was shown on the local television as well as a short segment on the

6 o'clock news. Shortly after this filming session, Fin was given an enormous honour when all staff, in groups, payed homage to him. This also included Professor Myint.

During this visit we were shown exceptional hospitality. There was a formal dinner where Fin was honoured and we both had been presented with local costume to wear. The thank you function held in week 2 had Tony, Peter and I showered

with gifts. Their generosity and warmth was overwhelming. Having Thein Htutt as one of the teachers for this trip gave us a very personal insight into people's lives in Yangon. He very kindly organised for us to attend dinner with him and his wife Wendy each night when they caught up with old friends from their time of living in Myanmar 3 decades ago. These reunion dinners were just so special and often included extended families.

A special thank you goes to Htar Htar who acted as my interpreter throughout the visit. Dr Htar is heading to the UK to begin her gastroenterology training, having already completed her MRCP. I am sure

that when she returns the gastroenterology service in Yangon and indeed in other sites in Myanmar will be unrecognisable from what they are today. The country's cautious steps towards democracy have created a bright optimism amongst the Myanmar people despite the poverty. Just 5% of the health budget is provided by the government with the rest from NGOs and private individuals and resources can only improve as the country grows. The application for YGH to become a WGO training site has begun and eventually if successful, support will be provided.

ANZGITA has committed to long term support to establish YGH as the training centre. It is expected that the other major site in Myanmar at Mandalay will become a satellite of the training centre and that together they will be able to train increased numbers of professionals to join the existing 11 gastroenterologists to provide the gastroenterology care to the country's 51 million people. There is much to do.

Finally, acknowledgement must go to Professor Thein Myint, the indefatigable leader of the team in YGH. His vision, coordination, organisation and hard work made this teaching visit such a success and will be key to continuing the growth of gastroenterology in Myanmar.

COMING SOON!!

SIGNEA CALL FOR NOMINATIONS

Do you have an interest in the global gastroenterology nursing community? If so, take advantage of an excellent opportunity to serve in a significant way! If not you, then perhaps you know someone who is qualified to take a leadership position. We are looking for motivated, enthusiastic volunteers to serve and continue to fulfill our mission.

Participating in a leadership role is a challenging, yet at the same time, very rewarding experience. Take a few minutes to consider submitting your name or that of a colleague to SIGNEA for review. We will open the call for nominations after the formal constitution amendment process is finished. Please take a moment to review this revision in this edition.

Board members are expected to be an active participant in board meetings and to participate in various committees. Please see the Constitution for the duties of each position.

All nominees must be current, members of SIGNEA. More information to follow.