



Faculty of Medicine, Siriraj Hospital,
Mahidol University

Siriraj Resident Exchange Program

To Osaka University Hospital, Japan
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Introduction

My name is Parita Sirianant. I am currently 4th year resident of Pediatric Surgery Division, Surgery Department of Siriraj hospital. Being pediatric surgeon is one of the most important goal of my life since I was medical student. In my opinion, Siriraj hospital is one of the best practices in pediatric surgery program in Thailand. We have so many cases in both common and uncommon surgical problems in children to learn. In these 4 years, I've experiences about the management of common surgical problem in children such as inguinal hernia, intussusception, appendicitis, etc. I also gain experiences from many great hospitals in other province and that's make me have more confidence before graduation. As I mentioned, not only common or emergency cases, but Siriraj hospital is also the big tertiary care center that receive many complicated cases from other hospital. So, I have many chances to learned about complicated surgical problem in children included pediatric neoplasm, complex congenital anomalies, etc. I am very grateful that I have a chance to study from the grate medical school in Thailand. And I think it will be the grate opportunity for me if I have a chance to study aboard and gain new experiences that I never seen in Thailand.

University Review

Osaka University Hospital is one of the best medical center in Japan for almost 150 years. The hospital performs many advanced medical and surgical in all fields included Pediatric Surgery Department. Osaka University Hospital has been one of the leader in pediatric surgical technology in Japan especially transplantation technique. There has 3 supervisory doctors and 5 medical specialists, who are certified by the Japanese Society of Pediatrics Surgeons in this clinical sector. They perform surgery about 500 cases per year and are committed to treatment of patients with neonatal surgical diseases and malignant solid tumors, organ transplantation, as well as pediatric nutritional management, endoscopic surgery, and also conduct research on these.

I decided to choose Japan for elective program because Japan is one of the leader countries in pediatric surgery field, not only in Asia but also in the world. In my opinion,

Osaka hospital is the biggest medical center in Kansai. They have many resources of high-technology surgery program included minimal invasive surgery in children, transplantation and also in long-term outpatient management in chronic disease especially short bowel syndrome. So, I think this will be the good opportunity to gain experiences that I rarely found in Thailand included new surgical technique for minimal invasive surgery, the patient management system and the differences of training system between Japan and Thailand.

Expectation and Objective

1. To see the new surgical technique or which that rarely seen in Thailand especially in minimal invasive surgery program
2. To learned about patient management system in both inpatient and outpatient service
3. To learned about interdisciplinary in pediatric advance disease such as pediatric oncology, transplantation, neonatal surgery
4. To study about the management of patients with short bowel syndrome in outpatient service using home TPN because home TPN in children are rarely use in Thailand. In Siriraj hospital, no children with short bowel syndrome using home TPN
5. To learned about resident training system in Japan.

Knowledge and Experience gained

This elective program is the medical observation program. I've got the very best opportunity to follow Professor Okuyama Hiroomi, the chairman of pediatric surgery department and also the chairman of surgery department.

In operative room, I have seen many laparoscopic techniques which are not common use in thai pediatric patients. In Japan, patient who has inguinal hernia was 100% repair by laparoscopic approach. They performed laparoscopic gastrostomy with fundoplication in the patient who has GERD with oromotor dysfunction and they also performed laparoscopic assisted transanal-rectal pullthrough in patient who has long segment Hirschsprung disease. So, the patient will recovery faster when compare to open technique. In Siriraj hospital, we prefer for open technique more than laparoscopic assisted technique.

I have seen living-donor liver transplantation surgery in infant. This patient is the youngest patient who has transplantation surgery that I ever met. Transplantation surgery system in Osaka University hospital was really amazing. While hepatobiliary division take the left lobe liver of the donor out, pediatric surgery team will mobilize the recipient's liver except liver hilar. When the new liver was ready, pediatric surgeon will clamp recipient's hepatic hilar and remove the old liver. With this technique, ischemic time of donor's liver was very short and make the good functional outcome of new liver. In additionally, they anastomose hepatic artery under microscopic for make sure that the arterial flow to new liver was adequate.

In ward round, I found that in ICU they can do many bedside medical procedures with full sterile technique because space for one patient are very wide with full monitoring. They did not use very high-technology equipment but they prepare resources and set the environment for easy to use in critical patient.

In outpatient service, the most interesting thing for me is TPN clinic. There have about 5-10 patients per week in this clinic. The system is like one stop service for patient who using home TPN. When the patient was arrived, the doctor will history taking and physical examination. If the patient needs blood example, they will collect in this examination room. The central line catheter was flushed and the parent will dressing their child's wound in front of the doctor for make sure that they can do it at home.

In depth comparison of education

In Osaka university hospital, there's no pediatric surgery resident. If they want to train for being pediatric surgeon, they have to finish general surgery program before entering pediatric surgery training. In the first year of fellowship, they will mainly do ward work and take care all the service. But in higher year, they will mainly do research and the research mostly aiming in molecular and genetic studies.

In depth comparison of technology

In my opinion, there's no significantly different in technology between Osaka university hospital and Siriraj hospital. But in Osaka, they have adequate resource and equipment, they also have good system to provide all the resource to their patients. Many medical tools can produce in their country for reduce the cost.

In depth comparison of technique

The patient management guideline in Osaka university hospital mostly similar to Siriraj hospital. But in operative technique, minimal invasive technique such as laparoscopic is more widely use in Osaka than Siriraj hospital. From that point, most patient have shorter length of hospital stay.

Benefits

For the experiences that I gain in one month, I think the most strength point in Osaka university hospital is the system. They can provide the proper medical service for their patients. The most impressive thing for me is TPN clinic. In Thailand, TPN are almost always give in ward and the patients have to admit for very long period. But in Osaka, most TPN-dependent patient can live like normal child. Home TPN can improve quality of life but it need good system for follow up the patient and parents have to pay attention in taking care of the patient. So, I think if we really learned from Osaka, we can set our system and improve quality of life for many children in the future.

Moreover, minimal invasive surgery will be more widely use in the future. I think this is the grate opportunity to learned from one of the grate laparoscopic center

Life in aboard

I lived in the dormitory for the guest of hospital. The dorm is located opposite to the hospital. Every morning, there have conference in the meeting room. Even if the conference was always in Japanese language, but professor and staff will translate in English for me. After that, I will go to operative room in Monday, Wednesday and Friday. In Tuesday and Thursday is outpatient service. All of the staff and fellow was very kind to me. They try to

answer all of my question and let me scrub in the operative field. In additionally, they also suggest the place that I have to visit in autumn, the seasonal food that I have to try. Even the hospital was place very far from down-town but the transportation system is very good and very easy for traveling alone. This 1 month will be the best experiance in my life.