

Choosing a surgical specialty

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Choosing a specialty in surgery for any resident can be a daunting, frustrating and a perplexing challenge. Decades ago it was impossible to get honest and correct advice from our peers because there were so few of them. Nowadays, the number of specialists and super specialists in the country are growing rapidly. The need is great but there are not enough specialists yet. However it is now possible to discuss ones future with these teachers and get the correct advice. But, before doing that one has to honestly introspect whether one want to even specialize in surgery. Does one have the aptitude, the patience and ability to tolerate long hours of apprenticeship? Remember, the study and updating ones knowledge is never ending. It might even be expensive. Also, this might take almost eight to nine years after MBBS before one graduate as a super specialist. The competition is getting tougher. The smarter ones will excel, the average perish or end up in a branch which s/he may not have bargained for. I like to say always chose something which you will find interesting and exciting 30 or 40 years down the line and say that you enjoyed what you are doing. Moreover, it should pay and be financially attractive; otherwise it can be frustrating and affect ones creativity, a common enough problem in an underdeveloped country like ours where there is a dearth of everything including basic amenities that are taken for granted in developed countries. There has to be sacrifices and doggedness in ones attitude to life and a strong desire to serve our poor countrymen.

The various options open to a prospective surgeon are becoming manifold. General surgery should be the foundation of all super specialties. There is nothing like a few years of general surgery to prepare the ground for further specialization. The need is there for our country. There are at the moment roughly:

General surgeons	> 200
Neurosurgeons	10
Urologists	20
Orthopaedic surgeons	> 100
Plastic surgeons	8
Paediatric surgeons	10
Cardiac surgeons	10
Thoracic surgeons	4
Spine surgeons	1
Onco surgeons	2

These are rough figures and include surgeons who are trained in these subjects but not necessary holding degrees in them. The latter are slowly appearing and would continue to increase. From china surgeons are graduating as trained surgeons and graduating as specialist without a general surgery background. This might be the trend in the future. Bangladesh is doing this. Thus, we may also have to change our training programmes. Neurosurgery is a five year course in NAMS after MBBS. We have to produce more manpower to spread the specialist all over the country and as quickly as possible. Many sub specialties are void like trauma surgeons, hand surgeons, vascular, colorectal, upper GI, hepato biliary, breast, endocrine, transplant to name a few. The choice is great and looking at the list all of them are important in this country. Many of the medical colleges and private hospitals are beginning to feel the need to deliver the state of art surgery. The monumental leaps in technology are reflected in newer surgical techniques. The global availability of these modalities has made it imperative for both the trainee and the consultants to travel to the pioneering centres for training. To this must be added recognized mandatory courses to be held regularly to attain further high level of training. These could be in subjects like basic surgical skills, advanced trauma life support (ALTS), care of critically ill surgical patients, basic laparoscopic skills etc. in this respect the affiliated institutes must encourage the surgeons financially and with other incentives like in the event of writing for journals or presenting papers both nationally and internationally. It must be realized that this will all be for the good of the institution. Public expectations have risen especially with the educated class. Modern communication makes it imperative that we develop surgeons with better training and skills. This should benefit both the poor and the rich.

The options are vast. Make your choice of a specialty taking all the pros and cons into consideration. Finally in the words of the famous plastic surgeon Robert A. Chase “.....good surgeons in great numbers can perform procedures with competence, design flaps and transfers, and skilfully direct the patient’s postoperative course; but the wise surgeon is one who is capable of deciding whether or not the procedure should be done at all.”

Uncorrected refractive errors (URE): The preventable blindness

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Refractive errors include Uncorrected Hypermetropia, Uncorrected Myopia and Uncorrected Astigmatism. To see clearly, the eye must focus the image accurately on the retina. In people with refractive errors, this does not happen and as a result they have poor vision.

Myopics see near objects clearly, while distant ones are blurred. Parents and teachers must be made aware of the fact that children who have complaints of poor vision, of headache, of having difficulty in reading, having tendency to squeeze their eyes on the classroom blackboard or have falling school grades should be advised for an eye consultation. It is also a good habit to check vision of individual eye separately by covering each eye in turn. Much often an eye has been noted with poor vision and a gross refractive error very later in life.

URE not treated early in life can lead to Refractive Amblyopia. Amblyopia is a unilateral or less commonly, bilateral loss of best-corrected visual acuity that cannot be attributed directly to the effect of any structural abnormality of the eye or the posterior visual pathway but due to abnormal visual experience early in life.

Anisometropic amblyopia develops when unequal refractive error in the two eyes causes the image on one retina to be chronically deformed. The eyes of a child with anisometropic amblyopia look normal to the family. Detection and treatment are often late and at this stage, the prognosis for recovery of vision is guarded. A bilateral reduction in acuity that is usually relatively mild is Isometropic Amblyopia results from large approximately equal, uncorrected refractive errors in both eyes of a young child. Both anisometropic and isometropic amblyopia may improve considerably with refractive correction alone over a course of several years¹.

Poor vision for distance (short-sightedness) is the main symptom of myopia and diagnosis is easy. Treatment is prescription of appropriate concave lenses, so that clear image is formed on the retina. Poor vision for near (long-sightedness) is the main symptom of hyperopia and is treated with convex lenses.

Vision Screening Programmes in schools, Primary Health Care and Community Outreach Programme should be supported and monitored. Visual recovery often is directly related to early accurate detection of visual loss. The common cause for refractive error blindness is myopia in Asian countries. Various risk factors have been identified for myopia. The hypothesis that near work is a major risk factor for myopia is supported by several observations. Similar high rates of myopia in Chinese, despite different environmental life styles in various countries such as China, Singapore, or Taiwan underscore the importance of genetic factors. Several genetic loci for high myopia have been identified in family linkage studies of autosomal dominant high myopia².

Vision 2020 – the Right to Sight is the global initiative programme of WHO launched in 1999 for the elimination of avoidable blindness. Nepal adopted the programme in the same year with the aim to eliminate the main causes of blindness and to give thousands of blind people "the Right to Sight" by the year 2020. Refractive Errors and Low Vision have been labelled as one of the "target diseases" for the intensive effort to treat, cure or prevent blindness attributed to them. Some of the actions identified are introduction of refractive services at the primary eye care level, vision screening and low cost production of glasses.

References

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