Urogynaecology in Chennai

Introduction

This article was written to share my experiences of becoming a part of an urogynaecology teaching hospital in Chennai, India. I first visited the Kasturba Gandhi Hospital in Chennai during 2001 where I was asked to demonstrate a tension-free vaginal tape (TVT) procedure. When I arrived there, it was clear to me that the cost of a TVT would feed the entire theatre staff for a month and buy much needed equipment for very poor patients.

The Kasturba Gandhi Hospital was first called the Royal Victoria Gosha Hospital for Women in 1885. It was locally called the ‘Gosha’ Hospital (Gosha means the ‘purdah’ or veil worn by women). It caters for the poorest population of Triplicaine and was and remains a hospital for women run by women, although there are a few male doctors now working there. In 1948 the hospital was re named Government Kasturba Gandhi Hospital for Women and Children (KGH) after a 52 bed children’s wing was commissioned by HRH the Prince of Wales. KGH now has a very busy obstetrics and gynaecology unit, with 12,000 deliveries per year, most of them being high risk referrals.

Urogynaecology in KGH

In 1975 a female urologist was appointed to the hospital staff to cope with an ever increasing demand for repairs of vesico vaginal fistulas. Dr Rajamaheshwari (Raji), who now runs the urogynaecology department, is a combined specialty trained urologist and gynaecologist. She has been single-handedly managing the department since 1986. Since there was no urogynaecology as a specialty, she continued to work as a gynaecologist, refusing numerous promotions, including as professor of urology, to further the cause of urogynaecology. Her passion, skills and dedication are unparalleled. Finally, after setting up the Urogynaecology and Reconstructive Pelvic Surgery Society of India (URPSSI), she was made professor in urogynaecology and remains the only one in India. KGH is also the only sub-speciality training unit in India in urogynaecology; this has come about in the last 2 years.

The last six years

Conditions in KGH are still very different from what we are used to in the developed world. In 2001, there was no running water to scrub in theatres and pre-cooled boiled water was poured by the helpers so that surgeons could scrub before surgery (Figure 1). The instruments were quite poor in quality; when I watched the surgeons operate, it was their skill that compensated for the poor quality of equipment. To date, the cystoscopy infusion fluid goes from a stainless steel container with rubber tubing on to the sheath!

I was amazed to see that, despite these adverse conditions, Raji maintains a success rate of around 89% and has built a dedicated fistula ward. She has performed more than 1000 fistula repairs of all types and has kept meticulous notes on all.

When I was asked to operate in 2001, I was astounded at the plethora of pathology available. I saw nearly 40 patients in 90 minutes, each with a prolapse larger and worse that the previous...
one. The patients were kept standing outside the clinic (Figure 2), brought in and put on the bed and, while I was given a pair of gloves, a history was read by a resident. The patient was assessed within 2-3 minutes of entering the examination room!

For me, this was an opportunity not to be missed and I started encouraging colleagues to come with me on a bi-annual basis to do some workshops in Chennai. This year, URPSSI has an international faculty of 16 eminent doctors from all over the world and includes urogynaecologists, urologists and colorectal surgeons. Prof. Bobby Shull is the founding patron of URPSSI and has visited each year since 2004 to offer his experience in teaching and surgery.

In 2006 we saw the opening of a brand new theatre suite with three tables, lights, water and air-conditioning (if there is power). This was a quantum leap and is due to all the hard work, effort and donations collected by colleagues including Malcolm Frazer, Bobby Shull, George Kaladelfos, Stephen Young and Linda Brubaker to name a few.

Our sub-speciality trainee Dr Lim visited Chennai on secondment for 3 months. He recounts that his surgical experience there remains one of the best aspects of his entire subspecialty training experience. I also sent two final year medical students for a 6 week elective. They ended up doing more that 40 deliveries each and sutured till their fingers were numb.

URPSSI 2007

A few months ago I attended a meeting under the auspice of URPSSI, combined with a meeting of the Urological Society of India and the IPFDS (International Pelvic Floor Dysfunction Society) in Chennai. Several members of the CFA participated in a 3 day programme with virtually non-stop lectures and live operating. The programme was testimony to the development that has occurred in the last 5 years of this society.

Lessons learned

The first lesson I learnt very quickly was that I did not go there to ‘make a difference’. In fact I learnt more that I taught. The second lesson was that there is a plethora of talent in India that does ‘make a difference’. The third lesson I learnt was that help should be offered to improve the infrastructure, not change ways of work or ideology. The fourth realisation was that India has a wealth of pathology due to the large population and we in the west have the refined technology; a win-win situation can be generated out of this.

The plight of poor women in India is moving and the contrast between the ‘have’ and the ‘have nots’ quite stark, yet I see more smiling faces at KGH than anywhere else.