Endoscopy attachment in Japan

Norwani BASIR,
Division of Gastroenterology and Hepatology, Department of Medicine,
RIPAS Hospital, Brunei Darussalam

I had the wonderful opportunity to go to Japan under the sponsorship of Kyushu University Hospital, Fukuoka Japan (Panel) for a two week endoscopy attachment (6th September to 20th September 2011). The Department of Diagnostic and Therapeutic Endoscopy of Kyushu University Hospital, Fukuoka won a grant to sponsor trainees from the Asia-Pacific region to be attached in their endoscopy centre.

Fukuoka, or Hakata, is a fairly modern and the largest city located on the northwest of Kyushu . Voted number 14 in 2010's poll of the World's most livable cities, Fukuoka is praised for its green spaces in a metropolitan setting. Divided into two areas by the Nakasu river, Hakata is the business district, and Tenjin the shopping district, the Japanese version of Oxford Street, London.

On the day I arrived, I went to Kyushu University Hospital (15 minutes by subway) and met Professor Shuji Shimuzu who was in charge of the programme. I was informed that they have 15 doctors who come annually for attachment. I was introduced to other trainees in the programme from Thailand, Singapore, South Africa, New Zealand, Indonesia at different levels of their training and was given timetable for my two week stay.

The attachment started at 9am and usually finished by 5.30pm. The hospital is a new and modern and has its chain American coffee branch and Subway restaurant in the foyer. A cheaper option for lunch is at the students' union building, which sells okay-food for 380 yen (BND $6), the cheapest meal I ever had during my stay. The endoscopy suite is a well equipped, contemporary unit with eight procedure rooms and a very comfortable waiting area. It has a separate medical data room where all digitalised images from the procedures are collated and reported.

Japan has the highest incidence of Gastric cancer. Hence, early gastric cancer screening is patient. Endoscopic intubation is performed up to

Correspondence author: Norwani BASIR
Department of Medicine, RIPAS Hospital,
Bandar Seri Begawan BA 1710,
Brunei Darussalam
Tel: +673 2242424 Ext 5233
E mail: norwani.basir@googlemail.com

Panel of the left: Prof Kenshi Yao (seated in blue uniform). Panel on the right: Team with Prof Uedo seated to the far left

third part of the duodenum and viewed meticulously with white light endoscopy. For each procedure, up to 40 images are captured. The endoscopist will then perform chromoendoscopy with indigo carmine and areas that are not taken up by the dye will be evaluated with a mini-probe Endoscopic Ultrasound (EUS) and Narrow Band Imaging (NBI). Morning sessions are dedicated to early gastric cancer (EGC) screening with 30 procedures per day carried out. Afternoons are usually booked for colonoscopies (what amazing bowel preparations!), and therapeutic endoscopies such as Endoscopic Submucosal Dissections (ESD) and Endoscopic Mucosal Resections (EMR). Language was not a problem as the endoscopists speak good English and taught us during the procedures.

The endoscopists, like in Brunei Darussalam, comprise of both the gastroenterologists and the surgeons. In Japan, the radiologist with a GI interest also performs endoscopy. I spent a day at Fukuoka University Chikushi Hospital with Professor Kenshi Yao, the pioneer of Magnification Endoscopy. A gastroenterologist by profession, he is also cum radiologist and pathologist, performing barium studies and looking into specimens that he had resected or biopsied.

I was also attached to the Osaka Medical Centre for cancer and cardiovascular diseases under the supervision of Professor Noriya Uedo, the person who made this Japan attachment possible. Transportation was sponsored and used the Shinkansen, (bullet train that travels up to 300km/hr) costing $415. He and his team were very help ful and taught the basic techniques of ESDs, EMRs and Auto Fluorescence Imaging (AFI). Apart from arranging accommodation, Professor Uedo also took his time to bring me around Nara and Kyoto during the weekend.

Had I been able stay for a month, I would have spent a few days at the National Cancer Centre Tokyo. Overall, I have learnt a great deal, procedures that we don't do in Brunei Darussalam and rarely done even in Singapore. This experience has exposed me to the advance diagnostic and therapeutic techniques that are available in Japan, and not currently used in Brunei Darussalam. Japan, being the forefront in the endoscopic field, has taught me the importance of using different diagnostic techniques to achieve precise diagnosis especially in early gastric cancer screening. Chromoendoscopy, Magnification Endoscopy with NBI, AFI, interventional EUS are a few of many I have learnt during my short stay, together with different therapeutic techniques such as ESD, EMR, oesophageal dilatation (CRE-TTS method) and Photodynamic therapy.

I am very grateful to Professor Shuji Shimuzu of Kyushu University Hospital for the opportunity and privilege to come as a visiting scholar. It was an honour to have had been taught by Professor Kenshi Yao and to Professor Noriya Uedo for imparting valuable knowledge and generosity. I hope some of the techniques will be introduced to Brunei Darussalam. As this is a yearly programme, budding endoscopists (physicians and surgeons) have this wonderful opportunity, at the same time to enjoy the wonderful and rich culture and language of the land of the rising sun.