

SIU Training Scholarship: an Unforgettable Experience at the Muljibhai Patel Urological Hospital, Nadiad-Gujarat, India

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Introduction

The Société Internationale d'Urologie (SIU) provides 2 types of scholarships to young urologists around the world, especially those from developing countries who obtained their medical doctorate less than 10 years earlier. The scholar is given the rare opportunity to train in an SIU-accredited centre located in their own geographical area, if available. The scholarship affords the trainee an observational role for a 3- or 6-month period, with a stipend during the stay. Although this is a highly competitive process, the SIU has maintained a high sense of commitment to trainees all over the world.

In this paper, I share my experiences at one of the most advanced and sought-after training centres—a personal account of my 6-month stay as an SIU fellow from Sokoto in North Western Nigeria, at the world-renowned hospital.

Muljibhai Patel Urological Hospital(MPUH): SIU-Accredited Centre

MPUH ([Figure 1](#)), a premier institute in India devoted entirely to urology and nephrology, was established in 1978 by Dr Virendra Desai, an internationally trained urologist, in partnership with philanthropists Jayaramdas Patel, Shri Occhavlal Parikh, and Shri Prahlad Patel. Today, MPUH has a 160-bed capacity (up from 25 beds at inception) and houses 6 operating theatres, 44 dialysis stations, and urology, nephrology, anesthesiology, radiology, and pathology departments, along with a modern clinical laboratory and blood bank. The hospital houses a state-of-the-art teaching and training centre, Jayaramdas Patel Academic Centre (JPAC), an ultramodern library of an international standard containing a rich array of scholarly materials and internet access. The laparoscopic training skills laboratory is also located at the JPAC, with facilities for dry and wet activities and for practice on models under a dedicated and committed staff. The activities at the laboratory include transurethral resection, percutaneous nephrolithotomy, and robotic and uro-mentor models, such as chicken pyeloplasty, an indigenous innovation from the MPUH team.

Institutional Structure and Clinical Rotation

During my stay at the hospital, the daily academic programmes, OT sessions, and lectures/teaching sessions were avenues for the consultants to teach all cadres of trainees. The trainers and trainees were so magnanimous with their knowledge and experience, sharing freely when opportunities arose.

The activities at the urology unit commenced daily at 7:30 a.m. (except on Fridays, which began at 8:00 a.m.) with teaching rounds by the consultants. The OT started at 9:00 a.m., and there were evening rounds for review of patients and preparation of the list for the next day. Activities on Wednesday were preceded by a transplant meeting, with the transplant team—the medical director, administrative staff representative, all urologists, nephrologists, anaesthetists, and nurses—discussing thoroughly the cases and patients' progress. The uropathology meetings were held on Tuesdays to discuss the histological results of all patients and decide on their further management.

Key Words

Pelvic organ prolapse (POP), bladder calculi, cystolitholapaxy, sacrocolpopexy

Competing Interests

None declared.

Article Information

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FIGURE 1.
Muljibhai Patel Urological Hospital, Nadiad-Gujarat, India



Image courtesy of Hospital Imaging Department.

On Friday mornings, there were oncology board meetings to discuss the outcome of all oncological cases and their line of management vis-à-vis their current state. Everyone was expected to attend these meetings. Following all these meetings, there was a breakfast at the JPAC reception for all doctors; it was never skipped once during my stay.

Achievements of the Hospital

The hospital remains one of the most well-attended centres under the SIU training programme: 94 doctors from the geographic region have trained as consultants, and 11 are currently undergoing the same training. Several doctors from around the world have had their training at the hospital, including those who have completed their SIU training. Over 225 international and national publications have come from the hospital, as well as patents associated with its highly revered scholars. Many of its doctors have gone on to provide leadership in almost every stratum of the urological community both nationally and internationally. Over the years, many devices have been innovated at the MPUH, including the laparoscopic needle holder to avoid wobble, the Nadiad bag (specimen retrieval bag for laparoscopy), and the chicken model for training in urology (for laparoscopic pyeloplasty).

Procedures Participated in During my Fellowship Training

A total of 1840 urological procedures, including renal transplantation, were carried out in MPUH during the period of my training. **Figure 2** shows the distribution. The procedures include some of the latest interventions in urology. Minor procedures consist of both open and endourological.

Additional Learning Experience While in India

The management of the hospital was very kind to allow me to spend 5 weeks of my training period at the widely recognised Kulkarni Endosurgery and Reconstructive Institute in Pune, India (**Figure 3**), under the tutelage of the world-renowned reconstructive surgeon and Past President of the SIU, Professor Sanjay B. Kulkarni. The reception offered by his wife, Dr Jyotsna Kulkarni (laparoscopic general surgeon), and Dr Pankaj Joshi (urologist), fellows at the hospital, and the OT staff was heartwarming. During my short stay, I participated in the following procedures: TURP (4), epididymis cyst excision (1), RGP/Rt pyeloplasty (1), PFUD and preputial skin tube (4), BMG urethroplasty (23), URS/DJ stenting (3), urethroplasty (7), PFUD (6), Preputial skin graft (6), hypospadias repair (5), female BMG urethroplasty (3), DVIU/Injection Paclitaxel (3), panurethral urethroplasty (2) and Orandi flap urethroplasty (1).

Conclusion

My experience in India was my first and best training experience outside my country. The facility is the envy of many, with the hospital always improving its services and imparting knowledge to all who visit. The sense of dedication to duty in MPUH by all and sundry is highly commendable and admired.

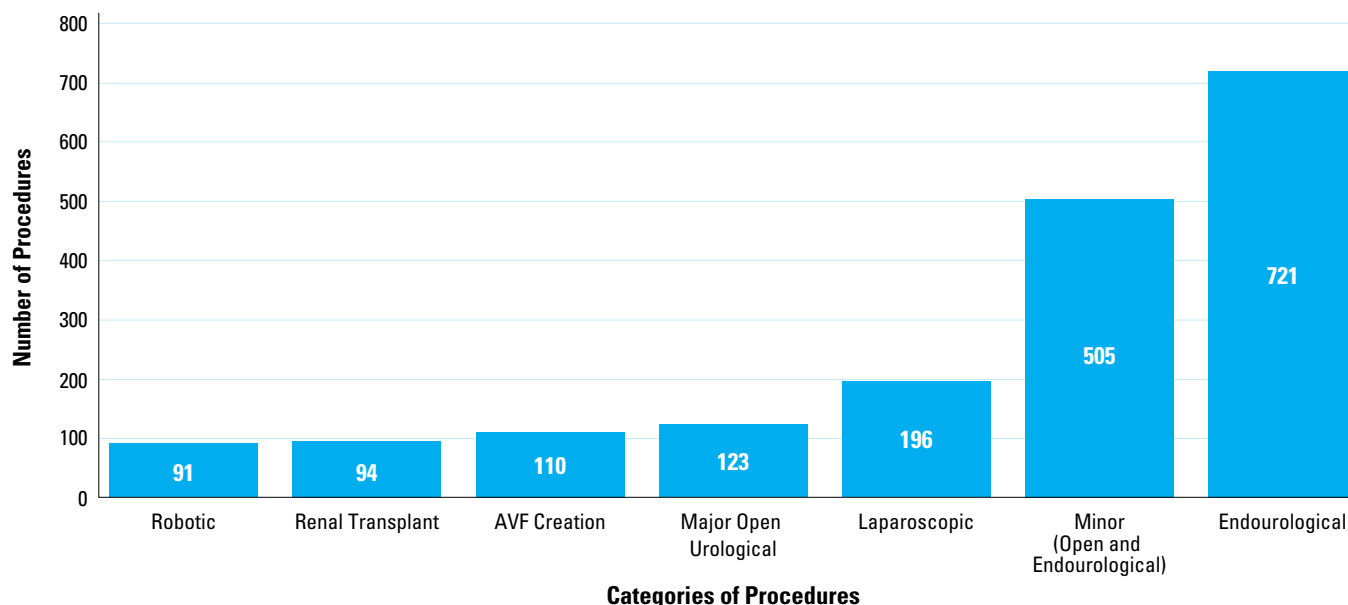
My SIU training at the MPUH was a huge success, and I am motivated to return to Nigeria and offer the highest standards of urological care to our patients.

Recommendations

The SIU should continue to support and strengthen the bond of friendship with the MPUH, as their role

FIGURE 2.

Procedures undertaken at MPUH during my SIU training



in training urologists around the world will remain relevant in the years to come. Where possible, there should be a high premium on international recognition and support from donor agencies, which play an integral part in urological education around the world.

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FIGURE 3.

L-R. Professor Sanjay Kulkarni (Past President, SIU), Emmanuel Oyibo (SIU scholar), and other trainees at Kulkarni Endosurgery Institute and Reconstructive Centre, Pune, India

