

Exchange program in Nepal

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I studied at Kathmandu Medical College (KMC) from 4th April to 29th April. KMC is one of the medical colleges attached to Kathmandu University. KMC is located near Tribhuvan International Airport which is the only international airport in Nepal. KMC hospital is large and it has about 900 beds.

I was posted to medicine, orthopedics, emergency, anesthesia and pediatrics.



Medicine

I was in pulmonary medicine. I attended rounds and outpatient care. We had no conference, but when we were rounding, doctors discussed a patient's care carefully for about 10 minutes and decided treatment plan. The hospital had ordinary medical equipment such as blood test, X-Ray, CT, MRI. Bronchoscopy was also performed.

Although I was in pulmonary medicine, we had patients who weren't suffered from pulmonary diseases. I saw COPD, ITP, SLE, aspiration pneumonia, lung cancer.

In Nepal there are so many COPD patients, because Nepali people use firewood for cooking. It is one of the most common diseases.

In outpatient department, a doctor translated into English while he was examining patients. Then I discussed them with him.

Orthopedics

I observed operations and outpatient treatment. We had many outpatients. It started at 9 a.m. and finished at 3 p.m. There were kinds of patients, but low back pain and fracture were very common. Traffic accidents and falling were main causes of trauma.

In outpatient department, I felt that patients' privacy was not protected, because room was not separated and many other patients and their families were in the room.

Most operations which I observed were related to fracture such as K-wire fixation, plate fixation and intramedullary nail fixation. I also saw posterior cruciate ligament reconstruction.

Compared to Japan, medical equipment in the operation room were less advanced, but I didn't think there is a big difference in procedures of operations.

In orthopedics, I was taught by a very educational doctor and I learned a lot about X-p, physical examinations and operations.

Emergency

This department is next to the entrance gate of the hospital. Most patients walked into the emergency room and lay on bed by themselves. Then doctors examined them. They had about 40 patients per day. After they checked patients' vital signs and simple physical examinations, they assign patients to other departments. So, we often didn't get definite diagnosis. But I learned emergency care.

Trauma, acute exacerbation in COPD and food poisoning were common. What I was surprised was that patient's family members had to buy requested drugs at pharmacy before doctors treat the patient. They even had to buy syringes.

Anesthesia

I think it was the most similar to Japanese style among departments which I rotated. Differences between Japan and Nepal are that inhalation anesthetics are isoflurane and halothane and there are fewer monitors. I observed general anesthesia, spinal anesthesia, epidural anesthesia and nerve block. Doctors taught me well. I learned anesthesia induction and how to use emergency drugs. I also established intravenous route for the first time and practiced intubation.

Pediatrics

I mainly observed outpatient treatment. And every morning the professor gave a lecture on a case. Since not only were the cases difficult but also he talked fast, the lectures were very hard for me. But fortunately interns helped me a lot. The cases were myocarditis, minimal change nephrotic syndrome, Graves' disease and so on.

In outpatient department, most patients complained fever, diarrhea or abdominal pain caused by insanitary environment. By the way, all Japanese students suffered from abdominal pain and diarrhea.

As a whole, family members are very important in Nepal. No patient comes to the hospital alone. As the hospital doesn't serve meals, family members prepare them and look after the patient. Thus, I felt doctors gave sufficient explanation of patient's condition to them. In Nepal few people have medical insurance because it is expensive. They have to pay total cost of treatment. So, poor people don't seem to be able to receive adequate medical care. They must hesitate to have a MRI because it costs as much money as average Nepali monthly income.

We visited many places on holidays and after practice. For example, Nagalkot, Chitwan national park, Pokhara and Durbar squares in Kathmandu, Patan and Bhaktapur. Nagalcot has beautiful sunrise. Wild tigers and rhinos live in Chitwan national park. Pokhara has big lake and is very near



Himalayan mountains. Three Durbar squares in three cities are remains of three erstwhile kingdoms.

Nepal is a pro-Japanese country and once people know we are Japanese, they look happy and are very kind for us.

Nepal is very safe. Murder or robbery seldom occurs. I often took a local bus, but I was stolen nothing. I never felt danger in any situation.

We had curry called daalbhaat tarkaarii almost every day. There are many kinds of spicy foods in Nepal. If you like spicy foods, you should go to Nepal.

I spent fulfilling days in Nepal. Everything is new and exciting. But I fully realized that my English skill is so insufficient that I have to study English.

Finally, I appreciate all the support I received for this program from everyone at KMC and Kobe University.



With KMC students