

## **Report by Dr Grothuesmann about the SES supported mission in the Mongar District Referral Hospital (eastern-Bhutan) from the 28<sup>th</sup> of July until the 18<sup>th</sup> of January**

As being specialist for gynecology and obstetrics and MSc in International Health with a main area of interest in maternal health and newborn care I was placed in the eastern-Bhutan referral hospital in Mongar. Before being placed in Mongar I was introduced for one week into the specific key reproductive health problems of Bhutan within the setting of the JDWNR Hospital in Thimphu. The established obstetric and gynecologic guidelines were explained and specific gynecologic surgical procedures regarding to the used practice in assistance performed by me (cesarean section, mini-laparotomy based tube ligation, total abdominal hysterectomy). The introduction into the Bhutanese health system and reproductive health topics in Thimphu was beside the very busy working situation adequate comprehensive.

The new Mongar referral hospital was established in 2007. The Mongar Referral Hospital is the second largest hospital in Bhutan and responsible to handle referral cases for the eastern region. The hospital includes 9 departments surgery, ENT, internal medicine, orthopedic, eye, dental, OBGYN, pediatric, anesthesiology based on 150 indoor patient beds. Furthermore an ICU for neonatal and adult patients and a dialysis has been established. The gynecology department in Mongar run by Dr Sonam Gyamtsho since 2004 includes 19 indoor beds and two labour rooms. Elective surgery is served on two days a week (Monday and Thursday). The outpatient department includes antenatal care activity, reproductive health and STI/AIDS counseling and a well established Pap smear screening program. An ultrasound unit served by an ultrasound technician is established serving investigations for any gynecological and obstetric problem in a joint venture procedure with the specialist for gynecology. 2010, 505 deliveries were conducted.

I was working on full time basis and participated in the night and weekend duties as well. I managed in cooperation with Dr Sonam Gyamtsho, based on the collegial principle, all admitted gynecological and emergency obstetric situations. During my stay in Mongar I performed 50 cesarean sections, 8 hysterectomies (abdominal and vaginal) for benign diseases, 3 radical hysterectomies, 8 tube ligations, 3 laparotomies for miscellaneous reasons, 17 D|C 6 D|I for different abscesses. At JDWNR Hospital in Thimphu I performed 4 CS and one tube ligation. The instrumental deliveries include 17 forceps and 5 ventouse cup deliveries. Forceps and ventouse cup are used now in the specific preferable situation and well accepted from the midwifery staff too. During Dr Sonam G and my cooperation the number of spontaneous deliveries could be increased by conducting spontaneous breech deliveries and twin deliveries. One of our main effort was the implementation of the national guidelines for antibiotic use and the cervical cancer screening program. The antibiotic usage could be tremendously

reduced by establishing the single shot antibiotic preventive treatment in surgery and the induced stop of the prophylactic antibiotic treatment after spontaneous deliveries. We did not see any negative consequences after establishing these evidence-based policies. One of my specific tasks was the guidance of the cervical screening consultations in the OPD. I performed more than 40 colposcopic guided biopsies. The detected cases of intraepithelial were treated like LEEP. Invasive cervical cancer cases were operated adapted to the international recommended standards with surgical procedures like Wertheim-Meigs operations. Dr Sonam G participated and could be introduced into the procedures and the anatomical understanding.

Dr Sonam G. and me organized and rearranged the surgical instrumental packs by making it simple out of choosing what is really necessary for the main conventional operations. Out of this the workload for the consequent disinfection unit could be dramatically be reduced. The underutilized hysteroscopic and laparoscopic instrument were newly arranged according to their tasks. We established instrumental hysteroscopic sets for: 1. Diagnostic-, 2. Mechanical- , 3. Operative electric hysteroscopy. We could introduce hysteroscopic surgery like diagnostic and mechanical hysteroscopy, which are now skilled performed by Dr Sonam G.. The operative electric hysteroscopy is out of the missing of an essential connecting cable still not integrated into the spectrum but the essentials here for are there and I look positive forward that Dr Soman G. will establish after the salvation of the technical problems. The laparoscopic sets for gynecological surgery were rearranged too. The equipment is there but lack of cases and shortage of anesthesia drugs during our cooperation time was a limiting factor to go for further laparoscopic surgery. In conclusion laparoscopic surgery is feasible in Mongar. Dr Sonam G. is very motivated about laparoscopic surgery and will definitely go for further steps if his department will be adequately supported with necessary technical and logistical support.

The cooperation with Dr Sonam G. was of exemplary manner and based on mutual understanding and trust. We were equal colloquies enriching or professional and personal skills one on one. Dr Sonam G. has been excellently trained in his profession during his training program in Sri Lanka. The essential basis for his understanding of medicine and his gynecologic profession is evidence-based medicine. The integration of new procedures and principles were fixed on the already existing Bhutanese guidelines, international literature and practicability based on the given surrounding. I personally profited from his incredible life skills his always adapted to the given situation adapted procedures (for instance drug shortage, lack of human resources. His profession and his skills enable him to adapt in perfect manner to unforeseeable und uncertain situation who are characterizing especially obstetric and gynecologic emergency situations.

Out of the support of the ministry of health I could furthermore deep knowledge about the typical health problems in one of the remotest areas of Bhutan which are handled by

the health care workers by the established intergraded primary health care approach characterizing the Bhutanese system. The Brokpa communities in the Merak and Sakten Geogs of Trashigang benefitted from this knowledge and experience while checking them up in Dec. 2010. The comprehensive animated discussions which I could perform with the Sakten HA brother Karma will guide into further research based on a qualitative study. He wants to conduct a study about the unsolved high home delivery numbers in the Merak and Sakten Georg. Hopefully the study will be conduct after given approval of the Royal Government of Bhutan. I will support as supervisor after approval of his proposal. I personally believe that the research based conclusion will have an tremendous impact to find an cultural acceptable answer to this unsolved problem.

My housing was excellent. I stayed in a single house, electricity and water was provided. Food was given when requested by the hospital kitchen. Internet was available in any of the wards and ICUs. I could easily access internet at my home. Whenever I had problems Dr Tapas with his administration team gave me a helping hand. Until now the SES is facing sometimes problems out of the not given and signed by memorandum of understanding. The bonding between the SES, Dr Pfeifer and the ministry of health of the Royal government of Bhutan might need some more efforts and clarification. I personally could cope with given difficulties because of the local and national support and my life skills given by international work experience and study of International Health. Minor problems like visa entrance fees and difficulties of visa extension, road permits might be easy solvable by mutual understanding regarding to further projects. There are many opportunities for further projects run and supported by SES in Bhutan. As always a clear structure based on feasible and sustainable policies, action planes and presentable indicators will show what could have been done. The ministry of Health told me to present their understanding of opportunities for further SES projects in Bhutan, through these, key points for the discussion between SEs and the ministry will be given and coming projects predictable.

I personally enjoyed any moment of my stay in Bhutan. A country whose people and incredible environment I felt deeply in love with. I believe in the success of further projects supported by SES in Bhutan. A prerequisite here for will be the coming discussion about the options based on the national opportunities. Finally I wish health and happiness for all participants of further projects and I personally look forward to see Bhutan again.

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