Endoscopy attachment in Japan

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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...
third part of the duodenum and viewed meticu-
lously with white light endoscopy. For each proce-
dure, up to 40 images are captured. The endo-
scopist will then perform chromoendoscopy with
indigo carmine and areas that are not taken up by
the dye will be evaluated with a mini-probe Endo-
scopic Ultrasound (EUS) and Narrow Band Imaging
(NBI). Morning sessions are dedicated to early gas-
tric 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 Mu-
cosal Resections (EMR). Language was not a prob-
lem as the endoscopists speak good English and
taught us during the procedures.

The endoscopists, like in Brunei Darussa-
lam, 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 un-
der 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/
hour) 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 Cen-
tre Tokyo. Overall, I have learnt a great deal, pro-
cedures that we don’t do in Brunei Darussalam and
rarely done even in Singapore. This experience has
exposed me to the advance diagnostic and thera-
peutic 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 diag-
nostic techniques to achieve precise diagnosis espe-
cially in early gastric cancer screening. Chromoen-
doscopy, Magnification Endoscopy with NBI, AFI,
interventional EUS are a few of many I have learnt
during my short stay, together with different therap-
etic techniques such as ESD, EMR, oesophageal
dilatation (CRE-TTS method) and Photodynamic
therapy.

I am very grateful to Professor Shuji Shi-
muzu of Kyushu University Hospital for the oppor-
tunity and privilege to come as a visiting scholar. It
was an honour to have had been taught by Profes-
sor Kenshi Yao and to Professor Noriya Uedo for
impacting 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 lan-
guage of the land of the rising sun.