

## **AMDA transfers endoscopy techniques to Mongolian National University of Medical Sciences (MNUMS)**

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### Introduction:

Marking its third time, this year's endoscopy training at Mongolian National University of Health Sciences (MNUMS) was something to remind ourselves of the drastic change currently taking place in the Mongolian medical sector. One significant event to note is the establishment of Mongolia-Japan Teaching Hospital scheduled to open in June 2019. With the financial backing of the Japanese government, the new facility is expected to offer high-level medical training and medical services.



*Mongolia-Japan Teaching Hospital opening in mid-June 2019*

This year's training was held from 29 April to 2 May 2019 at MNUMS, a forerunner medical institution in the nation. As facility relocation was underway to move the endoscopy room into the new teaching hospital, this became the final training to be held at the old building. During this period, about 70 patients had their upper and lower abdomen examined. In addition, 16 trainee doctors were able to gain hands-on experience by using a colonoscopy simulator brought in from Japan.



*Simulating colonoscopy*

After the training ended on the 2<sup>nd</sup> of May, MNUMS started the preparation work to move the endoscopy room into the new hospital on the following day.

According to 2016 statistics provided by WHO and Mongolian Ministry of Health, the common causes of death in Mongolia are, 1) heart disease and stroke, 2) cancer, and 3) accidental death. Referring to 2), although the types of cancer slightly vary between men and women, 78% of the cases are usually detected at stage 3 or 4 regardless of sex. Likewise, 85% of them die within a year from detection. In response to this critical

situation, Mongolian Ministry of Health set a goal to reduce the number of cardiovascular diseases and cancer by 2030.

#### Common Types of Cancer in Mongolia

	1	2	3	4
Men	Liver	Stomach	Lung	Oesophagus
Women	Liver	Stomach	Cervical	Oesophagus

#### Why medical technology transfer is needed:

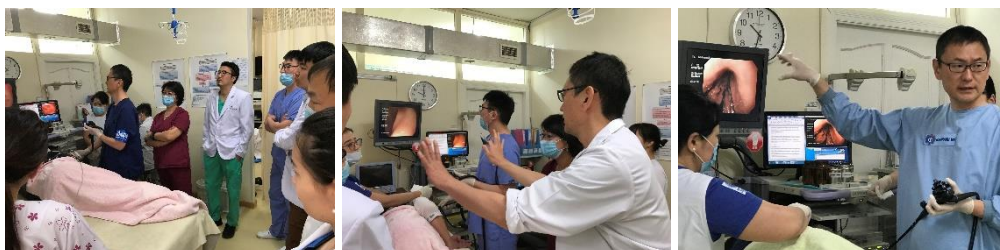
- 1) For early detection, diagnosis and treatment of cancer
- 2) To hopefully reduce medical expense incurred by patients and the government
- 3) To foster young doctors (to make a good use of medical equipment donated from Japan and help the doctors acquire high-level skills)

#### AMDA Endoscopy Training 2019 overview:

Upon instructing the trainees, Prof. Davaadorj. D (President, Mongolian Gastroenterology Association) and Prof. Oyuntsetseg (Director of Endoscopy Unit, MNUMS) offered their kind support.

I told the trainees that as long as doctors conduct endoscopy, they must shoulder an enormous amount of responsibility and should not overlook the subtle changes that may occur in the early stage of ailments. I also reiterated it is important to minimize the burden on patients when carrying out endoscopy.

Standing side by side, I repeatedly told the young doctors to look harder and give a precise diagnosis while demonstrating the practical techniques. The cases we saw were reflux oesophagitis, atrophic gastritis, H. pylori infection, superficial gastritis, gastric polyp, gastric erosion (upper abdomen), as well as ulcerative colitis, ischemic colitis, colon polyp, diverticulosis, and haemorrhoid (lower abdomen). There were some cases of biopsy, however, no malignant case was found.



I was fortunate enough to talk directly with the aspiring youths who are studying under Prof. Davaadorj. D. Expressing my high hopes, I advised the trainees to become a doctor who can transcend country borders and cooperate with the likeminded others around the globe in the near future. I also added that we must be responsible for the very life that exists in front of us and continue to make efforts on a daily basis to attain the skills that save lives.



### Colonoscopy simulator:

For all the doctors and trainees, it was their first time to have a go at the colonoscopy simulator. One of them was a doctor who has been in charge of infant endoscopy at the hospital's maternal and infant health centre from this year. A skilled young doctor who had already handled over 4,000 cases of endoscopy also joined the session.

The initial goal, which was set to allow the beginners (five of them) to insert the scope up to appendix, was achieved fairly well. For experienced doctors, they used the device to simulate more complex cases such as sigmoid volvulus. The workshop continued until the closing time of the hospital. When Dr. Badrakh demonstrated the skills he acquired in Japan last year, it proved that the expertise had been passed on to Mongolian doctors with certainty.



*Everyone trying out the simulator*



*Prof. Sato instructing Dr. Badrakh who came back from Japan*

### Mongolia-Japan Teaching Hospital:

Scheduled to open in June 2019, Mongolia-Japan Teaching Hospital embodies the state-of-the-art architecture Japan has to offer. When I paid a visit to the new hospital's endoscopy unit on the 30<sup>th</sup> of April, cutting-edge devices had already been installed. I was asked through which route a patient should be transferred to reach the endoscopy room in case of emergency. I also gave tips on infection prevention after using the

endoscope. It is expected that the level of practical endoscopy environment in Mongolia will reach the Japanese standard in the next few years.



### Conclusion:

Highlighting the enhanced skills among Mongolia's next generation of doctors, Prof. Davaadorj. D and Prof. Oyuntsetseg thanked AMDA for the last three years of medical technology transfer. They expressed their hope for the continuation of this project as there are a range of specialties such as emergency endoscopy, EMR, ESD, ERCP and balloon endoscopies that are yet to be covered.

On a side note, MNUMS will be sending another doctor, Dr. Enkh-Amar Ayush, for his training at Saiseikai Hospital in Okayama, Japan from September to November 2019. As always, I am greatly looking forward to accepting enthusiastic doctors from the overseas.

### Message from Prof. Davaadorj. D (President, Mongolian Gastroenterology Association)

*"It is our third time to receive Prof. Sato's guidance, and every single workshop has been an important opportunity to let our young doctors learn essential skills such as emergency endoscopy, ESD and colonoscopy. I would like to extend my sincere gratitude to Prof. Sato and AMDA for their tireless contributions."*



*Prof. Davaadorj D. and Prof. Sato*

### Comments from endoscopy patients

*"After I received colonoscopy last year, a local Mongolian doctor told me to come back again this year. This time, I was relieved to learn that the result was fine. I will make it a point to get a check-up annually."* Mr. Zoljargal (a male patient in his 30s)

*“I was worried as there was something wrong with my abdomen after having rectal bleeding. I came to find out that no inflammation was detected in my stomach and that put me at ease.”* Mr. Khabul (a male patient in his 30s)

*“I had endoscopy for the first time after feeling pain in my stomach. Not knowing what the treatment was, Prof. Sato kindly explained to me the symptoms and cure in detail.”* Mr. Boldbaatar (a male patient in his 50s)

*“Something didn’t feel right in my throat for a while, but I didn’t know what it was and had to leave it as it was. Thanks to endoscopy, I finally had it checked thoroughly.”* Ms. Unenbat (a female patient in her 50s)

