Internship Report

Submitted by
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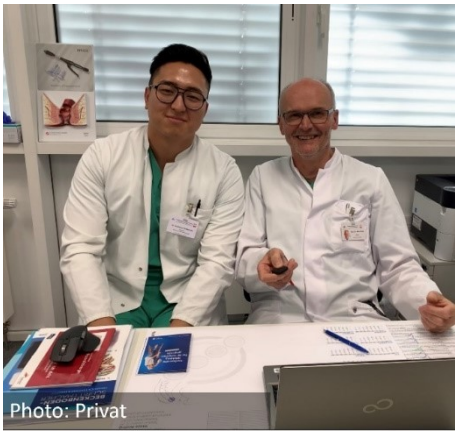
Caritas-Hospital St. Josef, Department of General Sugery- Coloproctology, 2023.03.13-2023.03-16. Under the guidance of Prof. Dr. med Alois Fürst



Dr. T. Baatarsukh, Prof. Dr. A. Fürst (v.l.n.r.)

ACKNOWLEDGEMENT

It was my privilege to get an internship at Caritas – Hospital St. Josef, a highly professionalized modern hospital. I have learned a lot during my training of 3 days duration, and I was very fortunate to get the opportunity of an internship in this hospital. On top of it, it has been extremely enjoyable working here, in an international environment with kind and friendly doctors.

In addition to daily work, I had the opportunity to meet different people working over there. I would like to express my deep gratitude to the staff of the hospital, first to Prof. Dr. med Alois Fürst and Secretary General of Germany Society of Coloproctology Prof. Dr. Alexander Herold for giving me this opportunity. I really appreciate Dr. Erik Allemeyer for giving me the Chance of participating in the Klinikpartnerschaft with our hospital that he has been developing since 5 years, now.

Also, it was a great pleasure and honour to join the coloproctology congress in Munich. Also, within this project, I am happy that the knowledge and information of Mongolian coloproctology doctors and nurses is being improved.

SUMMARY OF TRAINING REPORT

I attended the Department of General Surgery – Coloproctology during my training period from 13th March 2023 to 16th of March 2023. It is a Clinic for general, visceral, Thoracic surgery, obesity medicine. Minimally invasive surgery ensures the care of elective surgical interventions and, of course, emergency care around the clock.

Throughout my internship, everything about the hospital was interesting and the hospital enviroments and the calmness and friendliness made the patients feel like being home.

I saw the surgery performed by professor to fistulectomy with sphincteroplasty. He explained the surgery well and was very friendly.

The hospital was equipped with all the world's leading techniques and technologies, including robotic surgery. Robotic surgery is postulated to result in better surgical results by allowing improved instrument manipulation and three-dimensional vision.

In a patient with ceacal cancer, Professor Fürst applied robotic right hemicolectomy with transversoileo anastomosis. A laparoscopic sigmoid resection and descendorecto anastomosis surgery was seen at a patient diagnosed by sigmoid diverticulitis. I did an outpatient examination with the Professo Fürst, discussed together, and made a conclusion. We performed proctoscopy and trans rectal ultrasonography in every patient. Of particular interest during the ambulatory examination was a case checking the effect of sacral nerve stimulation insertion patient.

I saw a patient with rectal cancer. The operation team applied a laparoscopic and an transanal total mesorectal excision with coloanal anastomosis and diverting ileostomy. This surgical method is performed by two surgical teams at the same time, and it was very interesting because it is not performed in our country.

Many of the things that I saw in Regensburg can be applied to Mongolia, for example, the outpatient examination was very comfortable and there were many options for rectal endoscopy.

From March 16 to 18, I participated in the congress of the German Society of Coloproctology in Munich, Germany. At this conference, new information was told about modern trends in surgery for colon cancer and other diseases, as well as the differences, risks, and complications of robotic surgery and laparoscopic surgery.

In Conclusion, through this internship, I saw minimally invasive surgery based on modern, advanced technology. In the future, it seems possible implementing these new methods in my own country. I have learned and witnessed firsthand how minimally invasive surgery and robotic surgery are critical to early discharge and rapid recovery. In colorectal surgery, the robotic surgical system can help us to overcome steep learning curves and allow us the possibility of minimally invasive surgery, especially for rectal cancer surgery. And I think the hand tremor of the camera-holding assistants and the resulting instability of two-dimensional visualization images furthermore are other limitations hindering.

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