Addressing Vascular Disease in Nepal: Perspectives of a US/Nepal Collaboration
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Citation

INTRODUCTION

Vascular surgery is a separate domain in surgery, and is still in its infancy in Nepal, but is ready for big strides. Following trends of western world, vascular disease is on a rise in Nepal, growing the demands of vascular surgeons. I have been closely following the development of vascular surgery in Nepal by being involved with many of my vascular surgical colleagues and friends in Nepal, especially in Dhulikhel and Kathmandu.

Of the various subdivisions in vascular surgery, creating vascular access for patients with end stage renal disease is a highly specialized field. The declaration that the Nepal government would pay for dialysis has suddenly paved the way for interest and demand in this field. My visits to Nepal have focused on addressing the need of growth in vascular access and managing associated complications such as aneurysms, swollen arms, decreased flow in the fistulas, and failure of fistulas to mature. Organising skill oriented hands on courses in simulation labs help with understanding and mastering the skills needed. Similarly surgery for peripheral arterial disease, in the form of peripheral bypass and endovascular repairs, is a promising area for growth in Nepal. There already seems to be heavy interest in management of venous diseases in Nepal backed by the fact that most of the recent modalities for the treatment are already well established in Nepal. Aortic surgery is being done only in a few centers focused at Kathmandu and mostly in association with cardiac surgical facilities.

Addressing vascular disease in Nepal

Some of the key ways vascular disease can be addressed in Nepal are pointed out below:

1. Increase awareness of vascular disease in Nepal: This not only helps to detect more vascular disease in early stage, but also helps better acceptance to the treatment modalities by the patients. Studies to know patient perception on venous disease, peripheral arterial disease have already started in Dhulikhel Hospital which can pave way for further such studies. The sharing of the results of the studies will promote awareness.

2. Strengthening The Vascular Society of Nepal: As of now, there are only 11 members in Vascular Society of Nepal. This is a very small workforce to address vascular ailments for about 30 million people. Inclusion of junior surgeons performing vascular surgery into the society, will expand the society and allow for mentoring of the next generation of vascular surgeons. Regional chapters (provincial) seem to be a distant dream as of now, but concrete planning needs to be done to achieve that goal.
3. Training programs for vascular surgery: There are very few centers in Nepal where training for vascular surgery exists. The number of new vascular surgeons trained in Nepal is about 1-2 per year. Of course doctors can be trained abroad and return to Nepal, but unless the training programs increase in Nepal it will be difficult to get more interest in this field and generate the workforce needed to provide care to all the people with vascular disease.

4. Prioritization by government in the field of vascular surgery: Just like free treatment packages in multiple disciplines, including cardiac surgery and dialysis, various surgical treatment modalities in vascular disease should be given priority by the government. To begin with, the creation of vascular access could be paid for by the government as the performing of hemodialysis is already supported. This would generate a positive feeling, by patients with renal failure, that the government will help care for them from the beginning of their illness to the end.

5. Research in vascular surgery: Looking at many research papers already published in reputed international journals in the field of vascular surgery, it’s good to see that research in this field has already acquired good momentum. A quick review of article published in vascular surgery by team from Dhulikhel Hospital pointed studies on varicose veins, vascular malformation, deep vein thrombosis, arteriovenous fistula. Focusing on nationwide research projects will help to improve the care of vascular patients in Nepal. Such studies are already under way at Dhulikhel and are funded by The University Grant Commission. In addition, data banks have been created to track patient progress and complete quality improvement studies.

Regarding many vascular disease, one that is underdiagnosed and under studied in Nepal is peripheral arterial disease. The prevalence of PAD in the United States for individuals greater than 70 years old is 14.5%.

In India, it is 38% for those age 75 and greater. What is the prevalence in Nepal? A study to know prevalence of PAD in end stage renal disease in Nepal found the prevalence to be 30% and is comparable to data of western countries. However, the prevalence in general public is still to be studied. Many Nepali smoke, cook over open fires and the incidence of diabetes and hypertension is on the rise. There is an urgent need to know current status of peripheral arterial disease in Nepal and ways to address it.

Collaborative research studies have been put into motion to answer these questions and others relating to PAD in Nepal. A dedicated vascular laboratory is being established in Dhulikhel to assist in the diagnosis and care of PAD. Collaborations advance the care of our patients and enhances the professional satisfaction of our work. Resources for the funding and delivery of new technology may help speed the process of providing better care of our patients. Look for opportunities to collaborate. Find others that think like you. Capitalize on instances where information can be shared and developed, with colleagues in Nepal or elsewhere in the world. Our collaborative and collective effort will help addressing vascular disease in Nepal and bridge the gap in terms of addressing vascular disease in Nepal compared to that in United States.

REFERENCES


