

Arriving Narita Airport in the morning, the trip took more than 5 hours flight. It is acknowledged that clean and peaceful scenery were the most impressive feeling for me. Although the air was very wet during my stay, the weather was still quite comfortable compared to the weather at home.

Turning to accommodation, Shiba studio, the exterior looked old, but the interior was nice and convenient, everything was there in the room.

My first day in Tsukuba University hospital at the International Medical Center and the Urology department was amazing. Prof Akiyama introduced me to other officers at the IMC and gave me a cellphone as well as name and security card. Then, Dr. Joraku took me to the Urology department at Keyaki building for morning round. The urology ward has only 30 beds, which all are clean and beauty. Consequently, only thirty patients were received into the ward. The extra patients were sent to other departments, which were available. After morning round, I went to the Operation Theater for the first operation case at UTH, TURP (transurethral resection), and my training course started. My weekdays with the urology team started at 8:00 am and ended whenever work came to an end.

In total, there were 6 robotic assisted operation cases which I observed, 4 cases at UTH, and 2 at Ibaraki Prefectural Central Hospital. In details, 3 out of 6 cases were Robotic Assisted Radical Prostatectomy, and the others were Robotic Assisted Partial Nephrectomy. It was Robotic Assisted Radical Prostatectomy that brought me most impression. This operation only took approximately 2 hours and 30 minutes. Looking at the screen of the da Vinci system, which was three dimensions, enabled surgeons to dissect properly and exactly. The Robot had four arms, 2 working arms, 1 retractor, and 1 camera. There were 6 ports in total for 1 Robotic Assisted Operation case; the other 2 ports were used by 2 surgical assistants. It is likely that a Robot takes shorter time and safer procedure to do the same operation. In details, this robot is much more effective than a human surgeon thanks to its 4 arms, which can be manipulated properly and more flexibly in the operation field, especially in the deepest parts of abdominal cavity. As for the Robotic Assisted Partial Nephrectomy, although the operation time is not as significantly reduced compared to conventional laparoscopic surgery, this technique can greatly enhance the safety level of the surgery.

Besides visiting in UTH, I had an opportunity to attend an annual conference for Urologists and Nephrologists. What is interesting about the conference is although organized at night; it still attracted an active discussion among participants. There were about fifteen talks, and each talk took about 15 minutes.

I would like to extend my great gratitude to you all for the time which you spent and taught me there at Tsukuba University hospital. As a matter of fact, Japan is famous for advanced technologies on a global scale, and Tsukuba city is a scientific city. A visit to these places brings me an array of lessons and wonderful feelings. As an old saying goes, "the more we go, the more we learn". Thanks to this training course, I got a good time to practice with a robotic simulation model, and see how da Vinci was used to enable a surgeon to perfect his operation skills.



ヘリポートにて



右から二人目が Dr. Hien