



# Teaching Orthopedic Surgery in Vietnam

By Noah Weiss, MD

For the past several years, I've gone to Vietnam to share Western surgical techniques with some of the warmest, most wonderful people I've had the privilege to know. The doctors I've trained are incredibly good with their hands and eager to learn, and the patients and their families are grateful for the services they receive. Everyone there has always made me feel so welcome.

My Vietnam sojourns started a few years ago when my family and I visited on vacation. I just fell in love with the country, and even before I came home, I started thinking of ways to justify returning. If I could go back for professional reasons, I could rationalize taking time away from my busy orthopedic practice. At least that would be my excuse.

Not finding any international organization that sent surgeons to Vietnam, I serendipitously found out about an orthopedic surgeon in Paris who went to Vietnam regularly. He helped me set up a two week trip volunteering in a hospital in Saigon. The trouble was, this hospital served the elite and was relatively modern, so my experience there wasn't all that dissimilar to my work in California. That wasn't what I was going for.

Friends I made in Vietnam put me in touch with an orthopedic surgeon at People's Hospital 115 in Saigon. We communicated regularly over several months. The surgeons there were excited: they'd just obtained an arthroscope, a small, fiber optic camera that is one of the basic tools of my practice. They had begun using it on knees, the logical starting place, and now they wanted to learn how to use it for repairing shoulders, my own area of expertise.

As I made plans for a two week visit, more e-mails kept coming. Could I bring a pump? And what about some implants? And did I have any textbooks? It soon became apparent that besides the arthro-



Dr. Weiss (center) conducting a training session on shoulder arthroscopy at People's Hospital 115 in Saigon.

scope itself, the Vietnamese surgeons had little else that was needed for arthroscopic shoulder surgery. I started calling equipment companies, who eagerly donated equipment and supplies. By the time I left for Vietnam, I had two enormous duffle bags I could barely drag.

I was met at the airport and given a hero's welcome. At the hospital, I soon realized that the surgeons needed a refresher on surgical basics before taking on arthroscopic procedures. The first week we did training on the models I brought, and the second week we did surgery. I believe these were the first arthroscopic shoulder surgeries ever performed in Vietnam.

People's Hospital 115 is a far cry from hospitals in California, and medicine in Vietnam is far different from what we practice here. The cultural, medical and practical differences between California and Vietnam became obvious on my first day in surgery. While I am only 5' 11" tall, I am relatively large compared to most Vietnamese. The biggest scrubs barely covered my knees. I asked about waterproof shoe covers, which are standard

issue in American ORs, and the surgeons just looked at me quizzically. It was clear they'd never heard of them. Arthroscopic surgery cases use a lot of fluid, which often ends up on the floor. The surgeons didn't seem to mind standing in bloody fluid barefoot, in cheap plastic sandals, so I just went along.

The Vietnamese reuse absolutely everything, which I thought was terrific. Nothing is wasted. All the disposables that American surgeons throw out with abandon the Vietnamese carefully wash and resterilize. They have no easy way to reorder supplies, nor do they have the money.

On surgery days in Marin County, I hit the ground running and sometimes do 10 cases a day. I usually don't take lunch. We start early and end late, and I like it that way. In Vietnam, the work ethic is quite different. The OR personnel like to drink and eat between procedures and might do only three cases per day. At lunch everyone takes a nap. Although I pleaded with staff to keep going, given my limited time with them,

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they smiled and instead led me to my own special room where I could lie down for an hour. I paced like a tiger in a cage until it was time to go back to surgery.

**F**or the rest of the week, I kept bumping into cultural differences. Here are a few that particularly struck me:

**Warm beer.** Nasty. Not much better with a big ice cube.

**The government.** Officials sent two Olympic athletes down from Hanoi for my evaluation—a gymnast and a weight lifter. Both had suffered significant injuries that needed fixing. In the United States, these young men would have been operated on and taken out for the rest of the season. In this case, someone from the government asked me how long the athletes would be in recovery. Two months for one and four for the other, I said. The next day the athletes were gone.

**State-run medical care.** Although Vietnam has state-run medical care in theory, in practice people have to wait so long for care that their day might never arrive. Instead, they often pay cash, spending a few hundred dollars for procedures that cost Americans \$5,000 to \$10,000.

**Medical records.** Vietnamese patients carry their own medical records with them, including charts, notes and test results. Each new doctor enters pages in the patient's record book, and then the patient keeps it.

**Medical education.** In the United States, we're always trying new techniques, publishing the results, and presenting at meetings. Success gets shared, and knowledge can be disseminated rapidly. In contrast, medical education in Vietnam is mentor-based. An experienced doctor mentors a young doctor with techniques he learned from his own mentor. This process tends to stifle the introduction of new information. I found that Vietnamese surgical technique was fine, but the surgeons' knowledge of what they were doing and why was remarkably limited. They could repair a rotator cuff, but they didn't know when or why to employ the procedure.

These and other cultural differences don't necessarily work to the disadvantage of the Vietnamese. They are the calmest, least stressed people I know. They have little



Dr. Weiss (left) and Vietnamese surgeons performing a procedure in the People's Hospital OR.

heart disease or high blood pressure. They don't get angry—anger is rude.

**O**ne incident brought home just how different they are from us, and showed what we have to learn.

Like 6 million other commuters in Saigon, I traveled by motorbike. Once, at a stoplight, another motor biker zoomed up and knocked several of us over like dominoes. I got up angry, looking for someone to yell at. Everyone else just calmly got up, dusted themselves off and putted away. I found myself alone in the intersection, looking for someone to blame, but I was the only one who got mad. I couldn't help but laugh at myself.

One outcome of my Vietnam stints that absolutely thrills me is that I have been able to share the experience of living and volunteering in a foreign country with my children. My daughter Ari, who is now 21, worked at an orphanage in Vietnam during two of my visits and helped them develop a soccer program. My other daughter, Eliza, who's now 18, taught English at the same orphanage. She subsequently went on her own to Uganda, where she did HIV/AIDS education. This fall I'll take my son, Max, a high school freshman. My daughters' experiences in Vietnam have helped them get a much broader view of the world. I certainly don't want them growing up thinking that life in Marin County is the norm.

As well as making my children aware of

how fortunate they are, I've come away from my Vietnam experiences convinced of my own good fortune. I have a great wife and family and a fabulous job. These trips have given me a better perspective on what I do and who I am. Sharing my knowledge with the people of Vietnam is totally rewarding.

I think it is only a matter of time until the Vietnamese don't need me anymore. Significant changes have occurred even since I started going there. When I visited the first time, Vietnam felt like the third world to me, and I was providing training they could not get anywhere else. Each time I've returned, they have made more progress. They are also becoming more Western, because of tourism and their rapid economic growth. Now more money is coming into the country, and they are catching up rapidly.

The Vietnamese families thank me for what I do there, but on some level I don't deserve their gratitude. I love what I do. It's no sacrifice. I can't wait to go back. □



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