Urological Problems in Thailand

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When the first public "Siriraj Hospital" was set up 90 years ago by King Rama V, the type of medical treatment was a combination "traditional" and "western" medicine. Those very first groups of patients consisted of chronic ulcers, dysentery, malnutrition, bone and joint deformity. Herbal medicine was commonly practiced at that time, and empirical treatment was not uncommon. In the field of Urology the patient with bladder stones was treated with a solution of "crushed stone" and of course the result of the treatment was unknown. Several decades later, medicine in Thailand was modernized, major surgery and anesthesia had become common practice in the hospitals. Surgery for urinary stone disease had been performed by poineer urologists, Dr. Samai and his pupils. The elderly patients suffering from prostatic obstruction could survive longer with successful prostatectomies done in two stages. Since the second World War medicine has progressed rapidly. Modern urological and x-ray equipments have been developed, many Thai Medical Graduates have gone abroad for specialized study in Urology, and fortunately most of them returned to work in their home towns. The local training for physicians although, done unofficially for years, has recently been recognized by the medical council. This resulted in the establishment of a 3-year-residency training program in Urology (one year surgical resident and two years urological resident) in April 1977. With modern technology, such as computerized tomogram (x-ray scanning machines), sophisticated resectoscope and electrohydrolic lithrotrite, there are still the old problems of urology in Thailand, the problems which will need an energetic, devoted person to solve, and still the results are not yet certain.

THE CURRENT PROBLEMS IN UROLOGY

Stone Urinary stone disease is prevalent in the northeast and northern part of Thailand. Approximately half of the major surgery done at Ubol Hospital is for stone disease, and one urologist is in charge of a 'stone ward' of 100 patients. In other provincial hospitals in the stone belt, stone surgery is a daily practice. Lack of a proper source of protein and water seem to parallel the incidence of stone disease. Over sized families, poor eating habits and low income add to the incidence of stones and delay treatment in the hospital. Due to a shortage of medical manpower and proper facilities, many unnecessary nephrectomies have been performed for stone disease. It is obvious that the hospital authorities need trained urologists. How to supply the provincial hospitals with a "locally trained urologists" is the great problem that can not be solved in a few years.

INFECTION

Non-specific genito-urinary infection makes up to 10% of adults in the outpatient clinic and 25-80% for in-patients. There are several factors contributing to the high incidence of genito-urinary infection eg., low body resistance to infection due to diabetes mellitus, malnutrition, virulence of bacteria. Frequently there are resistant strains and misuse of antibiotics,

since almost any kind of antibiotics can be obtained from the local drug stores by any patient who can afford to pay for them. It has been known for many years that there has been an increasing incidence of resistant bacteria to the new antibiotics. It is pity that a developing country like Thailand has to spend more and more money on buying the new and expensive antibiotics in order to be able to cope up with infection alone. As of the present time practically not a single antibiotics is synthesized in the country therefore a large sum of foreign currency has to be exchanged for the people's health.

For specific infections such as gonococci, resistance to penicillin is frequent. The clients often need kanamycin or spectinomycin in order to cure this common disease. This means that a larger amount of money has to be spent yearly. Some authorities believe that legalized prostitution may curb the high incidence of G.C. but so far there is no sign that the law will be passed in the near future.

TRAUMA

Modernization of the transportation system with rapidly moving vehicles has brought in an increased incidence of road-traffic accidents. Kidney injuries, fracture of the pelvis with ruptured bladder and urethra are not uncommon nowadays. Nephrectomy for the battered kidney can save a man's life and provide him with the ability to work, thanks to the opposite kidney that works for its mate. The worse part of KUB damage is the traumatic stricture of the urethra which is very difficult to treat, also consumes a large amount of medical and financial resources. If urethroplasty is required, only a few institutions in Thailand can fullfil the surgery. For each patient, it may take 2 years before the multiple stages operation for stricture of the urethra is completed. The patient will face the problems of infection, impotence and loss of time at work in varying degrees. This is the "blood tearing" surgery for the unfortunate patient who suffers from traumatic stricture of the urethra.

PROSTATIC OBSTRUCTION

Thailand has a populace of 43 millions with an estimated 5 millions of these being the aged. Approximately 10% of this male population group will suffer from urinary retention. Indwelling urethral catheter is often used and prostatectomy may be postponed for a few years. However prostatectomy is necessary for elderly patients with recurrent urinary retention. Open prostatectomy can be done only in large hospitals and in a few of these hospitals transurethral resection of the prostate can be performed. Shortage of urologists in provincial hospitals is obvious and for the trained urologist carrying out endoscopic surgery the shortage is critical. The demand for geriatric urological surgery is expected to increase rapidly due to improvements in the standard of living and quality of life. As for manpower there are now only a handful of trained urologists available for necessitated transurethral prostatic surgery.

MANPOWER

Urology problems in any hospital are prevalent among the patients, but the manpower in the field of urology is unproportionally low. We need more urologists, trained nurses and technicians in order to cope with an increasing demand for better health care, but how, when, and where will we get it is the problem that no one can answer at the present time.