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| 1. Project title |
| Perioperative management, including technical cooperation in surgery for 4 major hospitals in Vietnamese big cities and Republic of Fiji with a view to hospital cooperation |
| 2. Country name |
| Socialist Republic of Vietnam, Republic of Fiji |
| 3. Background |
| <p>The country of Vietnam is currently undergoing rapid economic development with rapid momentum. As Japan once did, it has progressed from the control of infectious diseases to cancer treatment. Medical International Development Country Report 2018 of the Ministry of Economy, Trade and Industry also reported that the disease structure / mortality factor of Vietnam is approaching the developed countries, among which malignant neoplasms (1st: lung cancer, 2nd: liver cancer, 3rd: colon cancer, 4th: gastric cancer) is said to be prominent. The number of lung cancer patients is increasing more and more due to high smoking rate, serious air pollution. the number of hepatocellular carcinoma patients due to hepatitis B and hepatitis C, stomach cancer due to H.Pylori infection and esophageal cancer, colorectal cancer and cardiovascular disease due to westernization of food culture in Vietnam. Although surgery is done for these malignant tumors and cardiovascular diseases, there is a problem in the quality, there is no basis on surgery especially oncology. Therefore, taking out the tumor is all, recurrence at an early period even after surgery, systematic lymph node dissection can not be performed and the stage diagnosis is not sufficient. Therefore, various major problems such as not receiving postoperative adjuvant therapy, being incompatible follow up regime, etc. are accumulated. It is also the position that the supervising hospital inherits knowledge and technic to subordinate hospitals, so NCGM helps the biggest supervising hospital in the capital city of Hanoi, ① Bach Mai hospital, ② 108 military hospital, in Ho Chi Minh city, ③ 175 military Hospital, in Quang Ninh province ④ Quang Ninh general hospital firstly to develop the surgery on oncology and cardiovascular surgery. Otherwise, we will help the CWM hospital in Republic of Fiji to develop the quality of the surgery too. In addition, we receive the VIP patients and the wealthy classes who hope to go to NCGM or very difficult cases to perform surgery, and further strengthen inbound and medical tourism in NCGM.</p> |
| 4. Objective |
| <p>Based on a strategic partnership agreement between Japan and Vietnam, it is intended to raise a Vietnamese surgery medical care standard by exporting Japanese surgical technologies to Vietnam.</p> <p>In addition to it, the endoscope surgery technique utilizes a local corporation of Olympus of the Japanese company and considers business by the export with the hardware aspect of a Japanese company supporting a request, an advanced medical technology by Hitachi medical 株式会社 support again in the field of vision. In addition, I look up at the cooperation of a Japanese company handling Japanese endoscope-related appliances such as eight light Co., Ltd., medical leaders and spread a product and push foreign countries advance from behind.</p> <p>I have already gone in the respiratory surgery, but a very important person and the well off or the difficult operation that an operation in Japan is hoped for has NCGM introduce and plans reinforcement of an in bound, the medical care tourism in further NCGM because the tip in our House operates. In addition, with cooperation with the surgery, I accept the introduction for all courses and contribute to the profit of the hospital.</p> |
| 5. Program outline |
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| 6. Implementation structure |
| 6-1. Japanese side |

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| Gen thoracic surg: Upper gastrointestinal surg: Hepatobiliary pancreatic surgery: Cororectal surgery: , Cardiovascular surgery: Center Hospital , NCGM: |
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| 6-2. Counterpart country side |
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| Hanoi: Back Mai Hospital.108 military hospital HoChiMinh: 175 military hospital Quanh Ninh province: Quanh Ninh general hospital. Fiji: CWM hospital | |
| 7. Indicator | |
| 7-1. Output | 1) To make a basis for surgical data at each hospital. (Operating record, clinical-surgical -pathological staging, Complications, Prognosis ,etc.) 2)To investigate the satisfaction to use questionnaire for training participants in Japan 3) To check the understanding of surgical techniques on oncology, intensive care including perioperative management and ICU management to use the pre/post test more. |
| 7-2. Outcome | 1)To increase in the number of operations using surgical techniques on oncology learned by training participants in Japan 2) To decrease in complication rate of surgeons who have been instructed by in Japan with the postoperative complication rate and so on. 3) To sell the medical products of made in Japan especially related to endoscopic surgery |
| 7-3. Impact | 1) Becoming the leading hospital in Vietnam by introducing a technique of this training and being introduced into the guidelines on Vietnamese surgery society. 2) Surgery indication and preoperative and postoperative management of this project will be generalized and spread widely in Vietnam 3) Exchange in each academic society 4) Joint research will be conducted by this training, |
| 8. Main activities | |
| 8-1. Training in 2020 | |
| 1) | Training in the each hospital Japanese six experts doctors for 1 week on June and December |
| 2) | Training in Japan (Reveive eight trainees on October) |