Students' Corner
Letter to the Editor

Ultrasonography — essential addition to the surgeon's paraphernalia

Madam, the clinical application of ultrasonography in various fields of medicine is expanding at an exponential pace. A new battery of indications is being added to its armamentarium in different clinical scenarios for many disciplines. In addition, it is an imaging modality that is easily and widely available in both developed and developing countries;[1] this facet enhances its applicability and utility manifold. Ultrasonography is, however, no longer just the radiologist's turf. Physicians from many different fields of medicine are independently performing ultrasonography for diagnostic purposes. Rather than an encroachment, this should be perceived as a positive development whereby the workload on the radiology department personnel will be considerably reduced as it will help to off-set the gap between the demand and number of qualified users for this modality.

In surgery, the use of ultrasonography has gradually transitioned beyond the confines of the bedside and office to the operation theatre. Although classically used in the emergency room for emergent decision-making in the settings of trauma or inflammatory intra-abdominal pathologies such as appendicitis and cholecystitis; the ultrasound probe has now truly evolved to become a "surgeon's stethoscope."[2] It is being increasingly used in preoperative and intraoperative assessment for endocrine, hepatobiliary, anorectal and breast surgery.[3] Although the learning curve for ultrasonography has been described as being relatively short, it is nevertheless important to incorporate this as a regular component of surgical training programmes so as to ensure the achievement of acceptable standards in performance and practice. An unbridled or overzealous quest for independence must not be allowed to interfere with the quality of care provided to the patients.

Helpful measures at the undergraduate level can include introduction of medical students to this modality through a well structured radiology rotation[4] where problem based curriculum can be used to expedite learning. Residents should be provided adequate exposure to this technique through didactic lectures, practical demonstration, and hands-on training.[3] Studies evaluating the magnitude of impact of such training would be helpful for future planning and revision of curricula. In a survey-based study in the United States, it was seen that while the majority of the surgical residency programmes surveyed were teaching ultrasonography to their residents, there were many key areas identified for improvement.[5] Even after resident training, continuing education is important for the maintenance and update of the skills acquired.[1]

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