

Good morning, Philippines and Vietnam!

Re: Enhancing surgical capacity in the low- to middle-income countries: An initial report of a Global Surgery Partnership Initiative in pediatric and reconstructive urology using a mixed-method approach¹

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I recently had the privilege of accompanying Dr. Michael Chua on his 2025 global surgery missions¹ to the Philippines and Vietnam, made possible through the generous support of the IVUmed Traveling Resident Scholarship. This was my first exposure to global surgery, to both countries, and to their respective health systems. I struggle to overstate how profoundly eye-opening the experience was. The two-week journey was an intensive study in healthcare disparity, the global need for equitable surgical access, and, unexpectedly, a study of myself.

The stark socio-economic differences and access inequities were striking. Having spent my career practicing in high-income health systems, I felt an acute sense of guilt at how insulated I had been from these realities. Yet, in every center we visited, we were met with warmth, generosity, and unmistakable gratitude for our time and expertise. I have often heard colleagues describe returning from mission work reinvigorated; I now appreciate this sentiment in a very personal way.

The surgical case mix was broad and complex, spanning both adult and pediatric urology. Preparation was essential. Resource limitations meant we traveled with our own equipment and consumables to ensure safe completion of the planned operations. Before departure, we held detailed case discussions with each center to confirm indications, operative plans, and logistical needs. Still, once on-site, we inevitably encountered situations where supplies were limited or unavailable. In these moments, adaptability became a crucial competency; we learned to devise safe,

creative solutions to achieve operative goals while respecting local constraints.

This experience was a meaningful capstone to my pediatric urology fellowship at SickKids because it challenged core competencies that define a well-rounded surgeon. I have always considered myself flexible in my thinking, yet working in a resource-limited environment stretched that flexibility further than I expected. It made me recognize how accustomed I had become to the conveniences of resource-rich settings. The mission highlighted the importance of being both a teacher and a scholar: each case became an opportunity to teach local trainees, and in turn, they generously shared alternative techniques and approaches that broadened my own skill set.

I was also grateful for the opportunity to deliver lectures to local surgeons and trainees. These sessions sparked thoughtful discussions on differing operative strategies, highlighting the enormous value in exchange of ideas and emphasizing that global surgery is not a one-way transfer of expertise; it is a reciprocal collaboration that broadens perspectives for everyone involved. Future virtual collaborations are being planned that I will continue to attend once I return to my home in New Zealand in the next year.

This mission reaffirmed that global surgery is not simply about exportation of expertise; it is a reciprocal exchange that challenges assumptions, deepens skills, and strengthens a sense of shared professional purpose. I am deeply grateful to IVUmed for enabling this formative experience and hope to contribute to similar initiatives throughout my career.

REFERENCE

1. Chua ME, Aba KL, Rivera K, et al. Enhancing surgical capacity in the low- to middle-income countries: An initial report of a Global Surgery Partnership Initiative in pediatric and reconstructive urology using a mixed-method approach. *Can Urol Assoc J* 2026;20:50-6. <https://doi.org/10.5489/cuaj.9286>

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