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JUNE 2017	08, 09, 10
CIRCULATION – 1,00,000	



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ANALYSIS

Can bariatric procedures be a new avenue for medical tourism in India?

Bariatric procedures with its varied opportunities is set to drive medical tourism. However, certain SOPs need to be in place, finds out **Raelene Kambli**

The recent furore around the contentious bariatric procedure of the Egyptian national, Eman Ahmed brought to light two important aspects of medical tourism in India-the urgent needs for Standard Operating protocols(SOPs) and an increasing contribution of metabolic and bariatric procedures to medical value travel.

As per the Ministry of Tourism, close to 200,000 patients travel to India for medical tourism every year. As per their data, the country is witnessing a 22-25 per cent growth in medical tourism and healthcare providers expect the industry will double to \$6 billion by 2018 from its present \$3 billion market. The Ministry says that the contribution of metabolic and bariatric surgeries to medical tourism seem minuscule at present, yet the number of medical tourists seeking weight loss treatments is on the rise. The Ministry of Health and Family Welfare as well opines that the discipline has great potential to make India a haven for medical tourism.

The industry also seem to be very upbeat about this trend.

Metabolic and bariatric surgery experts further inform that on an average around 15000-18,000 surgeries are conducted every year in India and this number is expected to rise.

Says Dr. Muaffazal Lakdawala, Chairman of Institute of Minimal Invasive Surgical Sciences and Research Center, Saifee Hospital, "The bariatric surgery market has been steadily growing since the last decade and so is its contribution to medical tourism. Way back in the year 2004 we did around two- three cases of bariatric surgeries but today do many more metabolic and bariatric procedures. Advances in our medical literature can be a major contributor to this success. Today, bariatric surgeries contribute to around 10-15 per cent to medical tourism which is certainly a small percentage but has significant. having patients coming from Iraq, East Africa,

within the country.

"In the last decade, Indian hospitals have reached international levels of medical and academic excellence with parallel improvement in quality of services and infrastructure support. Most of the hospitals which are pitching in for international patients have the highest credentials by national and international accreditation centres like JCI," shares Dr Chowbey.

Dr Atul NC Peters, Director, metabolic and Bariatric Surgery, Fortis Hospital chips in saying, "The bariatric surgery market is growing exponentially at 25 per cent annually. The overall contribution of bariatric surgeries to medical tourism has two parts. Bariatric surgery has been in India since 90s, that time it was being performed sporadically on patients coming from developed nations such as US, UK, Australia etc. Around 90 per cent of the medical tourists were from the developed countries. However, there has been a shift since insurance companies in these nations have started covering metabolic and bariatric surgeries as part of their insurance schemes and so number of medical tourist from these countries have decreased over the years. Moreover, countries such as Mexico have been increasing receiving medical tourists from the US and adjoining territories due to healthcare costs equivalent to India. Nevertheless, we have a constant inflow of patients coming from Bangladesh, Pakistan, Africa, South Asian countries, Fiji Islands, Mauri-



MEDICAL TOURISM

- 200,000 patients travel to India for medical tourism
- 22-25% growth in medical tourism
- \$6 BILLION revenue projected by 2018
- 15000 TO 18000 Metabolic and bariatric surgeries are conducted every year in India and this number is expected to rise

Bulgaria, Russia etc."

Dr Pradeep Chowbey, Chairman, Max Institute of Minimal Access, Metabolic & Bariatric Surgery, Chairman Surgery & Allied Surgical Specialties, Executive Vice Chairman, Max Healthcare, "Bariatric surgeries in India have roughly increased by twelve-fold in the last decade, with approximately twenty to twenty five thousand surgeries conducted last year itself. However, the number of surgeries conducted on international patients is less".

Let us understand what's making India's bariatric procedure market the new avenue for medical tourism.

Drivers for growth

Worldover, obesity is on the rise and so are bariatric surgeries. India with its impressive healthcare offerings such as quality care at reasonable costs, high-end infrastructure within hospitals, lesser waiting time for patients, exceptional doctors, customised approach for treatment and procedures and easy availability of medical visa are some of the driving forces for medical tourism

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tia, Iraq, Iran and Nigeria."

Speaking about the drivers for the growth of bariatric surgery market and its contribution to draw foreign patients, Dr Prashanth Rao (Chief Consultant & HOD- Laparoscopic General Surgery & Bariatric Surgery), Global Hospitals, Mumbai says, "Obesity in the world has reached epidemic proportions in the 21st century, with morbid obesity affecting large numbers. Obesity is a major risk factor for diabetes, hypertension, cardiovascular disease, stroke and sudden death. So an increase in the prevalence of obesity and its attendant complications, public awareness, insurance coverage and government efforts to curb obesity are all drivers for the bariatric surgery market. Costs abroad are prohibitive for these surgeries with a lap band costing as much as \$10000 and as much as \$17000 for a lap gastric bypass. The cost can be as high as \$50,000 in the US. The same can be done in as less as \$5000 – 10000 in India. And India offers the same cutting edge technology and healthcare expertise as developed countries. Patients are also given the option of paying in their own currency, thus generating foreign income for India."

Adding to this, Dr Manish Motwani, Founder and Head at 'B-Lite Clinic'-Aastha Health Care says, "Medical tourism in India is still in its bud stage. If this avenue of tourism is tapped well, not only will it bring revenue to the country, but also spread the name across the globe of India as a hub for medical tourism. With the type of expertise in the country, the growth of industry will lead to growth of talent and also make India one of the leaders in world map for bariatric surgery and weight loss surgery."

Opportunities galore

With key growth drivers mentioned above it is unlikely that medical tourism for bariatric surgery will diminish. In fact, experts believe that the sector will henceforth grow at a faster pace and will open new avenues for medical tourism.

The challenges in the future would be related to quality and efficacy of such procedures as well as the SOPs related to such procedures

Says, Dr Rao, "There are newer endoscopic techniques for weight loss being tried, which are still not main stream and as yet freely unavailable in India, but once available, may increase the medical tourism in this field. Indian Hospitals should have more dedicated bariatric centres to attract this

kind of medical tourism. The Government has made visa on arrival for certain countries with a stay of up to 30 days permitted for medical tourism. There could be further facilitation provided for easing the burden of patients travelling for treatment or surgery."

Dr Amit Garg, Bariatric &



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Metabolic Surgeon, Fortis Hospital Mohali points out, "Metabolic surgery for Type 2 Diabetes patients based on C-peptide levels, revisional bariatric surgeries and new procedures like Adjustable Gastric Banded Plication have immense scope to attract foreign patients."

Additionally, Dr Peters is of the view that bariatric surgery is a high resource and technology-driven industry. Its growth will stimulate demand of plastic and cosmetic surgery, skilled nutritionist, manufacturing among others.

In keeping with this growth momentum, is the bariatric surgery sector in India braced to explore future opportunities? Moreover, has the industry anticipating future challenges and figuring ways to overcome them?

Lessons from Eman's case

"Bariatric Surgery has grown well and growing fast in the last few years in India. Despite this we should always understand that there are certain rules and protocols to be followed to maintain the standards of the surgery. In our eagerness to operate more, if at all the rules are violated or protocol bent, there can be disastrous results which will bring disrepute to the surgery, disrepute to the organisation, disrepute to the country. This can also legally, medico legally and socially affect the entire field itself. Thus, certain factors have to be kept in mind regarding legality of patients who come to India for surgery and the type of information and knowledge going to the patients before and after surgery to ensure everything is smooth," replies Dr Motwani.

The challenges in the future would be related to quality and efficacy of such procedures as well as the SOPs related to such procedures. Furtheron, there is a need to ameliorate the tainted image of India's medical tourism industry as an aftermath of the controversial case of Eman Ahmed case (Read Box 1 the Eman's story in a gist).

Whom would one blame. Doctors at Saifee Hospitals



EMAN'S STORY IN A GIST

Eman Ahmed Abdel El Aty, is considered to be the heaviest living woman in the world and the second heaviest woman in history (after Carol Yager). Her initial weight was nearly 500 kg. In February 2017 Ahmed El Aty travelled to India where a group of doctors from Mumbai's Saifee Hospital, headed by Mufazzal Lakdawala conducted a sleeve gastrectomy, a surgical weight loss procedure that reduces the size of the stomach to 15 per cent of its original size. On March 7 Doctors also removed a large portion of the 36-year-old's stomach fat and limited her food consumption ability.

The hospital claimed that Eman has lost around 242 kgs after the procedure. However, days after the surgery Eman's sister, Sharmila Selen called Saifee hospital surgeon Dr Mufazzal Lakdawala and the hospital 'liars', alleging they "put Eman on massive medication to stop her brain activity". What followed was a drama of allegations and counter allegations, which attracted media attention from across the globe. After days of controversies the matter was later settled and Eman was shifted to Abu Dhabi for further treatment.

SOPs for such procedures. When asked if there was a mismatch of expectations in this case, he replied, "I cannot say that there was a mismatch as we have delivered what we promise but as I mentioned earlier that the deliverables needed to be documented properly and these copies should have been handed over to both embassies to maintain an appropriate decorum. Moreover, I also believe that there is a need for responsible journalism in India."

When asked about what would be his next step, he informed us of a committee that would be set up by the government where is would also be representing to prepare SOPs for medical tourism, especially for complex procedures.

Going forward

Eman's saga is a case in point and a presage for all stakeholders related to medical tourism and especially bariatric surgeries. International experts are of the point of view that bariatric procedures as far beyond just surgeries. It is a treatment mechanism that needs to be handled delicately as well as patients need to mentored time and again, even after the surgery has been performed. Therefore, certain SOPs need to be in place and stakeholders need to take an concerted initiative to rebuild the trust factor and clear the air surrounding bariatric surgeries and medical tourism in India. Dr Rajeev Yeravdekar, Director SIHS says that there is also a need for education in medical tourism, which will be beneficial for both doctors and hospital administrators. Additionally, experts of the opinion that the government will also need to keep tab of the many online medical tourism platforms mushrooming within the country that promise to facilitate high-end service for foreign patient. Their authenticity and legality under to be kept under the scanner without undermining their efforts and contributions to boost medical value travels for India.

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for not providing appropriate treatment and relief to Eman? Or Eman's sister, who was dissatisfied by seeing little im-

provement in her sister's health? Is the health and tourism Ministry is at fault for not having clear SOPs? Was

the Indian media irresponsible in its reporting and publicity and turned an otherwise medical achievement for the country into a PR nightmare? Or was this entire issue a result of a mismatch of expectations from both parties?

There are several ramifications related to this case which remain misunderstood. Indian bariatric surgeons call it a mismatch of expectations and a consequence of a PR activity going wrong. Dr Lakdawala providing his clarification on the case, said that henceforth, he would ensure that each and every deliverable is documented and that he would involve the Indian and the foreign embassy to facilitate the proceedings of the