I was there for three months. The first thing that I noticed was their approach to stroke which was new to me because the stroke patients in Japan are managed by neurosurgeons. And, therefore, I got to see a few carotid endarterectomies and STA-MCA bypasses. I could also observe a high-flow bypass for a large ICA aneurysm, multiple coilings, use of flow diverters and woven endobridge for a few basilar top aneurysms, some ruptured and some not. Evacuation of intraventricular hematomas using a flexible endoscope was pleasant to watch. The management of vasospasm after aneurysmal SAH is different in Japan from what I have done in my center so far. Preoperative evaluation of epilepsy and anterior temporal lobectomy was explained to me in great detail by Professor Kubota himself.

This is not a high-volume department for a particular kind of operation, but there is a variety of work happening all the time. Dr Inazuka does a significant volume of percutaneous fixations and decompressions. Dr Chernov looks after the international fellows. Every bit of inconvenience will be taken care of and he makes sure you get what you have come here to achieve. Professor Kubota is the Chairman of the department. I once mentioned casually to him that I wanted some lab training for microvascular anastomosis. He took me to the operation theater in the evening after the cases were done, arranged the sutures and micro-instruments, pulled up the operating microscope and said “Here, train as much as you want.”

Tokyo is a very nice and lively city. There are a lot of places and activities to explore. Places like Kawaguchi-ko and Hakone are wonderful places.

I should have learnt Japanese before going there. It would have been easier to communicate in the department. Other than that, I had a very fruitful time in the department.

A farewell dinner with Professor Kubota and Dr. Chernov