Spinal and neurosurgery fellowship in Coimbatore (India), Vellore (India) and Putrajaya (Malaysia) (July 2025 – Jan 2026)

Ganga hospital (5 months) is known in India as one of the founding training centres for spinal surgery. Most Indian spinal surgeons have trained in Ganga or been trained by a surgeon that has undergone training in Ganga. I was extremely fortunate to be the first UK neurosurgical trainee to be granted the opportunity to learn in this prestigious unit. During my time in Ganga, I was encouraged to visit other units of excellence such as Neurosurgical department of Christian Medical Collage in Vellore, India for 2 weeks and the orthopaedic spinal department of Putrajaya, Malaysia for 4 weeks. I was also the first British neurosurgical trainee to visit these units.

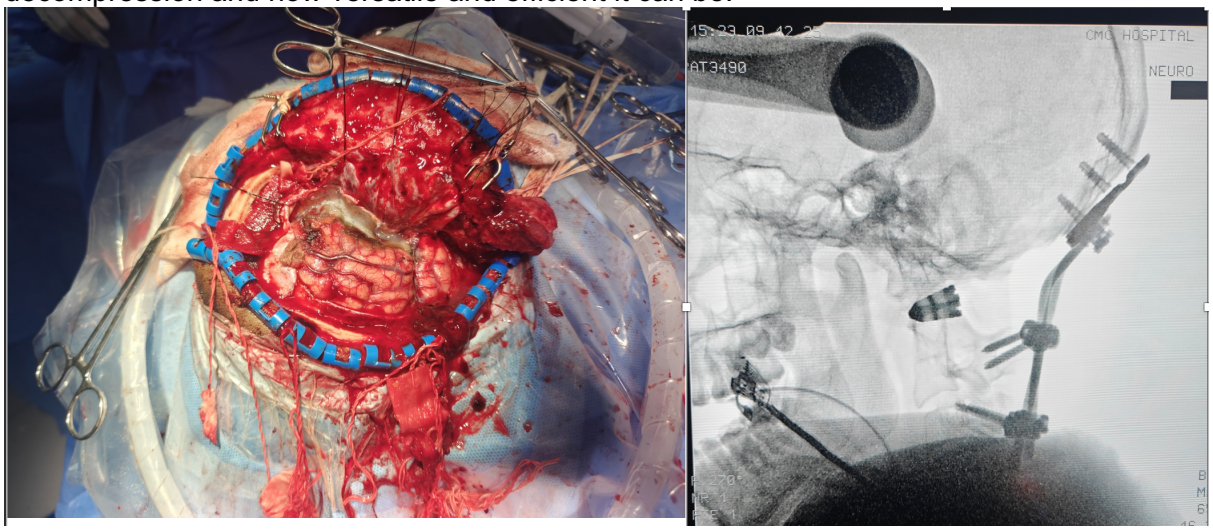
In Ganga, under the supervision and teaching of Professor Rajasekaran, Dr Ajoy Shetty, and Dr Rishi Kanna, I learnt the following: I gained invaluable surgical and theoretical experience that greatly broadened my perspective. I learnt the tactile and auditory nuances of pedicle screw placement—referred to fondly by Professor Rajasekaran as “orthopaedic music”—and refined my ability to perform efficient decompressions using osteotomes safely. I developed a deeper understanding of paediatric and adult deformity planning, correction techniques, and the differentiation between TB infection and pyogenic spondylodiscitis. My surgical exposure enhanced my competence in freehand pedicle screw placement by using anatomical landmarks and cranial or contralateral structures to guide accurate trajectories, including techniques applicable to cervical pedicle and S2AI screws. I also gained proficiency in efficient navigation workflow, minimizing the number of navigated instruments through strategic sequencing of steps. Hands-on exposure to minimally invasive spine surgery, including MIS-TLIF, endoscopic procedures, and percutaneous fixation, improved both my precision and adaptability. I also learnt how to perform anterior thoracic reconstruction through a posterior transpedicular approach for TB or tumour. Beyond surgical skills, the fellowship taught me the importance of efficiency and sustainability in theatre management, including the use of reusable tools such as reflective markers, drapes, and cables.

A typical day in Ganga would start at around 6 am. There would be around 10-20 spinal cases per day. The first case would have a knife to skin time at around 6am. Each consultant would have at least 2 if not 3 theatres running simultaneously. The turnaround time between each case is at most half an hour, unless it is a complex deformity patient that requires more careful positioning. It took me around a month to get used to the pace and efficiency of the theatre and probably 2 more weeks on top of that to get the confidence of the surgeons, scrub and technician team to allow me to start cases independently. I was fortunate to be able to get a lot of cutting time due to the shortage of spinal fellows in the unit. The day technically ends at 5pm but often I would leave the hospital at 7 pm. The fellows that are contracted to work for 1 to 2 years works much harder. Frequently they are in hospital at 5 am and do not go home until 10 pm. It was a very humbling experience to see how hard they work. Saturdays are considered a normal weekday, so the above-mentioned working hours persist. Ganga produces large amount of spinal research work and has won many international awards for it. Most of this research are done during the limited free time of the fellows and consultants.

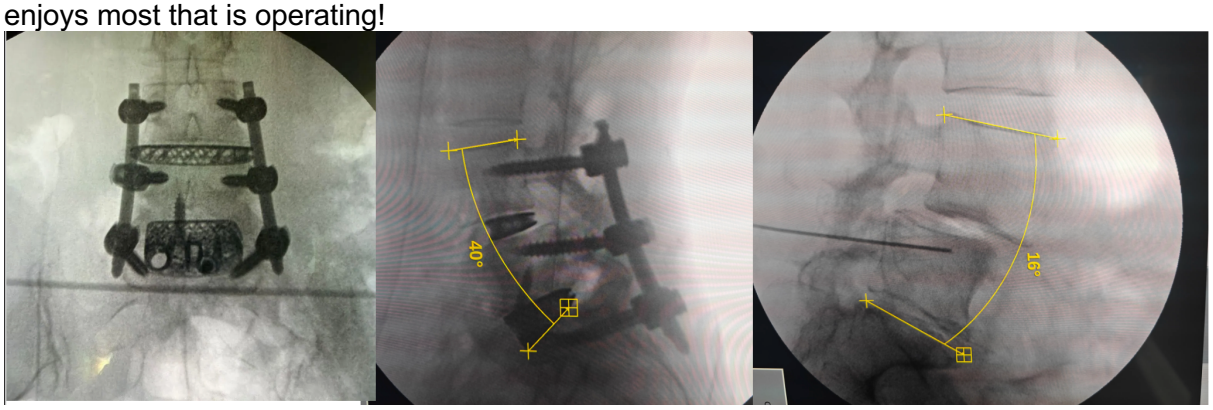
During my time in Ganga, I also met with various Asia pacific (Korean, Japanese, Indian, Singaporean, Myanmar) surgeons who came and visited the unit. Which lead to great discussion of different surgical philosophies, ideas, and techniques. These meetings also allowed me to broaden my networking, and I hope to visit some of their units in the future.

In CMC, Vellore, under the supervision of Prof Edmond Jonathan. I learnt about the extent of exposure when the orbital bone or zygoma is taken down. I saw some of the most complex lateral skull base cases. Variations in the transnasal, transeptal approaches to the sphenoid

sinus. I also got a better appreciation of biportal endoscopy for discectomy and decompression and how versatile and efficient it can be.



In Putrajaya, Malaysia, under the supervision and care of Dr Tan Chor Ngee, a world leading expert in ExLIFs. I learnt about the important in pre-incisional planning, and positioning to ensure a complication free and efficient ExLIF procedures. I also appreciated the need for a good functioning team to offload stress, ensure a surgeon can spend his time doing what he enjoys most that is operating!



From Scotland to India and then to Malaysia, my exposure to various spinal techniques, ideas and cultures have been greatly expanded. The living cost was manageable as it was cheap to live and eat in India and Malaysia.

I had an amazing experience and would recommend Ganga to any budding spinal surgeon to visit. I would have loved to stay in CMC Vellore longer to absorb all the different techniques and tricks they use to treat complex cranial cases. In Malaysia, Dr Tan is a superb teacher and a very down-to-earth. His ExLIF experience is one of the greatest in South East Asia, I would recommend any surgeon who wants to reinforce or expand their lateral technique to visit him.