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Staying Afloat: A Pediatric Urologist's Journey Through Self-Doubt, Resilience, and Healing in India's Overburdened Hospitals

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Abstract

I never thought I'd compare my surgical career to Mumbai's street ducks, but here we are. Pediatric urology in India isn't just a medical specialty—it's a daily struggle against flooded hospital corridors, temperamental electricity, and the crushing weight of too many patients with too few doctors. This paper traces my bumpy path from a scared self-deprecating super-speciality resident at National Pediatric Surgical Institute (NPSI) in Delhi to my paediatric urology fellowship years at Oceanview Children's Hospital (OCH) in Mumbai.

NPSI had all the fancy equipment catalogs promised, the

NABH accreditation, quality trained staff and skilled teachers; but what they didn't mention was the overwhelming workload. At OACH, I faced different demons—the stark divide between patients who could afford robotic surgery and those who could afford indigent medical care only. Between these extremes, I learned that surviving as a surgeon in India isn't about individual toughness—it's about the Operating Room (OR) nurse who shows you a shortcut technique during tea break, the senior who teaches you to operate using mobile phone light, and finding small moments of peace in the madness of Mumbai traffic.

Keywords: Pediatric Urology, Surgical Training, Healthcare Inequity, Medical Burnout

Introduction: The Day Everything Went Dark

My first real taste of panic came during a routine cryptorchidism (undescended testes) surgery in 2017. I was a fresh super-speciality trainee at NPSI Delhi, one of the premier institutes for paediatric surgical training in the country, sweating bullets even before I made the first incision.

The patient was a 2-year-old boy from Bihar—his parents had sold their buffalo to fund the trip. Halfway through, the monsoon knocked out our power grid. Monitors died. Ventilator alarms blared. For ten terrifying seconds, darkness reigned. I panicked. As it is, the surgery was tricky and lengthening the cord to enable the testis to reach the scrotum, was starting to seem almost impossible when this happened.

Dr. Anika Verma, the Associate Professor guiding me, didn't miss a beat. "Thande dimag se kaam lo!" she said soothingly as nurses scrambled for backup lighting. We finished by the glow of emergency lamps and my racing heartbeat. Afterward, I overheard an Ot technician mutter, "Ye jo naye sir hain, unhe to operation karna hi nahin aata" I fled to a stairwell, hands shaking so badly I couldn't text my wife. I wanted to quit that day.

By 2020, during my fellowship at OACH Mumbai, I'd learned differently from Dr. Rajesh Malhotra. "Vivek," he told me after we completed a robotic nephrectomy during a generator failure, "resilience isn't avoiding disaster—it's handling disaster with steady hands." His locker had one item: a worn Ganesha figure his first patient had given him. Mine now holds a rubber duck: but more on that later.

Making Do with What We Have

NPSI's paradox still haunts me—German-engineered equipment (read: Karl Storz and Richard Wolf) chronically overwhelmed by Indian patient volumes. We didn't lack resources; we lacked capacity.

During one memorable pyeloplasty, our over used scope camera died mid-procedure. Dr. Verma looked at me: "Phone nikalo!" We rigged my Samsung as a light source, converted the procedure to open, finishing the case with jugaad that would make an

engineer proud. "Pyeloplasty via Android," she joked after, "maybe we should publish?" That lesson stuck—sometimes the best technology is whatever works in the moment.

Breathing Through Chaos

Temperature regularly hits 40°C in summer in Delhi. At NPSI though, monitors beep, assistants chatter, the constant background noise of a hospital bursting at its seams, continues. I adopted Dr. Verma's quiet mantra: "Shanti se." Before beginning any surgery, I'd brush my thumb over each patient's forehead—my silent prayer for focus.

Last year at OACH, our robotic console froze during a complex reimplantation. My junior resident in general surgery on rotation with us, nearly collapsed from stress. "Sir, they'll sue us!" I handed her the anaesthetist's stethoscope. "Listen to his heartbeat first. Our hands need to be just as steady."

A 2023 Indian Journal of Pediatric Surgery (IJPS) study showed surgical stress biomarkers dropped 30% with grounding techniques. I believe it, but science doesn't capture what it feels like when parents trust you with their child while the power flickers.

When Parents Become Mountains

The most difficult part isn't the surgeries—it's the parents. In 2019, Mr. Kapoor cornered me in NPSI's crowded hallway. His son's orchiopexy had been postponed three times due to a dengue outbreak in the hospital.

"Private mein paisa kamane ka plan hai?" he shouted, accusing me of deliberately delaying to push them toward paid care.

That night I wrote in my Diary:

Fact: Delays were due to epidemiological crisis.

Feeling: Humiliated, misunderstood.

Reality: He's fighting for his son in a system that routinely disappoints.

I met him next morning at a chai stall across from the hospital. After twenty minutes of honest conversation, his anger softened. "Beta, hum gareeb hain, par dil se nahin," he told me. When his son's surgery finally succeeded, Kapoor brought homemade laddoos for the entire ward.

Drawing Lines in Shifting Sands

During a resident strike at NPSI, I managed 37 post-op patients alone for 28 hours. By evening, when a mother asked for the fifth time about painkillers I'd already ordered, I snapped at her (happens very rarely but hey; I am human too!!!).

Dr. Grover, another one of our Senior Consultants, who was on his rounds, pulled me aside: "Beta, haath pair toot sakte hain, par zubaan nahin."

Now I enforce what I call "Dil Ki Surgery"—ten minutes of silence with masala chai after each clinic. Some days it works. Many days Mumbai's pace allows no such luxury.

When a farmer from Bihar stopped me while I rushed toward OACH's VIP wing—"Bhaiya, ek minute"—I almost brushed past. But something in his eyes made me pause. His daughter's Wilms tumor story changed how I schedule my days.

The System That Drowns Us All

Let's be honest: resilience doesn't fix healthcare inequality. At NPSI, we fashioned equipment like Replogle's suction

tubes from spare parts like two infant feeding tubes, not due to scarcity but due to crushing demand. At OACH, robots worth crores of rupees, sometimes sat idle while ethics committees debated their deployment.

During COVID's Delta wave, I split time between facilities—intubating children in NPSI hallways while scheduling ₹50,000/hour surgeries at OACH. The dissonance made me physically ill.

Dr. Malhotra once warned me: "We're not Gods. We're jugaadu doctors in a broken duniya." The weight of those words grows heavier each year.

Finding Flight in Floodwaters

Last Diwali, my friend's daughter asked why I keep both a duck plushie toy and Ganesha on my desk.

"Ganesha removes obstacles," I explained. "The duck teaches me to swim through them."

She considered this seriously. "But ducks fly too, na?"

She's right. Some days we just keep our heads above water. Other days, if we're lucky, we soar—despite Delhi's toxic air, Mumbai's floods, and the enormous weight of families like the Kapoor's who trust us despite everything.

After his son recovered, Mr. Kapoor pressed a small box of mithai into my hands: "Doctor beta, aap humare Ganesha the." In that moment, the long shifts, the power cuts, the impossible choices all seemed worth it.

That's what I carry forward: in India's chaotic ORs, resilience isn't staying dry. It's learning to dance in the monsoon, scalpel in hand, praying the lights stay on—and finding unexpected joy even when it doesn't.

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