ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1. What are the prevalent orthopaedic conditions in Malta? How do they differ from the UK?

My experience in the Orthopaedic Outpatient Department (OOD) and both trauma and elective Orthopaedic Operating Theatres (OOP) suggests that prevalent orthopaedic conditions in Malta are similar to the UK. A significant proportion of cases were related to trauma and degenerative musculoskeletal disease (e.g. osteoarthritis).

Trauma ranged from Road Traffic Collisions (RTCs) to falls, both in the elderly and occupational falls in the young. There are 16 hip fractures per 10,000 population in Malta, compared to 14 per 10,000 in the UK [1, 2]. Anecdotal reports by several orthopaedic surgeons suggest an increase in occupational falls in recent years, possibly due to major infrastructure expansion.

The number of RTCs in Malta has also increased in recent years. The National Office of Statistics report a 10.8% increase in RTCs during 2016 [3]. Anecdotal reports by several orthopaedic surgeons propose this increase is partly linked to mobile phone use and disregard for laws/dangers of drinking alcohol whilst driving. The mechanisms of injury in RTCs in Malta broadly varied to the UK. My experience, supported by discussion with seniors (many have trained in both Malta and the UK), suggests relatively low-energy fractures (e.g. transverse femoral fractures) in RTCs are more common in Malta, and high-energy fractures (e.g. segmental femoral fractures) are more common in the UK. This is partly explained by road infrastructure; unlike the UK, Malta has no motorways, many roads are narrow and/or relatively unmaintained (e.g. potholes), which limits top speeds.

Degenerative musculoskeletal disease included mainly osteoarthritis and valgus/varus deformities, others included calcium pyrophosphate deposition disease, low back pain (ranging from muscular to disc prolapse), and occasional rheumatological/inflammatory disease.

2. How are orthopaedic services organised and delivered in Malta? How does it differ from the UK?

Mater Dei Hospital is the only acute general, and only teaching hospital in the Maltese archipelago (Malta, Gozo and Comino). It is affiliated with the University of Malta, of which the medical school is located within the hospital. Barts and The London School of Medicine and Dentistry have recently established a medical school in Gozo. The hospital provides all major specialities required in the region and contains 1,000 beds, which serves 419,000 residents (Maltese, Gozitan and expatriate), plus fluctuating numbers of tourists [1, 4].

The orthopaedic department consists of 3 wards; 2 mainly reserved for trauma from which patients are admitted through the Emergency Department, and 1 mainly reserved for elective procedures from which patients are admitted through the OOD; a total of approximately 45 beds. Allied health professions include physiotherapy, dietetics, orthotics, prosthetics and podiatry [4].

The healthcare system in Malta is similar to the UK. I gained insight from the perspective of both the orthopaedic surgery department and the Maltese family I lived with, in which a relative had recently undergone private elective total hip replacement.

The system provides both state-funded (free at the point of delivery and funded by taxation) and private healthcare. The total expenditure on health per capita (Intl $ (2014)) is 3,072; 9.8% Gross Domestic Product (GDP) [1]. This is similar to the UK; $3,377 and 9.1%, respectively [2].

A notable difference between Malta and the UK is resource availability. The archipelago is served by a single acute general hospital, with a single (though large) orthopaedic surgery department to provide both state-funded and private healthcare [4]. This causes long waiting lists for state-funded elective surgery, which is bypassed by acute cases which must take priority, and some private elective procedures. Anecdotal reports from the Maltese family I lived with suggest that patients actively seek private healthcare. However, doctors suggesting private healthcare to bypass state-funded waiting lists (e.g. from a scan to an operation) is controversial.

Healthcare provision follows a similar hierarchy; patients with musculoskeletal complaints consult state-funded primary care health centres (which provide General Practice (GP) and clinic services) or consult private GPs. Notably, all GPs outside health centres are in the private sector [4]. Patients are either managed conservatively/medically in the community or referred to the secondary care OOD. From here, my experience showed patients regularly received reassurance and continued community care, physiotherapy, or interventions including joint injections/aspirations, arthroscopy or surgery.

3. Determine the demographics of orthopaedic patients.

Malta is the largest island in the Maltese archipelago. The island spans 316km2 and accommodates 419,000 residents [1, 5]. Therefore, Malta is the most densely populated country in the European Union [5]. Demographics depend on the orthopaedic problem. Trauma is common amongst younger patients and degenerative joint disease is common amongst older patients. The average life expectancy at birth in Malta is 80 years (male) and 84 years (female) [1]. This is similar to the UK; 79 years (male) and 83 years (female) [2]. Approximately 25% of the population in Malta are aged over 60 years, and 26% of males and 27% of females aged 20 years or more are obese [1]. This is similar to the UK; 23% are aged over 60 years, and 24% of males and 25% of females aged 20 years or more are obese [2]. These are major risk factors for degenerative joint disease. Musculoskeletal diseases in Malta account for approximately 10 years of healthy life lost due to disability, but less than 1 year of life lost due to premature mortality [1]. Fluctuating numbers of tourists are admitted due to traumatic injury. The current figures are unclear and audit is currently underway to distinguish resident from tourist.

4. Further develop clinical reasoning, and practice decision-making and treatment planning.

I was able to develop my clinical skills in the OOD, and my surgical skills in the OOP. My experience in the OOD involved taking brief histories and performing clinical examinations. Whilst history taking was limited due to the Maltese-English language barrier (especially amongst elderly patients), seniors were very engaging and translated when required. I benefitted most from examining patients pre-operatively and encountered wide ranging pathology. I learned to focus my examinations, and learned about new special tests and post-graduate concepts. I discussed my impressions, data interpretation (e.g. radiological and magnetic resonance imaging) and management plans frequently.

My experience in the OOP involved scrubbing for every procedure and assisting as much as possible. I was able to further develop numerous surgical skills. This was my first opportunity to focus entirely on operative, as opposed to peri-operative care (peri-operative care being essential to FY1

practice). Every surgeon explained his/her approach, and provided me with constructive feedback to improve my surgical skills (especially suturing) and surgical anatomy understanding.

I was fortunate to assist and learn in numerous procedures including variations of elective and trauma hip and knee replacements, fractures (including polytrauma), arthroscopy, and minor procedures (e.g. trigger finger release and carpel tunnel decompression) (please see University of Malta Certificate for full details).

Word Count: 1,129 Words

References

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2. No authors listed. United Kingdom. www.who.int/countries/gbr/en/ (date last accessed 30/04/18).

3. No authors listed. Road Traffic Accidents Q2/2017. https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_B3/Environment_Energy_Transport_and_Agriculture_Statistics/Documents/2017/News2017_127.pdf (date last accessed 30/04/18).

4. No authors listed. Mater Dei Hospital. http://deputyprimeminister.gov.mt/en/MDH/Pages/Home.aspx (date last accessed 30/04/18).

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