ELECTIVE (SSC5b) REPORT (1200 words)

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

Objective 1:

Identify prevalent conditions in Nepal requiring plastic surgery input compared to UK.

In Nepal, certain conditions were more prevalent than they are in the UK. It seemed as though cleft lip and palates were more common, however this may have seemed like it as I was at a specialist centre for these surgeries. It is possible that they are more common as there is more consanguinous marriage in Nepal which does increase the rates of genetic conditions.

The hospital that I was doing my placement at also saw many patients with burns. I noticed that there was a higher prevalence of electrical burns than the UK, presumably due to the relative lack of health and safety regulations regarding this. Aside from commenting on the prevalence of burns, I noticed that many of the patients who came in had received no cooling and no fluid resuscitation which is standard practice and standard knowledge in the UK. I was very surprised by this, however it was explained by the lack of public health education in this area and the lack of clean, running water in many households.

Severe hand trauma was also very prevalent as more road traffic accidents happen in Nepal compared to the UK and more people choose to ride motorbikes and scooters.

Contrary to what I thought before I went to Nepal, acid burns were not very common at all. They explained that acid burns were much more common in India instead.

Objective 2:

Understand how plastic surgery services are organised and delivered in Nepal and determine how and why delivery of plastic surgery services differ in the UK

In Nepal, plastic surgery services and burns services are organised very differently than in the UK. In Nepal, the healthcare system works in a very different manner. All patients have to pay for healthcare. Many patients will go to their nearest hospital, however this will not necessarily be the right place for the patients to be seen. If patients can afford it, they can be transferred to a specialist centre, if not a non-specialised centre will attempt to treat them instead. There is no centralised referral mechanism and sometimes referrals only happen through word of mouth. If a hospital does not know that another hospital specialises in burns, then they will not know to refer the patient to that place. Since Nepal is a big country in terms of geographical area, this makes it very difficult to ensure timely and appropriate care is administered to each and every patient.

Even when patients arrive at a specialised centre, surgery only occurs if the patient can afford it. Certain services within this hospital were provided free of charge, however this was only possible due to international funding primarily American in origin for this particular hospital.

Other factors such as the availability of blood or the presence of a relative play a role in deciding whether a patient receives surgery or not. Blood is not routinely available in the hospitals, if a patient needs blood a relative has to visit the blood bank and donate their own blood in return for blood for the patient. Furthermore, if a patient does not have a relative present, unless it is an emergency, they will not be treated. The rationale is that unlike in the UK, there is no point in treating the patient or performing surgery on the patient if the relative is not present to do all of the rest. The relative is responsible for taking on the role of a healthcare assistant in providing personal care, providing meals, picking up medications for the nurses drug rounds, collecting blood and doing anything else that is necessary. This is a major difference in the way that healthcare is delivered in Nepal compared to the UK.

This difference is probably explained mainly by cultural differences, but also I would imagine that healthcare would be even more expensive if patients had to pay someone to take the roles that their relative would be fulfilling.

Objective 3:

Understand how health and safety regulation in Nepal impact on the type of accidents which occur compared to UK. Determine which types of operations surgeons in Nepal therefore are more experienced with.

There is very little health and safety regulation in Nepal compared to the UK. Flamable materials are still allowed for clothing especially childrens clothing which results in more burns in children.

Health and safety regulation is also lacking for electrical wires. As you walk in the streets for example, there are many low hanging wires with some of them still being live wires. This is very dangerous and causes extensive electrical burns which would only rarely occur in the UK.

Aside from burns, as I mentioned previously, there is less regulations which causes more road traffic accidents. Many of the people who ride motorbikes and scooters don't use helmets and traffic rules are much more lax. The lack of regulations means that hand trauma and polytraumas are much more common. Some of the hand traumas which I saw at this centre were very severe and ended up needing free flap transfers which are not very common procedures at all in the UK.

Objective 4:

Understand which insights can be gained from observing operations and rehabilitation of patients in Nepal. Understand which novel approaches are used in Nepal which could be beneficial to use in the UK.

As a student who is very interested in reconstructive plastic surgery and burns. This placement gave me the opportunity to not only observe, but also to assist in multiple surgeries. I had never seen any cleft lip and palate surgeries so this was a fantastic opportunity to begin to learn the basic principles of this.

For other surgeries, I had the chance to see many more of the plastic surgery principles in practice such as z-plasty techniques and bipedicle techniques. I also saw some of the problems with these techniques and discussed with the surgeons what the benefits and pitfalls of certain approaches would be. I got much more exposure to the planning stages of plastic surgery with how markings are done before procedures. I practiced my suturing techniques and got involved with all aspects of burn surgery.

I was very lucky to be able to see and assist with multiple free flap surgeries which were performed. I got a much better understanding of the difficulties of free flaps and salvage operations which can be performed when the flap does not take.

Overall, the amount of exposure I had to plastic surgery operations meant that I built on my pre-existing knowledge and developed my knowledge for decision making in plastic surgery which will be very valuable for me in future.

I saw relatively very little of the rehabilitation side of patient care in this hospital as there were many patients and only one physiotherapist. He was swamped with work most of the time as there was enough work for an entire team.