

ELECTIVE (SSC5a) REPORT (1200 words)

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

Reflective Objectives in a Nepalese Hospital: A Comparative Analysis with the UK and Asia

During my placement in a Nepalese hospital, I had the opportunity to observe surgeries and gain insights into the healthcare system in Nepal. This reflective essay aims to address four objectives:

1. Evaluating the pattern of illnesses requiring surgery in the Nepalese population and comparing them with the UK
2. understanding the organization and provision of surgical services in Nepal, contrasting them with the UK and the rest of Asia
3. evaluating the rates of generic post-surgical complications in Nepal and comparing them with the rest of Asia and the UK
4. Learning about common tropical diseases prevalent in Nepal/Asia to prepare for encountering them in future practice, supported by relevant statistics and epidemiology.

Objective 1: Evaluating the Pattern of Illnesses Requiring Surgery in Nepal

Nepal, being a developing country, has unique healthcare challenges and a different disease profile compared to the UK. Surgical interventions in Nepal often focus on conditions such as trauma, obstetric complications, gastrointestinal diseases, and infectious diseases. Trauma cases, particularly road traffic accidents, contribute significantly to the surgical workload in Nepal. According to the World Health Organization (WHO), road traffic injuries are a major public health issue in Nepal, with a high rate of fatalities and disabilities. These numbers are significantly higher than in the UK due to various factors such as poor road infrastructure, lax enforcement of traffic regulations, and inadequate emergency medical services. Regarding surgical intervention itself, often patients present very late and so require surgery quite quickly upon presentation. Not only that, sometimes the patient presents so late that actually surgical intervention is too late and contraindicated because the disease has progressed too far. An example I could remember was a head of pancreas cancer that would of initially been operable but spread to psoas muscles and so the decision was to go onto the palliative pathway.

Objective 2: Surgical Services Provision and Organization in Nepal

Surgical services in Nepal face numerous challenges, including limited resources, infrastructure, and personnel. The majority of surgical services are provided by the government-funded healthcare facilities and a few non-governmental organizations. In remote areas, access to surgical care is often limited, resulting in delayed treatment and higher rates of morbidity and mortality. In contrast, the UK has a well-developed healthcare system with established referral pathways, standardized protocols, and specialized surgical units.

Moreover, the UK benefits from the NHS or comprehensive insurance coverage and robust health policies, ensuring equitable access to surgical services for all citizens.

Comparatively, in the rest of Asia, the provision and organization of surgical services vary widely. Some countries have well-developed healthcare systems, similar to the UK, while others face challenges similar to Nepal, with limited resources and inequitable access to surgical care.

Many other countries have very good healthcare systems with Singapore, south Korea, and Japan being in the top 10 healthcare systems in the world according to statista¹.

Objective 3: Rates of Generic Post-Surgical Complications in Nepal

Evaluating the rates of generic post-surgical complications in Nepal allows us to understand the impact of limited resources and healthcare infrastructure on patient outcomes. Unfortunately, specific statistics on post-surgical complications in Nepal are scarce. However, studies have shown that surgical site infections (SSIs) are a significant concern in resource-limited settings, including Nepal. Factors such as inadequate sterilization practices, limited access to antibiotics, and suboptimal wound care contribute to higher rates of SSIs.

Comparing these rates to the rest of Asia and the UK, resource-limited settings tend to have higher rates of post-surgical complications. The UK, with its well-established infection control measures and access to advanced healthcare facilities, experiences lower rates of generic post-surgical complications compared to Nepal and some

other Asian countries.

My experience of Nepalese surgery is how non sterile the environment is. The surgical gowns and drapes are reused and washed by hand in soap and water in the adjacent room next to theatres. Although there is a lot to be said at how in the uk we should stop having single use items for things and come up with sustainable resources which is perhaps something that is done better here. However in this hospital, sterile gloves are used for absolutely every procedure, whereas in some cases normal latex gloves will do, perhaps increasing the cost to the patient.

Objective 4: Common Tropical Diseases in Nepal/Asia

Nepal, being a tropical country, is prone to several infectious diseases. Malaria, dengue fever, typhoid fever, and tuberculosis are among the common tropical diseases encountered in Nepal and the wider Asian region. Malaria, caused by Plasmodium parasites, is prevalent in certain regions of Nepal, particularly in the southern lowland Terai region. Dengue fever, transmitted by Aedes mosquitoes, poses a significant public health burden in urban areas. To prepare for encountering these tropical diseases in future practice, understanding their epidemiology and clinical presentations is crucial. For instance, knowledge of the cyclic nature of dengue outbreaks, typical symptoms such as fever, rash, and joint pain, and appropriate diagnostic methods helps healthcare professionals provide timely and accurate diagnoses and management.

Rabies is common here² with over 300,000 people getting vaccinated each year, as well as 30,000 livestock. Pokhara to help prevent the spread has vaccinated over 80% of its stray dog population.

Reflecting on my placement in a Nepalese hospital, the objectives of evaluating the pattern of illnesses requiring surgery, understanding the organization of surgical services, evaluating rates of post-surgical complications, and learning about common tropical diseases in Nepal/Asia have provided valuable insights. Nepal faces unique healthcare challenges compared to the UK and even other countries in Asia. Understanding these differences is essential for healthcare professionals to adapt their practice, provide appropriate care, and address the specific needs of the population they serve. There is a lot to learn from Nepal regarding the sustainability of certain practices as well as being resourceful.

1. Health index of countries worldwide in 2023 | Statista (2023). Available at:

<https://www.statista.com/statistics/1290168/health-index-of-countries-worldwide-by-health-index-score/> (Accessed: 25 May 2023).

2. Pantha, S. et al. (2020) "Review of rabies in Nepal", One Health, 10, p. 100155. doi: 10.1016/j.onehlt.2020.100155.