

ELECTIVE (SSC5b) REPORT (1200 words)

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

- 1) Describe the prevalent orthopaedic conditions in Hyderabad, India? How do they differ from the UK?

Whilst the majority of orthopaedic presentations are the same in the London and Hyderabad, there are some interesting differences. I thought the best way to break this down would be to discuss the differences between the two cities (and obviously countries) by separating the variation between elective cases and that of the trauma cases.

The bread-and-butter elective surgeries in both cities are the arthroplasties (including hips, knees and shoulders). Whilst the presenting complaints remained very much similar, the mechanisms of injury and cause of pathology varied. Avascular necrosis of the hip secondary to covid is something I hadn't encountered back home. Severe final stage osteoarthritis is also perhaps more common here compared to back home; I reckon this is due to the difference in the affordability of healthcare for a large number of the population here in India compared to that of the UK. Therefore, patients tend to present later on in the disease process.

In terms of trauma, the various Falling On Outstretched Hand (FOOSH) fractures, distal fibular fractures, comminuted tibial fractures, complex radial fractures are present in both cities.

Some traumatic injuries I was not previously exposed to during my orthopaedic placements as well as a previous SSC, but I did manage to see here in Hyderabad include injuries of fingers due to food grinders (more prevalent compared to London). There was also a higher volume of presentations due to Road Traffic Accidents.

Some outpatient orthopaedic complaints also had a noticeable difference in prevalence between both cities. I saw numerous cases of Adhesive capsulitis daily; this is perhaps a result of the increased prevalence of Type 2 diabetes in south Asian people. The lack of accessibility of affordable doctor appointments also means patients who present to clinic tend to present at a later stage than an analogous patient with a similar presenting complaint but lower threshold to discuss with a doctor due to things like free appointments thanks to the NHS.

Due to surgeon expertise and sufficient funding, minimally invasive procedures like arthroscopic meniscal repair and MCL reconstruction take place here as well. Gunshot victims and stabbings are however much less common here compared to London and I have not yet encountered trauma of that nature here.

- 2) How are orthopaedic services organised and delivered in Hyderabad, India? How does it differ from the UK?

In Hyderabad and India overall, healthcare is available at low/zero cost for low-income patients in government hospitals. That being said, the funding issues, staffing crises and lack of availability of reliable and safe to use equipment and beds means if people are generally able to pay for private medical insurance, they do. In the event of medical need, this pays for their needs but usually an additional payment on top on what the insurance covers is required. The poorest patients are unable

to afford private insurance or lack the education to pursue it meaning in the event of a medical emergency, they are unable to pay for private medical care and must either make do with conservative interventions or medication instead of curative surgery for example. They are able to seek care from government hospital, but patients cannot be blamed for feeling apprehensive about the standards of these facilities. There are some exceptional national public hospitals, but these are few in number and are plagued by long waiting lists and massive demand but limited supply of healthcare needs.

Additional cost cutting measures taken here that don't exist there include the use of reusable sterile gowns as opposed to disposable, autoclaved equipment and tools instead of brand new. Some other differences include non-anaesthetic consultants and non-doctors administering peri-operative drugs based on protocolised care that is delegated by the anaesthetists, with the anaesthetists available and keeping an eye on things regularly.

3) What is Hyderabad's equivalent to the National Health Service and how do they compare?

The national health service is truly amazing in terms of providing free at the point of service medical care it to the population it serves and is funded primarily through taxation. However, it is without a question noticeable how standards within the health service have been falling, outcomes being patient satisfaction surveys, waiting lists compared to previous years' data, as well as increasing workload for staff due to poor planning of staff retention and wellbeing. The hospital I'm doing my elective in is a private hospital so my own understanding of public institutions here is therefore limited by this. I do see patients come into the hospital that are unable to access surgery in private hospitals due to the cost yet have debilitating pain and a seriously impacted quality of life. They refuse to attend public institutions due to the horror stories passed via word of mouth from other patients who have had negative experiences there. It would have been nice to experience a public hospital setting as well as private set up.

4) Describe how doing an orthopaedic surgery elective in Hyderabad, India has shaped your personal growth and career ambitions?

Some of my reasons for wanting to do an elective here in Hyderabad were to understand what it's like to work as a doctor in a small, busy, private hospital. My supervisor here finished his orthopaedic specialty training in the UK so is aware of the differences between systems and well as what it is like during training years in the UK. I was therefore able to get useful guidance from him as well as other consultant orthopaedic surgery colleagues who trained locally.

Now that I'm approaching the end of my elective, I can confidently say it has opened a new path for me and if I'm prepared to work hard, I could certainly see myself working as an orthopaedic surgeon and perhaps even practicing in India. Overall, the elective has therefore, in my eyes, achieved its primary purpose.

More importantly for my own personal growth, spending this past month or so in a small close-knit team has allowed me to chat to a variety of members of the healthcare teams about their roles, explore how they differ from the UK and most importantly pick up anything I can learn. The camaraderie that exists here is difficult to put in words. It's incredible how working in a team that supports each other, works hard together, shares lunches together can be a breath of fresh air and keeps morale high.

No doubt challenges here exist - the sheer number of patients, as well as the longer working hours make it a challenge to get through the day's list and can be more tiring. But once again, team dynamics play a massive role in morale of the workforce.

Post elective, I will be keeping my doors open to go down the core surgical training pathway. The team here has certainly made me appreciate how incredible orthopaedic surgery can be and the impact good surgery has on patients' quality of life.