

ELECTIVE (SSC5c) REPORT (1200 words)

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

My 3 week elective in Plastic Surgery was an excellent introduction to a new surgical specialty.

During the elective, I spent time over 2 sites (St Mary's and Charing Cross Hospital) which allowed me to see an array of subspecialties.

The first and second objectives of this elective were to see the patterns of trauma that presented to this department and how the Plastics' service was delivered. I achieved this in 2 ways: firstly by attending ward rounds and the operating theatre at St Mary's. Most of the trauma I saw during my time was lower limb trauma. The mode of injury varied but often resulted in underlying bony fractures which were managed jointly by orthopaedics and plastics. The soft tissue injuries were managed with free flaps, split skin grafts and Vac dressings. Some of the patients with these injuries were older and had other co-morbidities which altered the treatment plans. It was interesting to see similar injuries managed in different ways due to the host factors. I particularly think of a patient whose injuries could have been managed with a free flap but due to his co-morbidities was thought to be more suited to an amputation. Whilst this seems like a much more radical approach, this meant fewer operations and would keep him more mobile and independent. In my limited experience so far, I have not seen many opportunities that a surgeon can take a more conservative approach and still have a good result for the patient. During my time here, I also witnessed the management of a failed flap. These are not common and it required further surgery for the patient. The surgeons had excellent communication with the patient and I was impressed how the patient was understanding of this unfortunate event. Had this been managed poorly, the trust between the patient and surgical team could have broken down resulting in self discharges/poor adherence to post operative management. With regards to the objectives I set, I was keen to observe new procedures and also to improve my operative skills. My time in both St Mary's and Charing Cross, I had the opportunity to assist in a variety of procedures including free flaps - which I did not have a chance to observe at King's. At Charing Cross, I attended theatre sessions where I assisted in a DIEP flap, abdominoplasty, resection of a melanoma on the cheek reconstructed with a forehead flap and refashioning of a breast flap. I found this interesting as these were all carried out mainly following cancer surgery but high importance was still given to the cosmetic result. This provided an interesting contrast to a patient I saw on the ward who will be unable to have an abdominoplasty following bariatric surgery as there is no NHS funding. I was incredibly surprised that reconstruction to recreate the breast is considered part of best practice but for an individual who may have imposed his/her disease on themselves, the opportunity to reconstruct their abdominal contour was not!

This elective provided an incredible opportunity to be introduced to a new surgical specialty. Prior to coming here, I had very little knowledge of the remit of plastics or the procedures they commonly carry out. I was fortunate to see many of the 'bread and butter' procedures and hope that I will be able to further my knowledge in a rotation during my junior doctor years.