## ELECTIVE (SSC5c) REPORT (1200 words)

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

**St Kitts and Nevis is a small two island federation in the Caribbean. The population of St Kitts is around 30.000 and Nevis is 12,000. I completed my elective at the JNF hospital on St Kitts, in anaesthetics under Dr Daveen Wilkin.**

**The common surgical and anaesthetic conditions in St Kitts are broadly similar to those in the UK. I observed a variety of operations, including obs and gynae: myomectomies, hysterectomies, hysteroscopies, ERPCs, and Caesarian sections, orthopaedics: knee and hip replacements, and ORIFs, general surgery: circumscisions, open cholecystectomy, colonoscopy, OGD and mastectomy and even some plastic surgery: liposuction and tummy tuck. I was also lucky enough to observe a craniotomy- the first one I have seen!**

**One of the main surgical differences is there is little to no use of laparoscopic methods in St kkitts, compared to the UK where this method is much more common and is the preferred technique in many procedures. Although St Kitts has one surgeon and the instruments required for a craniotomy, if a patient requires neurosurgery more complex than this then they have to fly to a neighbouring island.**

**Another difference was the absence of the WHO surgical checklist. This was not carried out in St Kitts, there was no equivalent time out or sign in/out procedures. As far as I could see there was no marking of surgical sites or limbs. Quite often the surgeons would ask the patient whilst they were lying on the table before being anaesthetised to confirm the operation. This is obviously very different to the UK where the checklist is followed in order to reduce the number of adverse events. Having said this the scrub nurses did count in and count out their swabs and instruments. The small number of operations carried out probably did mean that the surgeons knew their smaller number of patients better, however I think that the introduction of the checklist would be no bad thing!**

**Anaesthesia wise there are the same issues faced as in the UK, having to deal with chronic diseases that can affect the anaesthesia including hypertension, diabetes and asthma. Because the population is black Caribbean careful attention must be**

**given to high blood pressure and diabetes as these diseases can be more common in this type of population. Excess secretions are also more common in Caribbean populations and so making sure adequate anti-secretories are administered is another important consideration.**

**The health system in St Kitts is both public and private. Everyone pays a tax similar to national insurance, which covers the cost of any surgery or anaesthesia required in hospital. However there are also many private doctors who open their own clinic and charge patients to be seen. There is also an additional charge for certain investigations such as a CT scan. If the patient cannot afford this, then sometimes the medical students (from Windsor university on the island) would club together to pay this for the patient. As stated earlier there is no MRI scanner on the island and if this is required the patient must fly elsewhere at their own cost.**

**The provision of anaesthesia is broadly similar in St Kitts when compared to the UK. The types of anaesthesia are similar, with general, local and spinal anaesthesia being used, but not epidurals. (The use of spinal anaesthesia is also in it's infancy, with the population being broadly unaware of and therefore wary of it's use. The consultant I was with told me how when she started she only performed 2 spinals in a year, however she was trying to educate people about their use and uptake was improving. She was particularly targeting the obstetric patients in order to reduce the number of caesarian sections carried out under general anaesthesia). The most striking difference between St Kitts and the UK is that there is no separate anaesthesia room to the operating theatre (my consultant almost didn't believe me when I told her about this!) Patients are wheeled, or walk, straight into theatre and onto the bed. This is understandably quite a traumatic experience for some patients, with some becoming quite nervous and anxious. Once in the theatre the process is the same, blood pressure and sats monitoring are set up, (ECG leads were not used, but this was due to the consultants preference). A cannula was placed if not already in situ, and IV fluids were set up. IV Induction drugs are administered, (propofol and thiopental) followed by ventilation with a**

**volatile gas/O2/N2O mix. Appropriate airway management is used according to patient factors and procedure type and length, devices used include endotracheal tubes, laryngeal mask airways, guedel tubes and simple masks/air bags.**

**Reversing the anaesthesia process is also the same as in the UK. However, the recovery procedure is different. The medical students are the ones who wheel the patient through to the recovery room, set up monitoring, and then care is taken over by a nurse. There is no active airway management in the period between leaving the theatre and the patient being in recovery. There is only one nurse in recovery but due to the low number of patients this is probably sufficient.**

**There is also much less pain control in St Kitts compared to the UK. There was no routine pain relief given during the operations, (no morphine and no dexamethasone) and only pethidine was given in certain procedures such as the orthopaedic ones. One patient I saw who had had an arthroscopy where the surgeon removed a small part of bone was not given any analgesia, and upon waking was extremely distressed, screaming and shouting and in a lot of pain. It was myself and two other medical students who were present when this happened, and so we immediately fetched the anaesthetist to give the patient some more pethidine. This was quite distressing for myself to see the patient in such agony and I can't help but feel that this may have been a common occurrence.**

**There are less resources in St Kitts than in the UK and as a result there is an obvious drive to keep costs down. This applies to both drugs and equipment, for example guedels are re-used, as are air masks (after sterilisation of course), operations gowns, sterile drapes - where these are all one use only in the UK and then thrown away. I also did not see the use of any morphine in St Kitts, the opiate of choice is pethidine - a drug only really seen (and not that much) in O&G in the uk now.**

**There are no ready made cannula dressings (eg "Tegaderm") in st kitts, or surgical wound dressings, instead plasters, tape and bandages are used.**

**The observations and charts are the same, with major signs being recorded, as well as patient details (including ASA score) as well as drugs and doses administered.**

**I have really enjoyed my time at the JNF hospital in St Kitts, and experienced the duties and roles of the anaesthetist in a different country. Although with some minor differences, it is generally similar to that in the UK, and has confirmed my**

**interest in the speciality as a potential career, and I hope to develop this in the**

**future. St Kitts is a spectacular country with incredible scenery and friendly people. I had a great experience exploring the island as well as meeting locals and really integrating into the island way of life. I would love to return to St Kitts in the future.**