

## Elective (SSC5c) Report

### Yousaf Jamal - Bayview Hospital, Bridgetown, Barbados (April-May 2017)

#### Objectives

1. What are the most common conditions for which surgical procedures are undertaken? How does this compare to the UK?
2. How are operations planned and delivered in Barbados, and how does this compare to the UK?
3. Compare and contrast the usage of, and efficacy of infection prevention measures in Barbados to the UK
4. Develop skills in:
  - Surgical skills, including suturing
  - Pre-operative and post-operative management of patients
  - Management of surgical complications

Since the mid 1980's, Barbadian health indicators have shown that the overall health of the population has improved substantially, with the life expectancy currently around 75 years and increasing. This can be attributed to investment in water and sewage disposal, government efforts to enact a free health care program and provision of medicines to children, elderly, pregnant and socioeconomically deprived people free of charge. The country has seen a shift of healthcare burden from communicable to non-communicable diseases, most prevalently diabetes, heart disease and cancers.

Two hospitals provide tertiary care for the Bajan people; the government-funded public Queen Elizabeth (QE) hospital, and private facility Bayview Hospital where we carried out our elective. We spent most of our time shadowing the surgical team at Bayview, observing and participating in surgical procedures and clinics.

The most common condition requiring our attention, by far, was diabetes, which affects almost one in five (18.7%) adults and almost half (46%) of those over the age of 65, according to the Ministry of Health. This is much higher than the prevalence found in the UK; around 6%. The high rate and poor control of diabetes has resulted in the majority of surgical cases being patients with peripheral neuropathy and peripheral vascular disease who present with critical ischaemia or gangrenous feet; up to half of the general surgical inpatients at QE are being treated for diabetic foot infections. We were explained that Barbados has come to be known as the 'amputation capital of the world', not only due to the high incidence of the disease, but also the unfortunate typically late presentation of the condition forcing many surgeons to amputate. The treatment of diabetes was largely similar to the UK; since the doctors use the BNF, the same medicines (albeit prescribed by brand name rather than generic form) were used in a similar treatment pathway. However there were also differences, such as the use of hyperbaric oxygen therapy sessions for diabetics to improve their oxygen delivery.

Home care in Barbados was limited to one anaesthetist based at Bayview, who had started a service providing emergency ambulatory care. This forced patients to attend clinics for all other matters, often several times a week in the case of wound dressings, and each appointment implied several hours of waiting. Whilst the same is often true in the UK, I found this intriguing as one would expect both compliance to therapy and overall healthcare burden to be reduced by providing treatment at home.

Besides diabetes, we noticed trends in which operations were most commonly performed by the general surgeon we were shadowing; there were many gastrointestinal operations including removal of tumours, hernia repairs, a few breast lump and skin lesion removals and two circumcisions which we observed. As well as working at Bayview, the surgeons would donate a daytime's work every week to the 'Family Planning Centre', an institution dedicated to providing care for the poorest of the population. Here we frequently came across haemorrhoids, fissures and other genitourinary conditions.

The planning and delivery of operations in Barbados is far more similar to the UK at Bayview than at Queen Elizabeth Hospital. At Bayview, a private institution, there was very little or no waiting time for an operation. For example, in one case a patient attended clinic for a hernia repair and was operated on in the same week. Furthermore, patients can self-refer themselves to see the surgeons, unlike in the UK where even in private hospitals a referral is required from a primary care physician. The actual delivery of operations at Bayview was remarkably similar to London; one could easily forget they were on the opposite side of the Atlantic after stepping into the OR. We encountered the same stringent infectious control procedures, surgical and anaesthetic equipment, level of professionalism amongst staff and concern for patient welfare. By happenstance we had the opportunity to explore the government-run QE when visiting a friend admitted there, and it became clear why patients would choose to pay for private care; there, we found cramped bed spaces, birds making nest in the wards and outside corridors exposed to the annual tropical rainstorms. Nonetheless Bayview relied on QE for vital services including microbiology and biochemistry investigations. Laboratory results in Barbados were, by and large, received within a few days of the tests being ordered, as in the UK. Given the small population of Barbados, more advanced investigations required foreign assistance; several times we observed biopsy specimens being sent to Florida for testing. Conversely, some of the surgeons at Bayview were using techniques so advanced and successful (particularly by the Urology surgeons) that patients were being drawn in from across the Caribbean and beyond for treatment.

Patients at Bayview hospital pay for all costs associated with the treatment, including their initial appointment, any investigations required, the operations themselves and any aftercare or in-patient stay required. This can be exceedingly costly for most of the locals, such that we found ourselves in the company of the more well-off portion of the population such as prominent politicians and bankers.

• Infectious control measures again vary between Bayview and QE; this was evidently due to the differences in funding between the two. At Bayview surgeons took as much, if not more care to maintain sterile fields in relevant operations, and we did not find any respite from the familiar nagging about scrubbing in correctly. With regards to public health, we were informed of initiatives such as hand washing technique being taught to children at a young age, and we ourselves noticed educational posters for the prevention of diseases such as dengue fever. Hygiene and infection control was of particular importance to the many diabetic patients we saw.

On the whole, I thoroughly enjoyed my time in Barbados and found it to be an exciting and educational experience. Seeing a different healthcare system in action shed a new light on the workings of the NHS and I've learnt to further appreciate the facilities we have as both doctors and patients in the UK- whilst being submerged in a drastically different culture has taught me to appreciate the differences which make our own people unique. Barbados is an extraordinarily beautiful country and after six weeks, I feel I have barely scratched the surface on what it has to offer.