

ELECTIVE (SSC5b) REPORT (1200 words)

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

The 2 weeks that I spent in Hospital Regional de Loreta, Iquitos, Peru, was an interesting and enjoyable experience. I had the opportunity to see cases that I would not have seen in England. For instance, on the paediatric ward I saw patients with marasmus and kwashiorkor – both of which are almost non-existent in England and was an eye-opener to be able to see the classic clinical signs. Despite the children being malnourished it was interesting to note that the parents mostly had a large body habitus. Upon asking one of the doctors about this he explained that a large majority of the children who were malnourished were often from the outskirts of the city, and that the people had to hunt or grow their own food; however some did not and lived a sedentary lifestyle instead, choosing to eat a diet of rice and sugar instead. Naturally having such an unbalanced diet led to malnourishment in the children and obesity in the adults. Even then, the patients that we saw were those who were more fortunate as some people did not have sufficient funds to bring their children to hospital when they were ill. This was contradictory to what I thought, as Iquitos is the 6th most populated city in Peru and I did not think that poverty would be a big issue – however on hindsight, given that it is a regional hospital the patient population would be varied with different economic backgrounds.

Asides from the abovementioned cases, commonly seen presentations in children were GI and respiratory infections. One of the doctors also mentioned that hookworm infections were common in those who walk barefooted in the sand. There was also a notable lack of “Western” diseases such as Coeliac’s or Crohn’s, which I encountered very frequently while on placement on paediatrics in the Royal London Hospital. Sadly, while speaking to one of the doctors on the paediatric ICU, I learnt that resources were often tight, affecting clinical care. For example, the ABG machine had run out of cartridges, thus preventing staff from measuring blood gases in patients who were on respiratory support and hence their management plans. Despite this, some interns (unpaid) would shell out money from their own pockets for resources such as needles and syringes in order to run some basic investigations on patients.

I also had the opportunity to spend a day on the neonatal unit, which I found to be incredibly amazing as I felt as if I had been transported back to a London hospital. The resources were top notch and the care received by premature babies in particular was impressive – technology such as umbilical

catheters and CPAP were being used on babies. Commonly seen cases were similar to those in the UK, with respiratory distress syndrome being one of the top reasons for admission. I also had the opportunity to attend a round and watch the baby checks. However, I learned that no national screening programme for developmental milestones exists in the country; instead they relied on parents to take responsibility and bring their children in if they noticed something was amiss – however due to lack of public education and awareness, this was not often the case. Despite this, a mandatory childhood immunization schedule till the age of 5 did exist. Diseases vaccinated against were highly similar to those found in the UK, such as haemophilus influenza B and streptococcal pneumonia. In terms of uptake, it was dependent on parents, although some schools refused to register children who did not receive their required vaccinations.

Lastly, in terms of language barrier, I did not find it as difficult as I did on my previous elective placement. Perhaps this was due to my Spanish improving over the course of my travels, along with the doctors also being able to speak simple English – thus resulting in conversations that were a mixture of both Spanish and English. However, the patients still largely spoke Spanish, thus restricting our interactions with them, especially in terms of taking a history. Reflecting on my experiences in the past 6 weeks in South America, in the future I would choose to travel to a country where I could speak the language fluently, thus reducing the language barrier and perhaps leading to an easier elective experience and enhancing my learning experience. Despite this, I am grateful for the opportunity to travel to and practice medicine in different regions of Peru, and to see presentations that I would not otherwise see if I had stayed within the UK for this elective period. Given the experience I have had here, I am glad to have travelled so far from home and would definitely recommend such an elective experience to those looking for something different.



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