

ACCIDENT

EMERGENCY

Elective Report – Douglas Corrigan – Ngwelezane Hospital, Kwa-Zulu Natal, South Africa

Dates of Elective: 2/5/2011 – 27/5/2011

Elective Address: Ngwelezane Hospital, P/Bag X20021, Empangeni: 3880, SOUTH AFRICA

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Subject: Emergency Medicine and Trauma

Clinical Experience: Ngwelezane Hospital is a large (554-bed) hospital providing district, regional and tertiary services to communities in northern Kwa-Zulu Natal. South Africa suffers currently from a trauma 'epidemic', and deaths from motor vehicle accidents stand at roughly 20 per 100,000 people, compared to a rate of around 3 in the UK. There is a high level, relative to the UK, of violent assault, ranging from gunshots and stabbings to beatings from blunt instruments. Additionally, the surrounding communities suffer from many chronic and acute health problems, not least HIV/AIDS, but also COPD, hypertension, diabetes (type 1 and 2) and asthma. Many of the admissions are caused by acute exacerbations of these conditions.

I gained a great deal of valuable clinical experience in this busy but supportive unit. I performed clerkings in casualty, presenting my findings to the senior doctors and referring for X-rays and other tests. I performed many routine procedures including phlebotomy, cannulation, catheterisation and ABGs. I also had the opportunity to assist in resuscitations and perform CPR, as well as assist with minor surgical procedures such as abscess drainage and wound debridement. I also learnt how to apply backslabs to broken bones and improved my suturing skills.

I also had the opportunity to accompany Doctors and Paramedics on call in the Ambulances and visit and assist in performing triage and first aid at the scene of car crashes, shootings and medical emergencies in rural clinics in the surrounding area.

The main thing I will take from my experiences in South Africa is the ability to stay calm and focus during resuscitations – to do the simple things well and to always check, and re-check, my ABCDs (and not ever forget glucose)!

Good Points: The department is supportive, friendly and well-run. If you are keen and get stuck in, you will get ample opportunities to build your skills and gain further experiences of common procedures that you undertake as a finalist and FY1. The level of trauma and therefore the clinical experience you will gain is greater than most departments in the UK, and the opportunity to be close to the action is probably not one you would get at home. There is a lot of teaching on the daily ward rounds, and a lot of

informal teaching is given to the interns (equivalent of FY1s). The doctors working in the department clearly enjoy having elective students make and we were made to feel welcome and our contribution to patient care was valued.

Shortcomings: While the placement is **excellent**, do not underestimate the fact that you may find exposure to such a high volume of trauma difficult emotionally. Despite optimal management, some of these young and previously-well patients died as a result of their injuries; and this is something that you see far less of in the UK. I would recommend going with another student, make sure that you look after yourself and take time out to relax and explore this beautiful country.

Accommodation: We sublet rooms in a house in a nearby town called Mtunzini from another UK Doctor working out there – this is probably the best option, although it is a pretty quiet place, it is on a stretch of beautiful coastline (although they are about to build a massive mine there...)

Travel: There are flights from Heathrow to Durban via Johannesburg (~2hrs drive from Empangeni), and there are cheap flights from Emirates via Dubai. You will definitely need to hire a car – you could try rentawreck.com in Durban. Car hire in South Africa is not cheap.

Other Info: Kwa-Zulu Natal has a very high prevalence of HIV/AIDS. The hospital can supply HIV PEP but I would strongly advise taking your own out there – I have seen it take a while to get from their pharmacy. Follow all precautions – double glove, wear eye protection/facemasks when suturing/infiltrating wounds and make sure you are aware of the latest guidelines and have thought through what you will do in the event of a needlestick or blood splash. Be careful if you go out in the ambulances, some of the paramedics from the private hospitals don't use locking cannulas and have been known to leave them by the side of the road – one of the paramedics on the team received a needlestick in this way.

The standard of both the roads and the drivers on them is pretty variable. Be very careful, especially when driving at night. After a few days of seeing the victims of car crashes in the resuscitation unit, you will probably have lost any desire to break the speed limit, or get in one of the minibus taxis. You will drive a lot more than you think so I would recommend getting unlimited mileage and paying extra to get the lowest excess when you hire a car – we managed to dent a wheel on a hard-to-see pothole.

You can go out on a tourist visa if your stay is less than 3 months and you hold a UK passport, but you have to register with the university of Kwa-Zulu Natal and with the Health Professions Council of South Africa. This can take a long time (many months), and requires a lot of paperwork (they are very keen on paperwork), so start early.

There is a lot to do in the Natal area. There are game reserves, beautiful beaches and the Drakensberg mountains are spectacular – make sure you enjoy it.