

Post-elective Assessment

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Elective dates: 18/04/11 – 20/05/11

Elective objectives:

1. *What are the prevalent conditions in Belize? What is the Likelihood of presentation in the UK?*

Prevalent conditions in Belize can be divided into their respective categories. As a doctor in the UK the most common diseases to be seen are those of communicable diseases. And from these the most important would be malaria, particularly in the regional districts of Cayo, Toledo and Stan Creek. Most well populated areas will not have malaria however a few thousand cases are reported annually generally from jungle covered areas, the south and remote areas of the northwest.

Prevalent infectious diseases include Cholera and respiratory ailments such as asthma, influenza and pneumonia. When taking histories of foreign travel to places like Belize it is important to ascertain a sexual history as HIV and AIDS are prevalent in Stan creek and Belize districts.

There is a while list of other infectious diseases especially with regards to vector Bourne diseases such as dengue and yellow fever (carried by mosquitoes). Other parasitic infections such as cutaneous Leishmaniasis or Chagas disease were also noted.

When traveling there were no presentations of the above conditions however it is useful to know what infections could be contracted especially when dealing with travelers to this part of the world.

In addition diabetes, cardiovascular ailments and malignancy were a relatively standard set of non-communicable diseases common to Belize.

2. *How is birth control and family planning handled in Belize in comparison to the UK?*

Belize along with the rest of Latin America and Caribbean countries joined the Mexico City declaration of population and development in 1984. The declaration focused on making family planning available to all couples so that they would be able to exercise the right to plan the number of pregnancies and the spacing of the pregnancies.

However from the impression I had gathered some of the contraceptive beliefs had been influenced by religious beliefs. According to the 2000 census, Roman Catholics constitute 49.6% of the population of Belize, whose beliefs conflict with that of

modern day contraception. This may influence or have a bearing on the use of contraception and birth control within the country.

Unplanned pregnancies are still high and according to the population reference bureau only 34% of married couples between the ages of 15-49 are using contraception whether it be modern (31%) or traditional contraception (7%).

The 2010 world population data sheet showed that the total urban unmet need for family planning was 31%. This figure constituted of the unmet need for family planning to space births between children (15%) and the unmet need for family planning to limit births altogether (16%). There was a clear need to improve in this area when comparing to statistics with the UK.

3. Look at the protocols for emergency medicine and compare to UK

Due to the size of Belize the healthcare system ran in an entirely different manner. The health service is divided into Private hospitals, Public hospitals and public health clinics. Altogether there are only 600 public hospital beds in Belize offering the four basic medical specialties; internal medicine, surgery, pediatrics and obstetrics and gynecology. Government figures show Belize has less than one physician per 1,000 population, or about 225 practicing physicians for a population of over 300,000.

We were based in (San Ignacio) which was a small area of population 16812 according to the Genomes geographical database. There was a small emergency area and had no official theatres for emergency operations.

The hospital was small and only dealt with Obstetrics and gynecology and had a small A&E department where any other internal medicine cases would be admitted through. As developing country and being a hospital outside of the capital meant that there were problems in both physical and human resources. There were a certain amount of medications purchased, after these had been used, there would be no more until the next batch could be afforded to be purchased. Any cases that were serious or of a trauma nature would be escalated to a level 3 hospitals due to a lack of facilities and equipment to adequately treat patients. Some patients would be transferred to care at either Belmopan, Belize city (72 miles from San Ignacio) or to Guatemala, Mexico. San Ignacio hospital also works closely with a local private non profit hospital, La Loma Luz, a Seventh Day Adventist hospital in sister town Santa Elena whenever help is required.

4. Aim to write up and investigate any interesting cases encountered?

Presenting complaint

A 55 year old lady presented with a generalized acute abdominal pain, which was described as 10/10 in severity.

Site - Abdomen

Onset – Started today 2 hours ago

Character – Constant and generalised pain

Radiation -

Alleviating and exacerbating factors -

Time – 2 hours

Extra features -

Scale – 8/10

She had felt nauseous but did not suffer from sweating, chest pain and shortness of breath.

On admission Egg's and chest X ray normal

Past Medical History

She has a history of diabetes and hypertension, which are well controlled on medication.

On examination:

The patient was alert and febrile. Abdomen soft and tender RIF pain tender over Mcburneys point, no rebound tenderness and Rovsings negative.

Cardiovascular system:

Heart sounds one and two heard with no added sounds.

Pulse 109 bpm

BP 100/71 mmHg

JVP not elevated

Respiratory system:

Clear

Abdomen:

Mild, diffuse tenderness on palpation

Bowel sounds: Reduced

PR examination: normal, no blood

Dx: Appendicitis

Plan: Antibiotics, transfer for appendectomy