OBS+
GYNAE

Elective Report – Pippa Graham

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History and Population

The New Somerset Hospital, Cape Town, is situated in the Western Cape of South Africa. Over 55% of the population today is 'coloured', originating from the indigenous Khoe-San tribe or imported slaves from Indonesia and Madagascar. This population is largely Christian and Afrikaans-speaking. There are also an increasing number of black people due to the Xhosas from the Eastern Cape migrating here in search of work .

The workforce at the New Somerset Hospital is a mixture of black, coloured, Indian and white people, working cohesively as a team. English is the main language spoken between work colleagues which made it easy for me to understand and I soon became used to South African-isms such as 'just now'(soon) or 'dagga' (meaning cannabis). It took me a while, however, to realize that 'robots' are traffic lights! Certain abbreviations and medical terms were also unfamiliar to me: pre-eclampsia is gestational proteinuric hypertension or 'GPH' here. Additionally drug names are different, partly due to the trade-names often being used. Afrikaans is also spoken widely: doctors and nurses often switch to Afrikaans when communicating (sometimes in the middle of a sentence) and indeed medical students are formally taught Afrikaans so that they are able to communicate with patients who do not speak English.

The patients I came across were of a less diverse nature. They were almost invariably black African whose first language was Xhosa, Afrikaans or Zulu. They generally had at least a basic knowledge of English so communication was not a problem. Only rarely did I have to recruit the help of a nurse or other doctor to translate when a patient spoke exclusively Xhosa. I was struck at how compliant and good-natured the patients are here. They are quite happy to wait for hours to see a doctor (in one township community clinic we saw a patient at 1.00pm who had been waiting since 5.00am!) The doctor takes on a more paternal role in contrast to the changing system in the U.K. whereby there is an increasing emphasis on patient's having choice and being in control. The standard of comfort and care was comparable to that in the U.K, despite the contrary (often mislaid) opinions of the medically-insured population I came across.

Objectives

My main objectives before coming to the Somerset Hospital centred around gaining more hands-on experience in the area of Obstetrics and Gynaecology and a better understanding of the different types of presenting pathology encountered in this part of the world including, of course, H.I.V.

I was mainly based in the Admissions Clinic on Labour Ward, clerking and examining patients referred from the antenatal clinic, community hospitals or coming from home with symptoms such as bleeding, high blood pressure or preterm labour. I have become confident at diagnosing and drawing up a management plan for these patients and even managed to deliver several babies, taking advantage of the midwifery students' tendency not to turn up on a Friday!

I have also had the opportunity to assist in various surgical procedures, such as tubal ligations and hysterectomies, but most commonly elective caesarian sections. A theory of 'see one, do one, teach one' seems to be used widely here and I was told that if I was staying for as long as 3 months I could be trained to do a caesarian section – a scary but exciting prospect! In theatre all the latest equipment and techniques are used: I was lucky enough to assist in a vaginal hysterectomy, a fiddly procedure which removes the uterus using a natural orifice leaving no wounds at all, therefore reducing the chance of post-operative complications.

The number of different procedures carried out in a typical month is outlined below:

October 2010

Elective Caesarian Sections	36
Emergency Caesarian Sections	181
Evacuations under GA	7
Tubal Ligations	2
Hysterectomy	12
Bartholin's Cyst removal	4
Sterilisation	3

Being able to take my own gynaecology clinic gave me an insight into the typical presenting complaints in the population. Fibroids are far more prevalent in the black population with as much as 50% of the population suffering from them. However, usual conditions seen in a U.K. clinic such as polycystic ovarian syndrome, endometriosis and vaginal warts are also seen commonly here. I have become confident at carrying out speculum examinations as PAP (cervical) smears are done here at every opportune moment, with the absence of an NHS cervical screening programme.

A trip to a community hospital allowed me to scratch the surface of the poverty and hardship that exists in some parts of the country: one Zimbabwean immigrant spoke of her experience of rape and the severe psychological impact this has had on her relationship with men; another patient who was pregnant had HIV which was so far advanced she had a CD4 count of 26.

HIV and TB are the two main diseases which distinguish the patient population over here to that I see in the U.K. HIV is so common that patient's are not treated differently (unlike in the U.K. when healthcare professionals take special precautions such as double gloving.) However, the same protocol exists here as in the U.K. whereby high doses of anti-retrovirals are given prior to birth in a patient with HIV to reduce the chance of vertical transmission, as opposed to all patients having caesarian sections as used to happen in the U.K. (and still happens in Germany.) TB of the lungs is on the increase in London, but it is rare to see infiltration of other organs, however here I came across a case of Asherman's Syndrome, T.B. of the uterus, which I'd heard of but never seen.

Conclusion

I would thoroughly recommend an elective in the Obstetrics and Gynaecology department of the Somerset Hospital. They are a relaxed, friendly team who are welcoming to new members and have a large emphasis on good quality teaching and gaining clinical skills.

In the future I would recommend coming at a time when students are at the end of their placement or in the university holidays so you are not competing as much with them and their logbooks(!) although it's been nice to get to know them and compare medical training systems. I would also recommend coming at a warmer time of the year in Cape Town (they are now approaching winter) although I am not complaining about all the bank holidays! There is a wealth of research opportunity looking into approaches and barriers to contraception, sterilization, etc. so I would recommend coming here with a view to exploring that.