

Elective Report.

National Hospital of Sri Lanka, Colombo.

1. *What are the prevalent medical conditions witnessed on this placement?*
2. *How are the surgical services organized and provided?*
3. *What are the prevalent tropical diseases?*

1. What are the prevalent medical conditions witnessed on this placement?

During the two weeks I spent in the General Medicine Professorial Unit in the Department of Clinical Medicine, I observed several medical conditions of slightly higher incidence. These included chronic kidney disease and its complications, and hypertension with the issue of medication non-compliance.

I observed the particular problem of chronic kidney disease and the cost of dialysis for patients. The Sri Lankan government does not provide funding for dialysis, so this raised issues for the poorer patients suffering from CKD. In contrast, the government does provide funding for renal transplants, which are conducted by the Faculty of Medicine, Colombo, Kidney Transplant Program which since 1986 has performed over 500 live-related donor transplants.

Several hypertensive patients were admitted with suspected malignant hypertensive strokes following non-compliance with their anti-hypertension medications. This problem is significant in patients who don't understand the long-term importance of lowering their blood pressure, with its lack of immediately discernible benefits for them. Rather, the side effects related to anti-hypertensives are experienced by patients, who then misguidedly non-comply in response.

My time in the respiratory clinic revealed that the hospital currently deals with around two thousand patients suffering from active Tuberculosis. The majority of these are pulmonary TB cases. It was noted that these patients tend to present to the hospital later than in the Western World, due to a combination of factors. These include the lack of a free General Practitioner service, the public's use of Ayurvedic Medicine practitioners and Pharmacists claiming to practice medicine, and the consequent inappropriate use of antibiotics and investigations. The issue of TB with HIV affects 1 % of the population, but receives a good public health program courtesy of a large global fund.

The issue of Diabetes Mellitus is significant in Sri Lanka, and will likely worsen as fast-food outlets continue to thrive, with their brands of relatively cheap, fatty, high-carbohydrate foods. 16.4% of the urban population and 8.7% of the rural population are affected by Diabetes Mellitus¹. Corresponding with this is the high incidence of obesity in SL. Using the cut off values for Asians devised by the World Health Organisation, the percentage of Sri Lankan adults in the overweight, obese and centrally obese categories were 25.2%, 9.2% and 26.2% respectively². This recent study found that relative to other middle income countries, Sri Lanka was experiencing a severe problem with obesity.

What with the significant health problems now and in the future resulting from obesity, it was stated that Public Health weight loss programs need implementing for the good of the nation.

The diabetes incidence results in increasing numbers of macrovascular and microvascular disease, placing further strain on the health service. Diabetic foot ulcers are a common presentation to surgical services. The leading cause of hospitalization in Colombo and Sri Lanka in general is trauma injuries, and these provide the highest proportion of surgical cases too. Other common surgical cases are hernias, in particular inguinal hernias.

2. How are the surgical services organized and provided?

The main difference between the UK and Sri Lanka is the referral system. In Sri Lanka, patients will present first to the hospital outpatients department. They will attend the appropriate clinic, obtain a ticket number on arrival, and then be seen by a Doctor in the clinic team. Further investigations are arranged if required and surgery is scheduled by the clinic doctor. In the UK, patients are referred to outpatient Surgical Clinics by General Practitioners from the Primary Care system, which doesn't exist in Sri Lanka. The other route to surgery, like the UK, is via the emergency department. Surgical provisions and methods are largely similar, with the difference being the greater turnover of patients by Sri Lankan surgeons. One theatre room will usually feature two operating tables at either side, with two teams operating concurrently. The obvious benefit is that senior surgeons can offer advice to junior members with ease. Staffing levels are not compromised and the same hygiene procedures as the UK are observed. The difference is the use of washable sterile surgeons' gowns and hand towels as opposed to the single use, sterile disposable gowns and tissues used in the UK. Using these re-usable surgical gowns and towels saves money and does not compromise infection control.

Further interesting differences in the infection control area are the difference in sharps bins in Sri Lanka. Instead of the UK style yellow plastic cases with sealed and lockable lids, cardboard boxes are often used to collect used sharps. This contrasts sharply to the stringent and often overbearing infection control measures implemented by infection control teams in the UK.

3. What are the prevalent tropical diseases?

Dengue fever is the most prominent tropical disease in Sri Lanka, with the next commonest being leptospirosis then chikungunya. Dengue fever is a global pandemic, wrought by the Aedes mosquito. Stagnant water, poor waste disposal, urbanization, rapid migration (leading to new strains affecting those with previously mild dengue) and global warming all have encouraged its prevalence.³ Two cases were witnessed on the Professorial Unit, one with additional dengue *haemorrhagic* fever signs like haematuria and petechiae. The treatment is supportive, including IV fluid resuscitation. The Sri Lankan government has implemented a publicity campaign in the form of television adverts, to try to raise public awareness of Dengue Fever and measures to reduce its occurrence, like proper waste disposal and reporting of neglected building sites which could harbor stagnant water.

References

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