

Elective Report- Scarborough General Hospital, Tobago

OBS +
GYNAE

Objectives

1. What are the prevalent general medical conditions in Tobago? How do these differ to the UK?
2. How are the medical services organized and delivered in Tobago? How does this differ from the UK? *does...*
3. How *to* the obstetric and gynaecology services differ to those in the UK?
4. Has this placement influenced my decision to undertake a career in obstetric and gynaecology?

1. Tobago is part of Caribbean and is the small sister island of Trinidad with a population of 60,000 people. Tobago is a multi-ethnic country, with the vast majority of the population being of Afro-Caribbean decent.

Some of the most prevalent medical conditions in Tobago are diabetes, vascular disease including stroke, hypertension, sickle cell and HIV.

The high incidence of some of these diseases can be attributed to the genetic predisposition of the Afro-Caribbean population, these include sickle cell, hypertension and diabetes. There is an increasing problem with type 2 diabetes mellitus in Tobago with an estimated 9.2% of the population suffering from it. This is probably due to the rise in the amount of people who are obese. The growth of the obese population also contributes to other disease in cardiovascular origin.

Even though there is a higher than average population of HIV patients in our East London hospitals, Tobago has a larger incidence of the virus. This could be due to lack of education of disease spread and prevention.

Specifically in my obstetrics and gynaecology placement I saw a large number of women in clinic who suffered from fibroids. Although this is quite common in the UK is it far more frequent in Tobago, this again is due to the Afro-Caribbean population as it is a problem that they are known to suffer with more than Caucasians.

2. It was very interesting to compare the health system of Tobago with that of the UK, especially as Scarborough Regional Hospital, where I was placed, is a brand new hospital that only opened in December 2012. As I undertook my O&G placement at the new Royal London I could make a direct comparison between the two new hospitals. Scarborough hospital is a lovely building with open air corridors and a meditation room with views over looking the sea. All the wards were very modern and clean and upheld to the same standard that we would expect from a British hospital. As the hospital serves a much smaller population than the London there were far fewer wards and beds, there was only one medical and one surgical ward for the whole hospital, instead of the specialty specific wards I was used to. It was also interesting to note the facilities available in the new hospital, there was a lack of basic equipment that we take for granted such as cannula plasters and tourniquets.

The medical team in Tobago is very similar to the British equivalent, in my team there was an intern who would be the same as our foundation year one doctor, a house officer who would be like our SHO's, a junior and senior registrar and consultant who have the same standing as those in the UK. Like in the UK there was a ward round every morning usually run by the senior reg and the consultant would join once or twice a week. Additionally there were theatre and clinic sessions weekly. As in the UK these would be attended by the consultant and various juniors with the senior registrar being able to operate unsupervised. The clinic set-up differed to the UK. Although the clinic was at the same time every week the way patients were allocated appointments was unlike what I was used to. The patients turn up to the clinic at the start and are giving a numbered ticket on a first come, first served basis. Meaning that some patients could be waiting all afternoon to be seen in clinic.

The health service provided at Scarborough General Hospital was all free, funded by the government. There is also a privately funded health service available in Tobago, that the wealthier can use.

3. The obstetric and gynaecology department was quite similar to the one at the Royal London that I am familiar with. The obstetrics was largely midwife lead with doctors being called in there was a complicated or difficult labour or if intervention was needed such as; induction of labour, instrumental or operative delivery and repair of vaginal tear.

One of the stark differences in the department was the lack of patients! On one morning we only had one patient on our ward round who was post- caesarean section. This was largely due to the post-op patients being discharged over the weekend, but still was very different than the eternally full Royal London. Additionally on a few occasion women would just turn up on to the obstetric ward asking for their caesarean scar to be looked at or dressed. The doctors would happily oblige and attend to the patient, unlike in the UK where they would be referred to clinic or their GP.

Clinics also operated differently, not only in the way patients were seen but also that it was a mixed obstetric and gynaecology clinic, so one minute you could be doing a ante natal check up and the next seeing a post-menopausal lady with fibroids.

I was fortunate to have a registrar who had worked in the UK, so he was able to point out the differences in treatment in Tobago in contrast with England. One of the main themes seemed to be how we have access to a much larger resource of drugs and testing. There were a few occasions where I was told if I were in the UK the medical management would be different as we have a larger range of therapeutics available. I was also told that thanks to the new hospital they are now able to preform emergency sections quicker as there are more theatres available in the hospital, previously the patient would have had to wait for the operation in theatre to be completed which could potentially be very dangerous for her and the baby.

In clinic we saw a lady who had an ultrasound of her baby and its head was very small for dates, to confirm if this was anencephaly she had to go to the neighbouring country of Trinidad to have a scan as this was not available in Tobago. For this to be possible one of financial managers of the hospital had to give the funding the go ahead which could take up a week, whereas at home

we normally have all the facilities available and if not the patient can be sent to a near by hospital rapidly to receive the treatment or scan they need.

Additionally we can preform a group and cross match for blood and expect the results and blood to available within the hour the same can not be said for Tobago, where it takes in excess of an hour and then there is not always certainty that the blood will be available, in clinic patients coming in for elective caesarean section are advised to get family members to donate prior to their admission.

4. This placement has not changed my opinion of going in to the field of obstetrics and gynaecology. I have thoroughly enjoyed my time at Scarborough General Hospital and found it interesting to observe the similarities and differences between our medical practices. Everyone at the hospital was very welcoming and accommodating towards me. I was also very lucky to have a placement with a wonderful team who provided a huge amount of teaching and allowed me to fully participate in the clinical aspect of the specialty.