

CARDIO

Cardiovascular Medicine Elective Report
Cardiology Unit, The National Hospital of Sri Lanka, Colombo



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Elective Website: <http://elective.med.cmb.ac.lk/>

Acknowledgements:

I was fortunate to be accepted for a medical elective at the National Hospital of Sri Lanka's Cardiology department under Dr. Godwin Constantine. I would like to begin by thanking the staff lead by Dr. Constantine for organising my elective with the different subspecialties at the Cardiology Unit and for ensuring my period of study was educational and enjoyable. I would also like to thank Dr. Parthipan for kindly receiving me and assisting me during the elective period.

Aim:

The aim of the elective in Sri Lanka was to gain a better understanding of the Sri Lankan health system and to experience an alternative way of medical practice. I was interested in understanding how Sri Lanka dealt with cardiovascular disease with such a limited budget. And ultimately to further my knowledge and understanding of cardiovascular disease through the practice of clinical skills.

Choosing an elective:



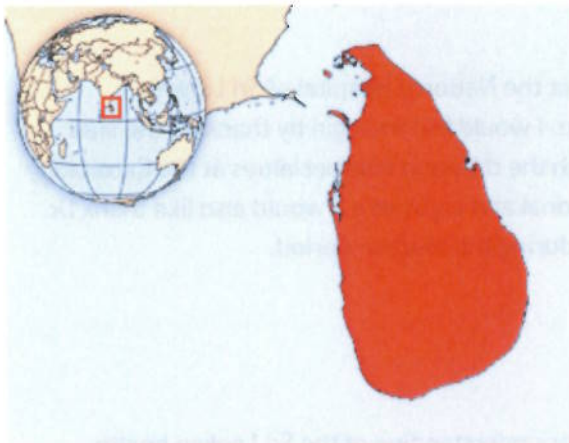
A number of important factors made a contribution to my decision regarding an elective venue. For instance, languages spoken within country, availability of learning opportunities, availability of medical facilities, as well as the reputation of the hospital. Primarily it was important to choose an elective placement which provided a valuable learning opportunity which will not only further my knowledge in medicine but also help me in my future career as a competent doctor.

The National Hospital of Sri Lanka is the largest hospital in the country, providing a range of specialist services to Sri Lanka's twenty one million population. With such a large population, a national system of health is bound to experience strains and difficulties and my interest was to understand how such a system coped with its' demands.

The Cardiovascular module run by Dr. Godwin Constantine at Colombo Medical faculty provided me with the ideal opportunity to extend my knowledge and experience in cardiology and interventional cardiology.

Availability of medical facilities was an important consideration. I wanted to experience how a healthcare system that was similar to that of the United Kingdom, but had much lower national budget for healthcare services coped with such high demands.

Why Sri Lanka?



The national hospital of Sri Lanka is situated in the heart of the capital Colombo and consists of a 3000 bed facility, with 75 wards, 35 operating theatres and 12 intensive care units and as such, it is the largest hospital in Sri Lanka. Due to the specialist services available at this central venue, patients are referred from all parts of the country. Cardiology services in particular are advanced and the National hospital is one of two interventional centres in the country, the other being Kandy.

Choosing Sri Lanka for my elective was not a difficult decision since my previous (very limited) experience of the country's health system had given me a taste to just how busy it can be. I was impressed at the sheer number of patients attending clinics on a daily basis and how the doctors deal with those patients very efficiently.

Statistically Sri Lanka does not enjoy the same economic luxuries I am used to seeing in the UK. In fact, according to the World Health Organisation statistics, Sri Lanka spends less than 6% of the total expenditure per capita on healthcare compared to the UK. Nevertheless, the Sri Lankan national health system treats all patients free of charge within all government hospitals, which inevitably means there are financial constraints and long waiting lists.

In Colombo, I found myself to be the only medical student to be undertaking the Cardiovascular Module at the unit. As such I was able to fully get involved with the medical teams.

It was indeed fortunate that I had a good grasp of one of the two main languages spoken in Sri Lanka. Since I was able to speak and understand the Sinhalese language, I was able to follow the ward rounds and understand the decision made by the doctors and nurses and very importantly I had the opportunity to interact with the patients being treated by the team.



General and Interventional Cardiology:



I was kindly received by Dr. Vajira Seneratne (Consultant Interventional Cardiologist) and his team on my first week. This started with a day at the Cardiac Catherization Unit which carried out percutaneous coronary interventions such as angiograms and angioplasties. The unit houses a fully functional cath lab, which contained equipment very similar to that found in the UK.

Each day started with an 8 am ward round, which usually started in the Coronary Care Unit. I was able to see a range of cardiovascular conditions as well as how they are investigated. The reliability on clinical medicine is a lot heavier compared to the UK, which is more relaxed about carrying out investigations.

However, the most striking difference was that unlike in the UK where certain equipment are single-use, staff in Sri Lanka utilised the equipment such as the cardiac imaging catheters many times, which really impressed me. This is mainly because the hospitals limited budget will not be able to cope with the regular disposal of such expensive equipment.

One fundamental difference was the management of a myocardial infarction in Sri Lanka. Many parts of the UK are able to provide interventional services to its citizens free at the point of delivery. However in Sri Lanka, with its' free national health service and heavy cardiovascular disease burden is not able afford such services and instead employs the use of Streptokinase for the first presentation of an MI.



Paediatric Cardiology:

Part of the national hospital complex also includes the nearby Lady Ridgeway Hospital, which houses the paediatric cardiology services under Dr. Duminda Samarasinghe. In comparison with the UK, the LRH was often filled to the brim with patients and the clinics often saw hundreds of patients on a regular basis, which was very impressive indeed. Since these services were in very high demand, sometimes certain beds were shared by more than one baby and family members often went to great difficulties to ensure that their children were seen and treated by a doctor.

I was particularly impressed at the organisation and efficiency of the team responsible for running the paediatric echo clinics. Patients were seen very efficiently and assessed by a junior and a senior member of the team. Not only was this a particularly educational experience in terms of practising clinical skills, I also had the opportunity to observe a different model for the organisation of medical services, which will hopefully influence my future practice as a doctor.

I had the opportunity to observe a range of cardiovascular procedures. I especially appreciated the teaching I received at Echo Clinics, where I saw conditions not commonly seen in the UK such as complicated rheumatic valvular heart disease.

Electrophysiology:

I was able to observe patients undergoing electrophysiological (EP) studies with Dr Dunuwille and the EP team. This allowed me to learn more about the conduction systems of the heart and to learn about how EP studies are used to determine the onset and possible treatments to certain cardiac arrhythmias. I was also involved with carrying out tilt-table tests for patients with syncope and scrubbing in on operations for the placement of temporary and permanent pacemakers.



Difficulties faced by patients and doctors:

One of the most difficult experiences for me as a UK trainee was the idea that sometimes patients may not be able to afford certain specialist services. Since there are limited resources within the national hospital, coronary stents are not freely available to every patient who may require one. And therefore, the alternative is for a patient to purchase a stent separately. Since a stent could be as much as £1500 in Sri Lanka, personal finances determine who will and will not be able to receive such treatment.

One story of a lady in her 50 who presented with acute chest pain, and was later found to have coronary artery disease remains very memorable. What was special was the fact that her family could not afford to pay for a coronary stent however, her young daughter decided go from door to door in her neighbourhood to raise enough funds over night so that she will be able to pay for her mothers' treatment.

My colleagues in Sri Lanka described such situations as heartbreaking yet often unavoidable. This was a particularly memorable situation since I have grown up with the UK health system which enjoys the ability to provide such services readily and free of charge to all citizens.

Finally I look at my time in Sri Lanka with great fondness and appreciation. I would like to thank the medical and nursing staff for warmly welcoming me to learn and experience a different environment. I have gained a new appreciation for the value of just what I can achieve with a medical career and with hard work and dedication, great things can be achieved.

