

Elective Write Up

Vascular disease is disease of the blood vessels mainly caused by atherosclerosis. Due to atheromas thickening the artery linings the arteries become narrower. These arteries supply blood to the body and narrower arteries means less oxygen is supplied to the tissue. This can lead to angina and MI if cardiac tissue is involved. If brain tissue is involved then this can lead to stroke or TIA.

The difference I noted between surrey patients and London patients was that in surrey the patients seemed to be more elderly whilst in London they seem to be of a younger generation.

In surrey the patients seemed mainly Caucasian background and had risk factors relevant to cardiovascular events such as hypertension and previous myocardial events. However, in London the patients are noted as younger. With a mixed population in London, the risk factors such as diabetes are seen to be more prominent leading to a slight difference in the prominence of the diseases.

Cardiovascular disease is one of the most prominent diseases faced in the medical world. In the UK it is found to be the leading cause of death with approximately 30% of all deaths being due to a cardiovascular cause. These numbers are found to be similar in most developed countries just underlying how important this is.

With a wide range of diseases seen in vascular surgery it is difficult to go into detail about all the cases but one that sticks out is that of an abdominal aortic aneurysm (AAA). A 58 year old gentleman had a history of AAA that was being monitored. It was found to be of 6cm at last examination and was decided on having surgery. Therefore the patient had come in for an elective surgery. This got me interested in reading up more about AAA's.

An AAA is when there is a dilatation of the abdominal aorta, usually more than 1.5x its normal size. This is usually caused by degeneration of the lamella and loss of smooth muscle from the artery walls. An unruptured AAA as in this case is found in approximately 2-4% of over 50 year old and is 3times more common in males. They can be asymptomatic or provide pain and discomfort. Treatment depends on the size of the aneurysm. Less than 5cm, it is advised to monitor the aneurysm. Surgery is suggested if the aneurysm is more than 5cm, growing by more than 1cm a year or is symptomatic. This is because if the aneurysm falls within these criteria, the chance of rupture is greatly increased. A ruptured aneurysm can cause severe shock and surgery mortality after rupture is up at 50%. This compares to only 5% in elective surgery. This demonstrates the importance of good treatment.

During the placement I learnt about the importance of a MDT approach. There were many levels of doctors working in the team as well as from different departments such as surgery, radiology and cardiology. I also was able to see the roles that staff outside the medical profession had such as occupational therapy, specialist nurses and physiotherapy. It was clear everyone had a role and input to make to treat the patient and ensure the patient is well enough and safe enough to go home.

Prior to the start of the placement I was expecting that this hospital would be similar to out firms that I have been to during Year 3 and 4. This was due to the fact that Essex and Surrey are both home counties and I thought that due to the similar proximity from London, both the population contingent and the way healthcare is delivered would be quite similar.

Similar to my initial thoughts, I found that the hospital was infact alike to previous outfirms. I found that it was not as busy as a London hospital but there was still plenty of work to do. However, as it was what I was expecting, I found that I did not have any problems adjusting to the surroundings and was able to hit the ground running.

Most of the placement was spent outside of the theatre giving us more of a feel of the junior doctors jobs rather than the consultants. This meant being able to take history from patients and the relevant clinical examinations. Any bloods or similar simple procedures, I was able to carry out for the patient, which will be crucial for when I start my FY1 job. I particularly enjoyed being given a patient of my own and had to do everything for the patient that a junior doctor would ordinarily have done. This made the placement more beneficial as it became much more relevant.