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**Cho Ray Hospital Elective 22.4.13 - 24.5.13**

## **Background**

Cho Ray Hospital started out as Hospital Minicipal de Cholon and was established in 1900. Over the years it has undergone several enlargements, the most recent being undertaken in 1957. It was at this point that the hospital was also renamed to Cho Ray Hospital. It is one of the largest of the hospitals in Vietnam with bed numbers reaching 1708 although it sees some 2700 patients. Cho Ray provides healthcare for inhabitants of 22 of the southern regions in Vietnam, it also fulfills the large task of being a teaching hospital to train medical students and doctors.

I undertook a period of 5 weeks in the orthopaedic department at Cho Ray Hospital. I was attached to one of the doctors and observed and helped with their tasks. I attended on-calls and general ward work, I also spent time in the operating theatre. Before the elective I had to set out a number of objectives which I would then attempt to write about in the form of a report.

I would like to thank Dr Nam for being my supervisor and the rest of the orthopaedic team at Cho Ray Hospital for being so accommodating during my placement.

## **How do common orthopaedic conditions seen in Vietnam differ to those in UK trauma centres?**

I think it would be safe to suggest that the orthopaedic conditions seen in Vietnam are not vastly different to those seen back in the UK. Statistics from 2010 given to me upon my arrival at Cho Ray showed that trauma was the leading cause of hospital admission with 25.3% and also the leading cause of death at 30.3%. Now trauma is not only an orthopaedic area, it can encompass and requires input from many different disciplines in the hospital, such as vascular, plastics and neurosurgery, but more often than not the nature of the trauma seen in Vietnam lends itself to orthopaedics.

From what I saw it appears that the orthopaedic team at Cho Ray also conduct some of the work that the vascular teams would do back in the UK. Amputations were a common feature on the daily trauma meeting round up of the previous on call take, quite a few of them being endocrine referrals. One of the patients had had an amputation following failure of a popliteal bypass following failure of a popliteal embolectomy.

Admissions for bone and connective tissue disease make up a relatively small number of the patient load at 4.2% and bone/connective tissue related death sits at 0.8%.

## **How does care provision in the orthopaedic department differ to that seen in UK institutions and does this affect patient outcomes?**

It would be important to note that Cho Ray Hospital does very well with the resources it has available. It has numerous pieces of hi-tech equipment at its disposal and a large and clean operating facility. On these fronts it is comparable to some of the best hospitals I have seen.

The main difference for me was on the wards. Whilst at home I am used to a large area that may contain up to 6 patients, in Cho Ray an equivalent space held up to 30 patients. Indeed one of the bays on the orthopaedic wing which might constitute a side room in a new UK hospital held 9 patients.

This is in no way a slight on the Hospital, you have to make do with what you have available, and Cho Ray does make do very well.

Privacy curtains are not a feature of the wards and of the 9 patients I saw in my bay, 8 were on what would be considered hospital beds whilst 1 was on a gurney in between 2 beds. The main entrance to the hospital is also crowded with people day or night and there are patients to be found on gurneys in the corridors of most of the wards. Needless to say there are a lot of people requiring treatment and simply not enough space for them.

There also does not appear to be any set visiting time, patients relatives were in attendance day and night, often helping with care provision and fanning the patient. The wards were hot in comparison to the other air conditioned sections of the hospital and the fans did little to cool the air, I imagine it would be quite unwelcoming to feel ill and also have that heat. There was also no restriction on what could be brought to the bed side, often many items could be found under patients beds that would not be permitted in the UK.

I think the ward set up does contribute to the seemingly increased amount of wound infection seen amongst patients, what with little regulation about what can be brought in or who can visit the patients but I have only seen a small snapshot of life in this busy Vietnamese Hospital so I am not really in a place to comment on the day to day running of the establishment, it is just vastly different to what I am used to.

#### **Assessment and management of the orthopaedic patient in Vietnamese hospital.**

I did not see much different in terms of assessment and management of the patient however, a lot of the management options come down to cost and what the patients can afford. I also noticed that the doctor patient relationship is vastly different. Whilst in the UK there is a strong emphasis on the patient being involved in all decisions relating to their care, what I saw in Vietnam was that the patient is willing to do whatever the doctor wants to do.

#### **Gaining more experience in orthopaedics to further that achieved from year 5 SSC and to increase my orthopaedic knowledge base.**

I spent a majority of my placement time undertaking on call shifts. These shifts lasted for 24 hours and involved treating any patients who came in to hospital under the orthopaedic umbrella, it also involved seeing inpatients whose condition had deteriorated or who had simply delayed treatment. A doctor in Vietnam does an on call shift every 6 days. I was able to gain some hands on experience in theatres by scrubbing in and assisting with a variety of operations that my supervisor was conducting. It differed massively from my previous SSC in orthopaedics at The Royal London where I had been assisting on large joint replacements and arthroscopies. Here in Vietnam the bulk of the work revolved around trauma cases, wound washout/debridement and amputations.