Elective Report Jon Cramphorn SSRN Hopstial, Pampelmousse, Mauritius. April to May 2014.

Prior to starting my time in Mauritius at SSRN Hospital I had few objectives. I wanted to see how the medical system functioned in Mauritius and also gain some experience of anaesthesia and intensive care medicine. At the moment my career of choice is in anaesthestics. I also have an interest in undertaking the ACCS training programme which encompasses emergency and intensive care medicine. As such I wanted to gain some experience in these, and related, fields in order to bolster my CV.I knew very little of Mauritius in the run up to my visit. As such I was coming with an open mind, and few preconceptions.

In many ways Mauritius and the UK are similar in their healthcare systems. They both deliver state-funded free at the point of access care. Mauritius clearly has a much smaller pool of money with which to deliver its health service than the UK. Like most places in the world, including the UK, cardiovascular disease is a huge problem in Mauritius. The combination of SE Asian background for much of the population, high rates of type 2 diabetes, high rates of smoking and a diet that has a high proportion of sugar and saturated fat contributes to the high rates of cardiovascular disease. It was good to be able to see how Mauritius dealt with the burden of cardiovascular disease in ways similar to and different to the UK.

During my time at SSRN Hospital I have seen a lot. So many cases; so many unusual cases. My experience of Cardiology and Cardiothoracics was limited before coming to Mauritius so it has been fantastic to have the opportunity to see and experience so much in such a short time. During my time with Dr Reebye I saw more cardiology than I would have thought reasonable to expect. In his echo clinic I saw many cases of valvular heart disease. It was a fantastic opportunity to marry the structural defect present with the murmur produced. In the UK this just wouldn't be possible as doctors are not the ones performing these tests. This provided ample opportunity to revisit much of the anatomy of the heart and the physiology of valvular heart disease.

Similarly in Dr Reebye's paediatric clinic there was a plethora of conditions which I had prior to only read about in textbooks. Fortunately, or perhaps unfortunately whilst with Dr Reebye the ultrasound machine used in clinic broke. The machine was swiftly replaced with a top-of-the-line, state-of-the-art ultrasound machine which was capable of displaying the structure of the heart in 3D in real time. This was something that I wasn't even was aware was possible, and certainly not something that I had ever seen before in the UK.

I then spent some time in theatres observing coronary artery bypass surgery. This was again another first for me. The whole operation was fascinating. I had an understanding of the procedure but had never seen any aspect of it in real life. It was a great experience.

It was interesting to see a central line passed without the aid of ultrasound guidance and it is a testament to the skill and knowledge of the anaesthetist that he was able to do so in such a slick manner. Once the patient was under the first part of the operation was great to see, with two surgeries in effect happening at once; the harvesting of the left internal mammary artery and the superficial saphenous veins. Seeing the thoractomy was something that I'd never seen, not with power tools. I had opened a cadaver's chest but that was with secateurs and not power tools. In all honesty I found watching the procedure quite naseating.

The bypass itself is an amazing feat of modern medicine. It seems unimaginable the practicalities of the procedure; stopping the heart and diverting all blood from the heart through a machine and back to

body. It was a privilege to watch, in particular because it demands such a high degree of skill and because it was carried out in such a slick manner. I could barely believe that the procedure from start to finish took hardly more than two hours.

As I mentioned above I saw a number of unusual cases. In particular there was the whole gammault of congenital heart defects which for one reason or another I did not see during my paediatric rotation during fourth year. Not only was there the garden variety ASD, VSD, PDA, and Tetralogy of Fallot, of which I was familiar with, but more exotic defects such as Hurt's Syndrome and single ventricle pathology. As mentioned above Dr Reebye's clinic was of particular use in listening to murmurs. I was fortunate enough to be able to see a patient with textbook aortic regurgitation. The patient was exceptional in that they truly were textbook. So often diseases are presented with pathonomonic signs which are rarely present in actuality, but this patient had not only Corrigan's sign, but also Duroziez's sign, which I was able to elicit. It was a great moment for myself, to be able to elicit signs but also to know what to be listening for.

This has been a hugely enjoyable five weeks for myself. I got to see and experience so much. Beyond just the medicine everyone at the hospital has been so welcoming and accommodating. It was a great experience and I can't think of better way to finish six years of medical school. It seems strange to being finishing medical school and reflecting upon how much I've learnt from my time in Maritius. It goes to show how expansive medicine is and how through a career in it one must make a commitment to lifelong learning.

In terms of achieving my objectives set before I came I feel I have so and more.

In closing I hope that after my short time in Mauritis at the SSRN more students would consider spending their electives at the SSRN. As far as I am aware I and my colleague this year are the first students from Barts and The London to come, which I hope will be the first of many students.