

OBS & GYNAE ELECTIVE REPORT

What is the most frequently observed obstetric complication?

Miscarriage is the death of the foetus in utero that takes place before 24 weeks of gestation. Miscarriages are very common, up to one third of pregnancies fail. This percentage is very high and a lot of women reported that after their miscarriage they have come to realise how common miscarriages are. Sharing experiences with family and friends made them realise that early miscarriages are often not spoken about. There is a misconception that miscarriage happens due to an event such as exercise, stress, etc, but actually the most common cause is a problem within the genetic make-up of the foetus. Recurrent (≥ 3) miscarriages warrant investigations to determine if there is another cause such as maternal condition that maybe affecting placentation, for example, antiphospholipid syndrome.

What is the most common presentation in Gynae?

The most common gynaecological presentations include infertility problems and menstrual disorders.

With the ageing population and a lot more women having children in their 30's and their 40's, problems with fertility are increasing. Lifestyle factors like smoking, alcohol and obesity also play a role and these are more so a problem now than before. There are multiple factors that can affect fertility, male factors need to be considered such as congenital problems and increased radiation exposure and use of laptops, also infections, such as chlamydia and gonorrhoea.

Menstrual disorders are a common gynaecological complaint ranging from amenorrhoea to oligomenorrhoea. It is very important to perform a pregnancy test in patients presenting with recent onset amenorrhoea. Many patients fail to recognise that this maybe a cause and a β -HCG urine test should be carried out before any examination or investigation. Fibroids are also a very common gynaecological problem, particularly in afrocaribbean women in their mid-30's which is a cause of heavy and painful periods.

Teenage pregnancy is very common in UK and discuss the health attitudes of younger women?

The UK has the highest teenage birth and abortion rates in Western Europe according to the Family Planning Association (2010).

Social deprivation is a significant risk factor in teenage pregnancy and it is known that certain boroughs have a higher incidence. The lack of awareness of correct use of condoms and their failure rate could contribute to this increased incidence. Teenagers who are homeless, underachieving at school and are children of teenage parents, are more likely to have a teenage pregnancy.

Have the experiences changed your knowledge of the topics seen?

I attended the recurrent miscarriage clinic and was able to share the emotions and experiences of women during their miscarriage. I could appreciate that this time was very difficult for women especially in planned pregnancies and those women who undertake assisted conception. These discussions would often result in the women becoming quite teary but I think this was an opportunity for them to let it off their chest.

Have any of the specialties provided you with an enthusiasm to pursue them as a careers

My placement in obstetrics and gynaecology has been very beneficial and stimulating. I was fortunate enough to use my 3 weeks to attend clinics and surgeries that I was interested in, as well as undertake a small project. I did an audit that looked at patients presenting in the Emergency Gynae Unit (EGU) with scans that looked suspicious of molar pregnancy. Of all the patients that were seen in this 16.5 month period, 33 patients had suspicious scans. 18 of these patients had histology confirming molar pregnancy. Of these patients I looked at the ages of the women, their gestational age and their ethnicity to see if there was any trends. I will be presenting this audit at a local audit meeting in June and hope to be able to submit it for a poster presentation at a national conference.

OPHTHALMOLOGY REPORT

What is the most common presentation in Ophthalmology? How does this compare to UK?

Diabetes is one of the most common chronic conditions among Malaysians and diabetic related ophthalmological conditions is one of the commonest causes of visual loss in adults. Diabetic retinopathy can range from early disease causing visual loss to blindness. This is similar to the UK as the prevalence of diabetes is increasing with the ageing population, and as a result the proportion of diabetic-related complications are also increasing. The most common cause of blindness in the UK is still cataracts of which diabetes is a risk factor.

Explain the health structure organisations and delivery in Malaysia. How does this compare and contrast with the UK?

The healthcare system in Malaysia works differently to that in the UK. It is joint governmental and private funded. The patients contribute a small amount to their medical care, and this is very different to the way the NHS works which is free for all. Many times in clinical practice you see patients that abuse this free for all NHS, but because of the way the health system works in Malaysia, I feel the patients think before accessing health care and don't abuse the system because it's not free. However doing this means patients with terminal illnesses who require regular follow-up are at a disadvantage, and this small fee could accumulate and prevent them from accessing the health care they require. But having spoken to both patients and doctors I feel reassured that this is not the case as the fee is so little. This dual system of governmental funding and private funding seems to work efficiently in Malaysia.

Discuss a major health concern in Malaysia? How is it being tackled?

Diabetes as mentioned earlier is becoming increasingly a health concern in Malaysia. It can lead to many health problems affecting different organs such as eyes (as mentioned earlier) but also causing neuropathies and nephropathies and increasing the risk of cardiovascular events. There was a lot of health promotion towards healthy living and good control of diabetes. I witnessed the doctors trying to educate patients about their diabetes and the associated risks and encouraging them to lose weight. They stressed to patients the

importance of optimise glucose control as diabetic related complications can lead to blindness and early stages can be asymptomatic and reversible and so require regular review and careful monitoring.

What have you found most interesting during the placement in Malaysia?

I thoroughly enjoyed my hospital experience in Malaysia. I was surprised to see the similarities in how doctors work and how similar the field of medicine is in another country. I didn't think it would have been so easy to read and understand the patient notes. I was pleasantly surprised to see the same abbreviations being used and the same style of documenting in notes. One difference was that x-rays were still looked at in the traditional way rather than electronically as it is in the UK. It was nice to see that the hospital was quite modern with good hygiene standards.

Have the experiences changed your knowledge of the topics seen?

I have learnt a lot more about the different ophthalmological conditions and feel more comfortable in examining the eye now. Many of the patients spoke in Malay with the doctors so at times it was difficult for me to understand the consultations and make the most of it but all the doctors spoke good English and were very friendly and enthusiastic to teach.

Has your insight into medicine changed?

Witnessing medicine in another country made me appreciate medicine is the same wherever you practice, as the priorities are the same and the medical language is universal. It has made me appreciate that this knowledge I have can allow me to do so much in other countries.

What is your opinion of the NHS and has it changed?

Seeing the way the Malaysian healthcare system works has broadened my perspectives. The NHS service is an effective way of providing good care to patients regardless of their financial background and provides equal treatment to all. However the NHS is changing and the way the Malaysian healthcare system works, is something that may need to be implemented in our healthcare system.