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Elective Report

Mr. Achan/Dr. Ahmad

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# Elective Report

## T&O and Anaesthetics at The Royal London Hospital

My final year elective was spent between two departments at the Royal London Hospital, the first three weeks in trauma and orthopaedics and the second three in the anaesthetic department. The two departments offered vastly differing experiences of working in a major trauma centre, despite the direct meeting of services in the theatre environment. Even within each speciality there was a distinctive difference between the trauma service versus the orthopaedic service, and likewise within the theatre care anaesthetists offered versus their role in A&E.

Trauma and orthopaedics was divided accordingly into those two specialities. The Trauma service involved a meeting every morning to review the radiology of any new patients who had come in over night, or of those still waiting for urgent surgery. It was also an opportunity to review the patients who had recently undergone surgery and ensure an acceptable outcome had been reached. While this service involved pooling of the entire consultant body's time and knowledge, after this meeting it was largely the responsibility of the consultant on-call that day to organise that decisions made in the meeting were acted upon and the patients treated accordingly. These patients would then be followed up in due course in the fracture clinic, which served to ensure the patient's recovery had gone well following surgery and they were back to as close to normal as was to be expected.

This contrasted greatly to the orthopaedic service, which was largely clinic-led. Here, the consultant whom I was with (Mr. Achan) saw his patients with more chronic bone and joint conditions. His area of speciality was that of hip and knee surgery, with a particular focus on joint replacements in young patients. Therefore his clinics often dealt with young individuals suffering from joint problems secondary to paediatric hip conditions such as slipped upper femoral epiphysis and Perthe's disease. These patients, who were often in the twenties, would not traditionally have been offered joint replacement due to concerns about the longevity of the replacement. However, The Royal London orthopaedic service now hope to help these patients by providing them with a custom made hip, made possible using reconstructed CT-scanning images to hopefully greatly increase the replacement's lifespan.

The other major patient population seen in these clinics was the elderly suffering from osteoarthritis. With the increasing amounts of press surrounding the ageing UK population and it's potential strain on the NHS, it was interesting to see the 'sharp end' of this effect. With many patients in their sixties requiring joint replacement, it was increasingly important to emphasise to them that they may very well outlive this replacement and then require a revision at a much later age when surgery comes with much greater risk of complication. As



the UK population is not only ageing, but also becoming heavier on the whole, this means that this problem will only be compounded in the future by people needing earlier replacement due to increased pressure on their joints. Overall, my time spent with the trauma and orthopaedic was much more than an insight into surgery and more a view of how a busy orthopaedic unit operates from both a trauma perspective and managing a large patient population with complex joint problems.

My second three weeks were spent within the anaesthetic department, which was largely split between the gynae-oncology service at St. Barts Hospital and the ambulatory care and diagnostics (ACAD) centre at the Royal London Hospital. At Barts, the patients were being seen at a tertiary referral centre and often had advanced disease and as a result were often undergoing long and complex procedures. This was in contrast to ACAD which usually involved short procedures on otherwise well patients.

Both environments offered differing learning opportunities. At Barts there was the chance to learn about managing patients with advanced diseases alongside existing co-morbidities and the effects they have on intra-operative anaesthetic management. It was also an opportunity to see more advanced level practical skills such as epidurals, central venous pressure monitoring and arterial blood pressure monitoring. In ACAD, there was more opportunity to have a 'hands-on' experience in anaesthetics. With patients arriving that morning, there was the opportunity to carry out the anaesthetic pre-operative assessment prior to surgery, and then in the anaesthetic room develop skills ranging from non-invasive ventilation techniques to endotracheal intubation. As most patients were well, the procedures were often short in time and the high turnover of cases provided a great opportunity to really develop practical skills which I am sure will be of great use in the coming year as a junior doctor. Another advantage of learning these skills within the anaesthetic room was the close supervision of my consultant who was extremely generous with both his time and teaching support.

Overall, my elective experience was highly enjoyable. Both specialities offered different perspectives on healthcare within the NHS. However, more than that, both specialities offered different perspectives within themselves. While a career in anaesthetics has long been a goal of mine, I definitely feel I learnt a great deal in trauma and orthopaedics which will be of great use to me in the coming years. In terms of the anaesthetic placement, it gave me an opportunity to build upon skills learnt during the student selected component I did earlier in the year, and on my experiences gained during the SAPOC module of fifth year. Now with finals completed, the placement also gave me an opportunity to begin to plan for the future by talking to current trainees in anaesthetics and provide invaluable advice in how to improve my CV for the next hurdle of core training. In conclusion, my elective provided me not only with an enjoyable period after finishing exams but also one which involved a really hands-on experience which is often missing from a normal medical school firm.