ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Objective 1

Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent conditions treated by the Plastic Surgery department in Australia? How does it compare to the UK?

The procedures I have seen are the following:

- Carpal tunnel releases
- Heel scar revision
- Lower leg wound debridement (previous flap)
- Orbital floor fracture
- Forehead laceration
- Finger extensor repair
- Hybrid arch bars removal
- Nail bed repairs
- Dupuytren's releases
- Vermillionectomy
- Nail bed ablation
- UCL repair
- Abdominal wound closure
- Thoracotomy wound closure
- VY flap repair ala
- FTSG to ala
- Finger laceration
- Breast reduction and contralateral mastopexy (post TRAM)
- Wide excision recurrent SCC scalp, craniotomy, dural resection, cranioplasty, left partidectomy, neck dissection, ALT free flap

- Dental extraction, right segmental mandibulectomy, right neck dissection levels 1-4, left fibula free flap reconstruction and SSG
- Wedge excision of a lip lesion with repair
- Penile SCC excision and repair
- Excision of a lower leg lesion with FTSG
- Excision of a lipoma in the axilla
- Sacral wound debridement and local flap
- Hemigastrocnemius flap repair for THR wound defect with SSG
- Abdominal wound debridements

These correspond very closely with the procedures performed by the plastic surgeons in the UK, the only difference being that some surgeries wound have been done by the maxillofacial surgeons in the UK.

Objective 2

Describe the pattern of health provision in relation to the country that you will be working in and contrast this with other countries, or with the UK: How are Plastic Surgery Services organized and delivered in Australia? How does it compare to the UK?

In both countries there is a potential to perform procedures on the national healthcare system in place or in the private sector. The difference that I have noticed is that there are very few clinics running at the department, with a lot of patients seeing consultants in their rooms rather than in a hospital clinic. Additionally private lists can run at the hospital and the hospital itself is part public part private, even though it is a large and well-known University Hospital.

Objective 3

Health related objective: What are the techniques that are being employed by the Plastic Surgery department in Australia? How does it compare to the UK?

The techniques used in the plastic surgery department in Australia are exactly the same as the ones used in the UK and include basic surgical skills and the reconstructive ladder.

Objective 4

Personal/professional development goals: Observe the differences between Australian and UK Plastic Surgery department workings and reflect on potential reasons for them.

As I have stated before, the workings of plastic surgery departments in the UK and Australia are stunningly similar. This includes both a typical working day or a surgeon and the way the team members interact with each other. The main difference I have noticed is the number of surgeons seems to be increasing on every level of training, with 6 consultants, 3 registrars and 1 resident. In the UK the tendency is for this pyramid to be inverted, or not to be a pyramid at all.