

ELECTIVE (SSC5a) REPORT (1200 words)

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

At the Mater Clinic, the younger patients tend to be mostly athletes performing at an elite level, or ex-athletes, and thus placing a lot of strain on their joints. This leads to various issues I've encountered, especially achilles tendon ruptures, which seems remarkably common in active middle-aged men. I learned about the typical history (feeling a powerful blow to the back of the leg), as well as the diagnosis techniques used, and different treatments available. I learned about the moonboot commonly used and when each wedge is removed from the boot, to preventing elongation whilst ensuring that the tendon doesn't heal too short for the foot to be able to properly dorsiflex. The moon boot also allows considerable movement whilst protecting the ankle and keeping it stable. I have also noticed that, with older patients who may have developed arthritis, the aim is not always to restore complete function since before their injury/onset of symptoms, but rather pain management. For example, many patients attended the mater clinic with foot pain, and were found to have arthritic changes that couldn't be reversed. Thus, I observed that many patients were recommended foot fusions, which would not restore movement, but considerably reduce pain permanently, improving the distribution of load through the foot. I learned about how all the different joints of the foot work together to distribute the weight of the patient evenly throughout the foot, preventing the overstressing of any individual joint. I learned that, when there is an issue with any particular joint of the foot, leads to other joints of the foot becoming overloaded, resulting in excess mechanical stress and therefore pain. I also learned about how, whilst arthritis is usually a chronic issue, arthritis of the big toe tends to burn itself out, and thus may not require long term treatment.

Given the very active nature of the patients of the mater clinic, lots of considerations must be made about what treatments are practical given that a patient's livelihood may rely on quick recovery from their injury. The decision to treat surgically is not made lightly, especially as the recovery time must be heavily considered, meaning that the timing of the surgery must be carefully considered. I learned about the difficulties professional athletes went through when seeking treatment, especially when they worked internationally. I learned about how treatments vary from country to country, and the difficulties encountered by athletes when they are unable to access previous treatments that have proven effective. I also learned about what factors matter more to athletes when making decisions about surgery, which contrasted greatly with non-athletic patients. Whilst non-athletic patients may have the luxury of time when deciding when they wish to have their surgeries, athletic patients need to be restored to performing at an elite level as quickly as possible and timing must also be adjusted for when the athlete has their most important events of the year, and thus needs to be at their peak performance before then. I learned about the toll that being an elite athlete takes on a patient's body, how athletes may repeatedly injure themselves, and how athletes can have recurring injuries to the same area. I learned about how eventually these injuries can result in longer term problems later in life e.g. osteoarthritis, and how the body's ability to heal and regenerate deteriorates as it ages means that their livelihood can lead to permanent issues and injuries.

My knowledge of surgical and post-operative care has also improved. I've learned about how the surgical team reduces the time the tourniquet is on the leg during surgery, and how if a surgery is not completed quickly, the tourniquet must be deflated and then reinflated during surgery to ensure that the leg was properly perfused, and there was no risk of tissue necrosis. I learned about the need to be precise when using plates and other metals to ensure they are optimally placed, and how this can be checked with a

mobile x-ray. I learned about the complications that can occur when using metal plates and k-wires, and how previous surgeries and implants can make surgeries more difficult, especially if they have been in place for a long time which may not be easily removed. I also learned more about post-surgical care, learning about when a cast is replaced with a boot, how and when sutures are removed. I learned about the importance of ensuring patients were as mobile as possible, whilst also appropriately managing pain, and ensuring patients knew about their limitations during the healing process. I learned about wound care, as well as the frustrations of wearing a cast and moonboot for an extended period of time, whilst not being able to get the wound wet, or be able to drive a car. I learned about the need for physiotherapy post-operatively, and how different exercises can be used to help the healing process, and to ensure a patient can regain strength in their muscles after an extended time of immobility. I learned about the importance of exercises focussing on dorsiflexion and plantarflexion after an injury to the ankle, to ensure good stability and mobility. I learned about how tubigrips don't only provide extra support to joints, but they also increase a patient's proprioception around a joint, increasing the stability of the joint, thus reducing the chance of rolling the ankle, preventing further damage being incurred and ensuring the ankle can heal as quickly as possible.

I have learned more about a considerable amount of the self-employed healthcare system, which has been very different to my experiences in the NHS. The self-employed model lacks the rigidity of the NHS system, especially around surgery, meaning that a surgery list is always completed, even if it results in surgeons returning home at 11:30pm. It has been quite a contrast, even in clinic, as I noticed Dr Wines used multiple offices at a time, with his personal assistant leading patients to and from each office, to ensure that he could see as many patients as possible, as efficiently as possible. I learned about the complexities when working with multiple different health insurance providers, as well as working from a variety of different hospitals and clinics, on a day-to-day basis, requiring the doctors to move between different clinics and hospitals during the day as well, as usually surgery would be conducted in the afternoon at a different site to morning clinics. The self-employed model does also allow for more patient-centred care, as without the need for scale, patients can be given appointments more focused on their schedule and given treatments including surgery at times at the best time that fits the patient. I also learned about the malleable nature of the self-employed model and private healthcare system, as patients were able to make requests which were easily fulfilled e.g. requesting to stay in hospital longer than Dr Wines recommended, or changing the hospital where they would have their surgery as they had a negative experience previously. I learned about how the private healthcare model and self-employed model provide a very patient-centred approach to healthcare, but at possibly great financial cost without private medical insurance.