PLASTIC SURGERY

APPENDIX 3: SSC 5c (Elective) Assessment (part 1)
ELECTIVE REPORT

RACHEL KIRK
Elective Subject - Paediatric Reconstructive Surgery
Elective Location - Great Ormond Street Hospital, London
Elective Dates - 09/04/2012 – 11/05/2012
Supervisor's Name - Mr Neil Bulstrode, Clinical lead for plastic surgery at GOSH

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***

Great Ormond Street Hospital (GOSH) is a world-renowned children's hospital; the largest centre in Europe dedicated to research and postgraduate teaching in children's health and it has the widest range of children's specialists under one roof.

It is a tertiary care hospital so referrals are made via local hospital consultants (or community paediatricians). In fact, I have heard many staff members refer to it as a quaternary centre as the clinical specialities are so vast and the children seen have such complex and rare conditions (please see objective 3).

In the context of global health, GOSH is an international centre of excellence and its reputation precedes it. As well as treating over 190,000 NHS patients every year it sees over 9,000 international and private patients from over 87 countries.[1] In many countries the government cannot support the treatment of some children with very rare conditions, and sometime the expertise of the medical staff just isn't enough to manage the children (and their obscure conditions) effectively in their home country. Many patients require the input from more than one team and the medical conditions are so unusual (and usually so severe) that they can only be managed with pioneering treatment at GOSH.

The consultants and staff at GOSH also do a lot of charity and overseas work, playing their part in the context of global health. Many of the staff members are involved in initiatives which see them take their skills to some of the poorest parts of the world in order to change lives. For instance Mr Neil Bulstrode, my elective supervisor and the lead clinician for the department of plastic surgery at GOSH, featured in a documentary where he travelled to Bogota in Colombia. He helped the surgical team excise a congenital melanocytic nevus which covered 60% of a 6-year-old boy's body. He has also worked closely with the charity 'Facing Africa' to reconstruct the survivors of noma (gangrenous stomatitis) in 2011. This is not an isolated example of his charity work and many other consultants participate in similar initiatives.

2. ***Describe the pattern of health provision in relation to the country in which you will be working and contrast this with other countries or with the UK***

The pattern of health provision at GOSH is not too dissimilar to other hospitals in the UK, but there is something which sets it apart from any other hospital, and gives it quite a unique position in the public minds.

'Great Ormond Street: Too Important to Fail?'

...The title of a recent television documentary concerning GOSH – in essence it not only encompasses the high position on the hospital-pedestal the general public give it; but also encompasses the notion of bureaucracy and internal politics (something which occurs in every hospital across the country). It is true that GOSH holds a very special place in the hearts and minds of the British public and many do not wish to think of bureaucracy occurring in such a place, a place which many view as a 'miracle-working' institution. It was with a heavy heart that I watched the documentary which alleged that GOSH had been embroiled in covering up reports concerning the death of Baby P, suggesting a downgrading of child protection and the victimising of staff that raised concerns. The documentary certainly put pressure on the trust and GOSH came in for a lot of criticism. In my opinion the documentary did not provide a balanced opinion and was merely a tool to shock. But why is this important in relation to my elective report and this objective? In essence – the damaged reputation of a hospital can affect public perception and with that comes the risk of endangering doctor-patient relations. It is doubtful if this programme would have ever aired on prime time television on the BBC if it had not been GOSH.

Great Ormond Street IS too important to fail. It has captured the hearts and minds of the entire country in a way which no other hospital has. Even though the health provisions are not too dissimilar to any other trust, or indeed the infrastructure of the staff is any different – the public's perception is what sets this hospital apart from any other hospital. It is difficult to describe but the atmosphere at GOSH was something that I have never felt before. The children and parents are so grateful to be there and on the whole the staff were happy and content. It is vital that GOSH is a place that inspires hope and trust in the general public.

GOSH is an internationally recognised centre of excellence in the provision of specialist children's healthcare and has a longstanding reputation of outstanding care. As of March 2012 it became a foundation trust, which gives it a significant amount of managerial and financial freedom compared to its previous status as a NHS hospital trust. This means GOSH can be more responsive to the needs and wishes of their local communities and are not directed by Government. They can decide their own strategies in order to determine how services are run.[2] I hope this move to foundation trust will mean that GOSH can continue to deliver an excellent service.

Compared to many other hospitals in the UK, GOSH has one of the most successful charity organisations attached to its name. The charity, which raises over £50million every year, helps to build state of the art facilities, supports research and the development of new treatments and funds the patient hotel and accommodation.[3] It has huge support from the British public, more so than any other charity attached to any other hospital. It is necessary to mention this when comparing GOSH to other hospitals in the UK since the charitable donations represent a huge addition to the budget already set by the government.

3. *HEALTH RELATED OBJECTIVE – Gain experience of paediatric conditions that present for paediatric reconstructive surgery at GOSH. Shadow and observe clinicians on the wards/clinic and in theatre*

I had always enjoyed paediatrics at medical school, and have completed 2 SSCs with the reconstructive team at The Royal London Hospital, but the cases and procedures I saw at GOSH were on a completely new level. I observed conditions I had only ever read about in

textbooks and witnessed procedures and outcomes that took my breath away. The rarity of the cases and patients' conditions were incredibly fascinating and I enjoyed gaining some experience in these obscure and often very serious conditions.

My time with the reconstructive team was mainly split between clinics and theatre sessions. I really enjoyed seeing patients in clinic and attaching a patient identity to a condition. I saw children with syndromic features so rare that some of the syndromes had not even been classified yet! I met a lovely 6-year-old girl with Harlequin-type ichthyosis who was defying the odds to use a hypoplastic hand, it is a condition that I will probably never see again and I will never forget.

The surgeries that I most enjoyed watching were the 1st and 2nd stages of autogenous ear reconstructions, mainly for children with microtia. It was incredible to watch Mr Bulstrode carve an exact replica of the child's ear from a piece of rib. The successes of this procedure seen at the end of the operation (and many months later in the clinic) made it truly fascinating to watch. The first time I observed the procedure it completely took my breath away. I was also amazed at observing the Coleman fat transfer procedure for a little girl with left hemifacial microsomia. The difference it made to her face was remarkable. I also observed the removal of many congenital melanocytic naevii, cosmetically challenging procedures which produced life-enhancing results for the children and their families. It became common practice to see children with hemifacial microsomia and conditions such as Treacher Collins Syndrome and Goldenhar syndrome in the clinics. It was difficult to imagine that the incidences of these are as rare as 1/3,500 to 1/26,000 live births in the UK when they seemed so commonplace in the clinics and theatres of GOSH.

Craniofacial surgery was extraordinary to observe. Many of the patients had congenital/syndromic facial abnormalities along with acquired deformities of the skull (craniosynostosis), such as Apert and Crouzon syndrome (with an incidence of only 1 in 25,000 people in the UK!) Many of these patients had functional problems, such as raised intracranial pressure and ocular dysfunction (as well as the obvious cosmetic problems). The craniofacial team worked very closely with the neurosurgeons. Many of the surgeons at GOSH are pioneers in their field (such as Mr David Dunaway), so I felt very privileged to be a part of their theatre sessions. One particular procedure that I was astonished by was an operation on a little boy with a craniofacial dysostosis (Pfeiffers Syndrome). He underwent a monobloc osteotomy and distraction using a rigid external distractor. The surgery took 7 hours and it was difficult to imagine the discomfort and pain this little boy would be in afterwards – however observing the outcomes of other children in the craniofacial clinic put this arduous procedure into perspective and I know the little boy and his family are going to be thrilled with the results.

All the time I was fully aware I would probably never meet any patient again with such rare syndromes or observe such cutting edge surgery.

4. ***PERSONAL/PROFESSIONAL DEVELOPMENT GOALS – Explore the field of paediatrics and surgery as a potential future career. Reflect on your experiences at GOSH – how has it impacted on you and how will it inform your practice as a FY1 doctor***

This placement has been truly inspirational and a deeply moving and humbling experience. I have learnt a lot about complex syndromes and seen surgeries that I will (probably) never witness again. I doubt I will be reconstructing ears out of ribs or performing complex craniotomies in my future career, but I will be taking away so much more than just the memory of a fabulous placement.

It has taught me something which hopefully I can implement into any aspect of paediatric practice, whether it be hospital or in the community – and that is the effective communication between children and their parents. One consultation which stands out was that of a 10-year-old girl with Treacher Collins Syndrome. She decided that she liked her 'little ear' and didn't want an ear reconstruction. Her father, however, didn't agree with her decision and for him it wasn't right that a 10year old was being allowed to have her say on the matter. Watching the way the consultant dealt with this difficult situation and the autonomy given to the child was very interesting. I hope I can take away some of the communication and negotiating skills I saw the consultant use and be able to implement this when I am working on my paediatric attachment as an FY1.

On a more personal (rather than professional) note, I saw many things at GOSH that moved me to tears and made me consider my own position in life. It made me appreciate just how lucky I am to have my health and how much I take for granted. One particular patient sticks out – a 14-year-old girl with a neurofibroma on her leg – she had never worn a skirt and had never bought a pretty pair of shoes; as such she begged the consultant to amputate her leg so she could have, in her view, a prettier false leg. It was heart-breaking to see a young girl go through so much pain. I am glad the consultant managed to answer her concerns and worries, and was able to resolve the issue of wanting an amputation.

We all worry about such trivial things about ourselves, but the hardships these children bear make the problems I worry about laughable in comparison. When people describe this hospital as an inspirational place they are not wrong.

References

1. Great Ormond Street Hospital for Children NHS Foundation Trust. International and Private Patients Service [online] 2011. Available from: http://www.gosh.com.kw/about-us/international-and-patients-service/ [accessed 7/5/2012].
2. Monitor Independent Regulator of NHS Foundation Trusts. What are NHS foundation trusts? [online] 2010. Available from: http://www.monitor-nhsft.gov.uk/home/about-nhs-foundation-trusts/what-are-nhs-foundation-trusts [accessed 7/5/2012].
3. Great Ormond Street Hospital Children's Charity. The child first and always [online] 2007. Available from: http://www.gosh.org/gen/ [accessed 7/5/2012].