JUMANA SALEH ACCIDENT + EMERGENCY

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Elective Report.

During my elective in Mwanza, Tanzania, I worked within the Accident & Emergency department of Bugando Hospital, the second largest hospital in Tanzania and a referral hospital for the surrounding regional hospitals. Unlike the UK system, there is no triage and all patients are required to pay in order to be seen. The price of a self referral is 50,000 tzs (the equivalent of about £25), which is often too expensive for the average Tanzanian, especially those from rural areas. Consequently, patients often present very late, with a vast number turning to traditional healers in the first instance. Shockingly, traditional healers were not only sought for minor ailments but also for serious injuries such as fractures, even when displaced. Consequently, patients often presented months after an acute injury. In the case of fractures, this often meant that bones had began to heal abnormally and contractures had formed, making them much more difficult to treat.

The most common presentations in A&E were very different to what is seen in the UK. Malaria, malignant hypertension and DKA were very common presentations, as were thyroid goitres and surprisingly, tracheal obstruction. There is an extremely high index of suspicion for malaria, with anyone presenting with a temperature of a recent history of a temperature being treated empirically with artimir and a malaria swab is taken.

The A&E is split into minors and majors, with minors consisting of several clinic rooms that function similarly to general practices. Majors consists of a male & female room. The female room was usually filled with women with their infants, often with malaria or newborns with congenital defects. Gynaecological problems were also very common. As the cervical screening program in Tanzania is not very widely used (unlike the UK), women presenting with gynaecological

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Another significant difference between Uganda and the UK was the complete disregard for pain relief. The mainstream analgesia given was IM diclofenac, and even then only for severe pain of fractures and intestinal obstruction. This wasn't for a lack of analgesia, as there were plenty of shots of tramadol & pethidine, but it wasn't considered a neccesity. I was also awed by the levels of pain that patients were willing to endure without complaining or demanding pain relief. I realised that it was culturally unacceptable to complain & patients are expected to endure in silence. This was difficult to witness.

complains receive a cervical swab & bimanual examination to rule out cervical cancer.

The male ward was more varied and usually less busy than the female ward. Common presentations I saw were mining injuries, UTIs and knife crime. As well as these, the most shocking presentation I saw twice ~~on~~ on seperate occasions were young boys with severe ascites. The first was a 12 year old boy with severe ascites of 2 years, gradually increasing with history of facial puffiness and ankle swelling. On ultrasound, he was found to have massive hepatomegaly secondary to portal hypertension and was diagnosed with cardiomyelofibrosis - Due to a lack of resources, the cause of the heart failure cannot be investigated and he was started on treatment for heart failure. As there are no transplant services at Bugando, the average survival for this condition is approximately 5 years.

The most shocking experience for me whilst working at Bugando was the lack of resources available. There was no CT scanner (having broken months before) and during my time in A&E, all 12 x-ray machines stopped working. Consequently, patients who needed an x-ray had to be transported to the nearest rural hospital for imaging, including a lady with an open ankle fracture who had to wait a whole day for an x-ray before external manipulation was attempted. To add to this, the hospitals stocks of ceftriaxone, their main antibiotic of use, ran out and consequently patients were given third generation meropenem, risking developing bacterial resistance. On the same day, stocks of ~~antibiotic~~ suture packs were running low & required rationing. All of this was shocking as this was a large referral hospital with a huge patient load. It was very moving and frustrating to see patients suffering who could have very easily & quickly be treated back home.