

Reflective Writing For Elective In Neurosurgery

MAHDI SATTAR

1. What are the prevalent conditions requiring neurosurgical intervention in the East End of London? How do they differ from the rest of the UK?

Patients admitted under neurosurgical care can be broadly divided into trauma, cranial pathology and spinal pathology. I have seen many cases of patients presenting with recurrent meningiomas and gliomas. Spinal decompression is often required for patients presenting with back pain and lower limb weakness due to prolapsed disc. Being in the East End of London, an inner city urban area, rates of trauma from road traffic accidents and violent crime are higher than in more suburban areas of the UK, and require neurosurgical review and intervention in many cases. The trauma centre treats over 1400 such cases annually which is purported to be higher than any trauma centre in the rest of the UK.¹

2. How are neurosurgical services organised and delivered? How does it differ from the rest of the UK?

Many patients are referred to the neurosurgical team from their General Practitioners in primary care, if deemed necessary after review they are then offered elective surgery. Other patients are brought in as emergencies and are treated as in patients in hospital. The neurosurgical team often work closely with ITU, oncology, ENT and maxillofacial teams to ensure that the patients are delivered the specialist care that they require. Many patients are also referred from other hospitals without a neurosurgical centre or the resources necessary to treat certain neurosurgical conditions such as tumours requiring gamma knife therapy. There are only two gamma knife centres in Great Britain and one of them is at the Barts and the London neurosciences centre. The Royal London has also one of the leading trauma centres dealing with patients involved in road traffic accidents and knife attacks or blunt trauma from assaults.¹

3. Describe a neurosurgical clinical case highlighting a condition of particular interest to you.

A 62 year old lady with a history of gliomas was being followed up in outpatient clinics. She started to present again with unsteadiness on her feet and occasional headaches but no nausea and vomiting. Follow up MRI scan revealed a recurrent glioma in the left parietooccipital region very close to the location of her previous glioblastoma which was debulked by stealth guided biopsy and followed by chemotherapy and then radiotherapy. She was then booked in for an elective debulking of the recurrent glioma, samples of which were also sent for biopsy. She was put on a dose of 2mg Dexamethasone steroid once a day post operatively (mainly to reduce oedema and swelling in the brain) and recovered well. She will now be followed up in outpatient clinics to monitor her progress and to watch closely for any further recurrence. The surgeon discussed with me the factors involved in the weighing up of the risk and benefits of removing recurrent gliomas and how this should be communicated with the patient so that they can be involved in the decision whether or not to undergo a surgical procedure which in itself carries its own risks,

such as reaction to anaesthesia, blood loss, damage to nearby structures resulting in irreversible neurological disability and stroke. From clinic I have observed how the surgeon is able to communicate effectively with the patient through empowering them with the information they need and allowing them time and space to process the information and make a decision.

4. What human qualities do you think are beneficial to one working in the field of neurosurgery? How has this placement informed or influenced your career choice in the future? Reflect on this placement and the activities you took part in, what you gained from these activities. Do feel that your approach to this placement allowed you to gain the experience you had hoped for?

I think human qualities that benefit one working in the field of neurosurgery include being caring toward patients and placing the patients care as priority. They should have a deep interest in neurosurgery and its outcomes as well as being committed to their work. It is important that they should work well with other members of the team and have good communication skills. These were all qualities that I have observed in the doctors on the team that I have been working closely with over the last weeks.

I have had the opportunity to take histories from and examine patients with neurosurgical symptoms in both an inpatient and outpatient setting. I have also had the chance to scrub in and take part in surgery including sucking, retracting and suturing a surgical wound. I have observed high tech resources such as stealth guided technology for procedures such as brain tissue biopsies.

I approached this placement with a very eager attitude, I introduced myself each time I came across a new member of the team and ask to join them in whatever activity was being undertaken. I volunteered my assistance wherever my level of competence allowed me to, and asked questions when appropriate. I remained polite and professional with the other members of the team at all times. I believe this approach helped to maximise my opportunities to gain a greater experience in the field of neurosurgery and to gain more skills and more in depth knowledge field.

I expressed my interest in pursuing neurosurgery as a career to members of the team at various levels of their training. My initial fear was the competitive nature of the gaining entry into such a field. These fears were allayed by the doctors I spoke to as they stressed the importance that if you are dedicated enough to enter a certain field of medicine or surgery then you will find a way in. They've also spoken to me about the nature of neurosurgery compared to other fields of medicine and surgery, such as how it enables one to use clinical deduction through eliciting symptoms in history and signs in examination, to localize a possible lesion or region of pathology which I required to guide one as to what and where imaging should take place. A detailed knowledge of anatomy is also required when considering the cause of a patients symptoms and the risk of causing further damage or neurological disability through surgical intervention. I now feel encouraged to keep reading further into this subject and keeping abreast of new developments in this ever advancing field of

medicine/surgery and continue to seek opportunities to gain and improve my practical skills.

1100 words

1. BartsHealth 2012. Trauma [online] <http://www.bartsandthelondon.nhs.uk/for-clinicians/gp-referral-guide/trauma-3/> [accessed 10/05/2012]