

ELECTIVE REPORT

Dates- 9th April 2012 – 11th May
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Objectives

1. Describe the pattern of illness found in Cusco, Peru? How does this differ regionally (Manu- Amazon region compared to city) and compared to diseases in the UK.

Whilst based on the internal medicine ward in a major hospital within Cusco I was able to see a variety of conditions. Most commonly I came across diabetes and its various complications. In the UK I have seen diabetes many times in different settings such as hospitals and community care. However in Cusco I saw the complications of diabetes at a much later stage than I have witnessed in the UK. On the ward there were many patients with gross gangrene in their limbs and deep ulcers. Another common problem in Cusco is liver cirrhosis caused by alcohol. Again this is a condition I have seen commonly in the UK as well. In Cusco I saw a patient with chronic liver failure due to cirrhosis with signs such as liver flap, jaundice, ascites and caput medusa.

The inhabitants of the city of Cusco presented with the above common complaints but the residents of jungle areas such as Manu have different medical problems. Most frequently seen was leishmaniasis which is a parasitic disease spread by the bite of infected sand flies. There are several different forms of leishmaniasis. The most common are cutaneous and visceral. The cutaneous type causes skin sores. The visceral type affects internal organs such as the spleen, liver and bone marrow. People with this form usually have fever, weight loss and an enlarged spleen and liver. I saw many patients with the cutaneous form of leishmaniasis.

2. How well were patient services organised and acted on? Describe what you witnessed and how this may relate to your own level of practice?

As one of the main hospitals in Cusco, Hospital Regional is extremely busy. There are many demands on the hospital of this size. In admissions large numbers of patients queue to be seen where they are then allocated to an outpatient clinic of the relevant department.

The medical teams consist of many health professionals and a ward round could have up to up to 15 people including medical students. This is different to practice in England where the number of people on a ward round is kept to a minimum to ensure not to overwhelm patients. The ward rounds were similar to those in England with a consultant leading, nurses giving updates on the well being of the patient and juniors documenting findings and jobs. On the ward rounds the consultant would spend a great length of time teaching the students, junior doctors and the other member of the multidisciplinary team. Whilst there are many similarities there are also some differences. Unlike in England there are no curtains around the beds and so there is less privacy for the patients. I witnessed a patient going to great lengths to listen to the

discussion on a ward round of a neighbouring patient. Other differences were seen in infection control. Health professionals did not wash hands or use alcohol gel between using patients. In clinic the examination bed was not cleaned between patients.

Describe the care of a patient with an infectious disease not commonly seen in the UK.

A common infectious disease that I came across in Cusco was leishmaniasis. It was the residents of the jungle region that most commonly presented with this condition. Leishmaniasis is a disease spread by the bite of the female sandfly. There are different forms of leishmaniasis. Cutaneous leishmaniasis affects the skin and mucous membranes. Skin sores usually start at the site of the sandfly bite. In a few people, sores may develop on mucous membranes. Systemic, or visceral, leishmaniasis affects the entire body. This form occurs 2 - 8 months after a person is bitten by the sandfly. Most people do not remember having a skin sore. This form can lead to deadly complications.

Patient with the cutaneous form which did not need to be admitted to be treated were given medications such as meglumine antimoniate, amphotericin B and ketoconazole and managed as outpatients. Those with more advanced presentations and mucosal involvement were kept in isolation on site within the hospital. I witnessed patients within isolation where conditions were very basic and overcrowded.

There are a few preventative measures against leishmaniasis. There is currently no vaccine. Residents of the jungle region can only prevent being bitten by the sandfly by using insect repellent, protective clothing and netting.

How has the medical elective affected me and how will I draw upon this experience to make a better health care professional.

The medical elective drew my attention to the varied medical needs of the population of Cusco. The distribution of services was not spread evenly as the people of the city region had easier access to healthcare. The fact that patients were presenting so end stage in their conditions shows that access to the right services are limited. This maybe due to cost, location of hospitals or lack of follow up.

I learnt that the rules of infection control that are implemented in England are important and need to be followed. In Cusco privacy and patient confidentiality are not seen as a priority. I saw the effects of this and I endeavour to make sure that I always ensure patient confidentiality.