TOLU ABIFARIN ENT

Elective Report

This May 2013 marked the beginning of my elective placement in the subject of ENT; with my first two weeks being spent with the team at the Queen Elizabeth Hospital, Bridgetown, Barbados.
My choice in undertaking an elective in such a specialised field, stemmed from the fact that following 5 years of training in the UK, my knowledge of ENT was somewhat limited; and at best, I'd had an introduction into a specialty that I would most definitely encounter throughout my career. Moreover, as I begin my FY1 training in august, I would like to be able identify an ENT condition; understand the pathology and appropriately manage a patient, without being thrown by the unfamiliarity of a presentation as a direct consequence of my lack of knowledge in this area.

My main objectives were to observe the common ENT conditions and their presentations; understand the management protocols and see how they compare to that of the UK.
This placement involved me splitting my time between theatre and clinics. Being in these two environments allowed me to gain a unique insight into varying presentations and disease progression.
Two of the most common conditions included thyroid disease and tonsillar disease. Specifically during theatre sessions, I noted several tonsillectomies, which I found interesting as this operation is not commonly performed in England. I found that the indications for surgery for this particular pathology were similar to that of the UK, however, where they differed is what increased the incidence of surgery in Barbados. The criteria are as follows:
> 4(5)*episodes of severe tonsillitis a year
Airway obstruction-sleep apnoea
>2(4)* retropharangeal abscesses
Peritonsillar abscess (quinsy)
suspicion of malignancy
* UK figures
Due to the findings of randomised control trials, the UK tend to favour watchful waiting, which is not to say that in the Caribbean they remove all cases of tonsillitis, but surgery is more likely to be an option. In addition to this, they often remove the adenoids if they are also enlarged, a procedure that Is rarely performed in the UK. Management that is true for both places is; prior to attempting surgery, most cases of tonsillitis are given a 5 day treatment course of antibiotics (penicillin or erythromycin), however this would not be the main stay of treatment if the infection reoccurred in Barbados, whereas in the UK it's not uncommon to have several courses of antibiotics. It's important to note also, that although the frequency of this operation is more in the Caribbean, the doctors often try to discourage patients from pursuing surgery when they present with enlarged tonsils explaining that surgery is not a quick fix, that it can come with complications and some symptoms such as a sore throat, can and will still occur even following surgery. I believe that this is an effective way of ensuring that patients don't trivialize surgery.
As aforementioned, another common pathology was thyroid disease. During surgery, there were several thyroidectomies for the development of goitres. While in clinic, I took a history and performed an examination on a patient who had been suffering from

hyperthyroidism for 1 year. From the history and exam, it was evident that they had been experiencing and had initially presented with the classic symptoms of the disease, but had yet to develop a significant goitre. From presentation to this consultation, management of the patient had consisted of diagnostic bloods (fbc, u&e, tfts) and an ECG; all requested by the GP. Following the results of the tests, the patient was prescribed propranalol and carbimazole, as well as being referred to ENT; who now being under their care, sent her for an ultrasound scan of the neck. The patient presented to clinic with surgical aspirations, however, the doctor explained that surgery was not yet an option as the ultrasound scan showed that the enlargement of the thyroid was not severe enough to warrant an operation. Moreover, given that their current dose of carbimazole was low, they were in a position to have it increased. The doctor further explained that their main aim was to manage the current stage of the disease and prevent its progression, so the patient was advised to return in a month to monitor the treatment effect. This case and others, proved that the management of thyroid disease is very much the same, with the main difference being that there is a higher incidence of thyroid disease in Barbados than in the UK, although as yet there is no known reason for this.

In addition to these pathologies, while in clinic, I was able to observe other conditions that didn't require surgical management such as cases of tinnitus, vertigo, wax impaction and drum perforation where I could make use of my practical skills. The time spent in clinic proved to be invaluable, because as previously mentioned, ENT isn't a specialty that I have gotten a lot of exposure to; with most of my experience being in GP practices. Furthermore, prior to this, I thought myself, fairly competent with the otoscope, but following these two weeks, the flaws in my technique were highlighted and I was able to improve on them, as well seeing the Weber's and Rinnes tests being applied in a real life setting. As a result of these experiences, I feel much more confident in my ability to use these tool effectively to aid diagnosis in any clinical scenario.

This elective afforded me the the opportunity to see the differences in practicing medicine in the UK and abroad. I realise that the numerous technologies that we have at our disposal in the UK makes our job much easier, however the limitations that are faced due to lack of these advancements has in no way affected the quality of care that each patient receives in Barbados. It is highly apparent that each person has the utmost faith in their doctor and this is made especially clear by the strength of the doctor patient relationship.