

ENT

Elective Report

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I spent 5 weeks in the Otolaryngology (ENT) and Head and Neck department at the Hospital Kuala Lumpur (HKL). A busy hospital with over a thousand beds in the heart of Kuala Lumpur was a good insight to life as a doctor in a busy environment.

This department itself was a very small unit with just a handful of doctors. Over the years, the department and the facilities it offers have increased to meet the demands of the local population.

During my elective placement I was fortunate to observe hands on the common conditions that patients present within the ENT and Head and Neck department. Majority of the patients were often young children below the age of 12.

The department manages complex airway, head and neck and chronic ear conditions in children, as well as more common ENT problems including sleep disturbance.

The common conditions I observed were mainly seen in the clinics. Some of the conditions included:

- Acute otitis media - the most common condition seen in children under the age 12. Patients would often be discharged following a thorough examination with a course of antibiotics if necessary.
- Otitis media with effusion (glue ear)
- Respiratory tract infections: I have noticed that in clinical practice, there is often pressure from parents of the younger patients to prescribe antibiotics for children at first presentation for common respiratory infections that could be resolved without treatment.
- Allergies: a weekly clinic specifically for allergies
- Hearing difficulties: usually seen in the very young or the elderly population
- Speech and Language problems: the doctors worked closely with other members of the MDT.
- Trauma injuries: road traffic collisions etc
- Foreign bodies in the ears, nose or throat
- Sleep apnoea: I only observed a handful of cases, all of which were adults.

The medical conditions commonly seen in HKL are very

similar to the common conditions seen in the UK. However, I did notice less cases of sleep disturbance (especially apnoea) than in the UK. Obesity is a major cause of sleep disturbance and is a medical problem that is on the increase in the West in general.

The ENT cases in HKL have increased over the years. One of the reasons for this is the increase in population size around the hospital itself in the last 30-40 years. The city itself is a major tourist destination with many people from various parts of the world that not only visit *but* actually have settled in the city. With the increase in population from people from various parts of the world brings its own challenge.

Majority of the time in the ENT department was spent in clinics. There were 3 wards that had patients with ENT, head and neck problems. Most patients didn't have life threatening health problems and thus stayed in hospital for maximum 2-3 days. There was a high turnover of patients.

The registrars and consultants spend most of the day in clinics. Patients with routine problems or those that can be managed in the community are often discharged from the clinic with prescriptions etc.

As HKL is the main general hospital in Kuala Lumpur, it had a busy Accident and Emergency (A&E) department. The services are provided 24 hours

especially for the serious and critical patients. When patients come into the emergency department, there are put into categories depending on how serious their presenting complaint is. This is very similar to how A&E services are run in the UK.

Healthcare available in Malaysia was overall good and many patients I spoke to were satisfied. One aspect of care that I did not agree with and thought was unfair was the fact that they have three types of wards depending on how much you are willing to pay i.e. patients from a low socioeconomic group have wards that have basic beds and services available whereas the patients with money tend to get nice clean air conditioned rooms and an overall better service. This is different to how services are run in the UK. In the UK, we are so fortunate to have healthcare that is available to everyone regardless of their income/wealth.

The elective overall has made me appreciate our NHS even more. We should take pride in our NHS and the service it provides us all. I just hope it carries on serving the public without taking income/wealth into account when treating any patients.