

Elective Report

Children's Surgical Centre, Phnom Penh, Cambodia

I was fortunate enough to be one of two recipients of a Dr Carl Jackson Scholarship which allowed me to do my elective in Cambodia. For the first 6 weeks I was at a non-governmental organisation (NGO) hospital in Phnom Penh known as the Children's Surgical Centre (CSC) which provides free surgery to disabled Cambodian children and adults.

It almost goes without saying that an elective at CSC is suited to students who are interested in surgery as it is a small hospital that focuses on orthopaedics, plastic surgery and ophthalmology. In fact the hospital is mainly just four rooms – the operating theatre with 3 tables next to each other, the small recovery room, the ward and the consulting room. I went with a primary goal of learning about paediatric anaesthetics and even though there was plenty of anaesthetic teaching, I feel the surgical experience offered by CSC was the most beneficial to my education. I was expected to scrub for almost every operation and most of the time I found myself much more actively involved in the surgery than I would be back home. In particular, there were lots of opportunities to suture wounds thanks to the patient guidance of the experienced Khmer surgeons and nurses. I was also able to learn to use the diathermy and helped with adding and removing plates, rods and screws to fractured bones. The main things we operated on were fractures and associated complications, acid burn contractures and cleft palates. From an anaesthetics point of view, I learnt how to perform intubation as well as epidural and spinal anaesthesia. It was very valuable to be able to do a couple of spinal anaesthetics, in particular, although generally I didn't do as many procedures as I expected. I think this is largely because the anaesthetists were not as used to teaching students and there were a number of anaesthetists in training versus only one surgeon in training. Fortunately there were visiting anaesthetists from the USA and the UK who came for a few weeks each to teach the local staff and I learnt quite a lot from both of them. One of them even organised for the 2 other medical students and I to run a teaching session on advanced paediatric life support for the medical and nursing staff which was of great benefit. We were also asked to help run a basic first aid course for the administrative staff in what turned out to be an enjoyable afternoon.

Overall, my time at CSC was a mixture of emotions - at times it was sad and frustrating and at others it was enjoyable and satisfying. For example, it was immensely satisfying to watch cleft palate repairs yet really sad when young patients with bone tumours had no access to chemotherapy because they couldn't afford it. Seeing patients with acid burns is always shocking no matter how many different cases you see, yet it was nice to see the patients smile after the plastic surgeons performed skin grafts to improve their function and appearance. It was frustrating seeing patients with relatively simple problems that were presenting at more serious and advanced stages because they had tried Khmer traditional medicine or couldn't afford the trip to hospital. We saw countless patients with complications such as Volkmann's ischaemic contracture that resulted from inadequate treatment of simple fractures. Despite such frustrations, the positives certainly outweighed the negatives and every Cambodian patient I met was very appreciative of the free high quality surgical care they received at CSC.

The staff at CSC speak English and they are all very friendly and welcoming. I forged many memorable friendships with the staff and my respect for them has grown after I began to understand the challenges involved in providing complex surgical care in Cambodia. I was very impressed with the efficiency of CSC as an organisation and the ability of its staff to get the job done despite its relatively limited resources. For example, I observed several complex scoliosis surgeries that were not only done on patients with particularly severe scoliosis but the surgeons had to use a mixture of older generation equipment because it's all that was available. I feel that this experience of practicing medicine with fewer resources is a valuable one and indeed one of the benefits of doing an elective in a developing country.

In terms of my learning objectives I was able to understand the different anaesthetic techniques used in different operations as well as compare and contrast practice in Cambodia to that in Australia. The most interesting difference is that almost everything is re-used including endotracheal tubes and ventilator tubes. Choice of drugs also differed and worryingly none of the paralysing agent suxamethonium seemed to be working while I was there probably because it wasn't stored correctly. My communication with patients from a non-English speaking background was improved and the friendly staff at CSC were more than happy to help translate. Overall the elective was very busy. Students are expected to attend from 8am-5pm and although some days finish early it is expected that you will complete extra research assignments. The supervision is more than adequate as there are many English-speaking Khmer doctors who are happy to teach and there are often visiting foreign doctors who come and go for 2 weeks at a time. The typical pattern at CSC is that the patient is seen in the consultation room and then if surgery is necessary it is often performed within a few days. I found this to be one of the most useful things for learning as it allowed me to follow patients throughout their entire journey from pre-op to surgery to recovery.

Another of the major learning objectives I had was to appreciate and adapt to the challenges of providing healthcare in a developing country. As I mentioned earlier I learnt some of this at CSC but I didn't fully realise it until the second last weekend when I joined a medical outreach clinic in Kratie - a rural province approximately 5 hours away from Phnom Penh. I was with a division of the US military known as JPAC and we basically set up a makeshift clinic in a school to provide primary care, eye care and women's health services to people of all ages. Importantly, there were also areas devoted to health education and provision of basic health supplies and multivitamins. The trip was unexpected and it turned out to be one of the highlights of my elective. There was a very high patient turnover and I was provided with a translator so that I could see primary care patients on my own so long as I checked my management plans with one of the US military doctors. Under supervision, I was also able to perform some intra-articular injections as well as numerous pelvic examinations. It was hard work, starting at 7am and in scorching heat with very few resources - just clinical acumen and a range of medications. We didn't even have a glucometer so it was hard to do much for the patients with diabetes. At the end of the successful mission we filled up the bus with patients who needed surgery and took them back to CSC for treatment.

If I had to pick the least valuable experience it was probably the small research assignments we were asked to complete in that they were time consuming, tedious and took away from seeing patients. On the other hand it was an opportunity to provide some useful clinical research data to the organisation for use in academic papers and presentations. In fact, most of the work was presented at an orthopaedic conference by the Khmer surgeons and the rest is being kept on the hospital

server for future use. Being able to make such contributions made the elective feel worthwhile. Furthermore, I felt that I was being helpful in surgery and not just another student getting in the way. For example, I remember arriving 15 minutes late one day and being rushed to scrub in because they couldn't really start without another assistant.

In summary, working at CSC for 6 weeks was a fantastic grounding experience. Not only did I see lots of surgical conditions I had never seen before, I often saw them at a stage far more advanced than back in Australia. A lot of these stoic patients were also very poor with many living off less than a dollar a day. At this level of poverty, many of the patients had poor access to so many things we take for granted including clean water and adequate food and shelter let alone the opportunity to travel to Phnom Penh to seek medical care. I certainly gained a new perspective on life and a new found appreciation for what hardship really means. Cambodia, and its smiling people, has found a place in my heart. I will return.



With some of the friendly CSC staff



working at the medical outreach clinic in Kratie



Assisting with an internal fixation



Removing screws