Elective Report: Department of Neurosurgery, Caritas Hospital, India

I undertook my four-week clinical elective in the Department of Neurosurgery at Caritas Hospital, Kerala, India from 22 June to 17 July 2026. I chose neurosurgery because I wanted to gain a deeper understanding of a specialty that combines detailed anatomical knowledge, complex clinical decision-making, advanced imaging and highly technical surgical procedures. Prior to the elective, my exposure to neurosurgery had largely been through medical school teaching and clinical placement at The Walton Centre, Liverpool. I therefore wanted to experience the day-to-day work of a neurosurgical department and understand how patients with complex neurological conditions are assessed and managed.

Caritas Hospital has a comprehensive neuroscience service incorporating neurosurgery, neurology, neurocritical care, interventional radiology and neurorehabilitation. The neurosurgical service manages a broad range of conditions including cranial and spinal trauma, brain and spinal tumours, degenerative spinal disease, hydrocephalus and functional neurological conditions, using techniques including microsurgery, minimally invasive spinal surgery and functional neurosurgery. This provided an excellent environment in which to observe neurosurgery as part of a wider multidisciplinary service.

My main objectives were to improve my neurological examination and clinical reasoning skills, develop confidence in interpreting neurological imaging, gain exposure to common neurosurgical operations, understand perioperative management of neurosurgical patients and explore the communication and ethical challenges associated with treating patients with serious neurological disease.

A typical week in the department involved a mixture of ward-based care, outpatient clinics, operating theatre sessions and time in the surgical ICU. Most mornings began with ward rounds, where new admissions, postoperative patients and ongoing management plans were reviewed with the neurosurgical team. Clinic sessions provided exposure to both new and follow-up patients, while theatre days allowed me to observe cranial and spinal procedures. Afternoons were often spent reviewing imaging, following patients postoperatively, attending the ICU or discussing cases with the team. This varied structure gave me a broad overview of the entire neurosurgical pathway, from initial assessment and operative decision-making through to postoperative monitoring, recovery and discharge.

One of the most memorable experiences of my elective was following the journey of a young man diagnosed with a large craniopharyngioma. I first saw him in clinic, where his diagnosis and need for surgery were discussed, and I later observed the skull-base procedure performed to treat the lesion. His family came from a financially disadvantaged background and struggled to fund his treatment, which highlighted to me how socioeconomic circumstances can directly affect access to healthcare. I then followed his

postoperative course in the surgical ICU and continued to see his progress until discharge. Particularly impactful was observing the neurosurgeon explain the outcome of the operation to his parents, balancing technical information with clear and compassionate communication. Following this patient from initial presentation through surgery, intensive care and discharge gave me a valuable understanding of the complete neurosurgical patient journey and reinforced the importance of continuity of care, communication and awareness of the wider social factors affecting patients and their families.

This placement fulfilled the aims I had set before starting the elective. I encountered a broad spectrum of neurosurgical disease, less commonly seen during undergraduate placements in the UK. I was also able to observe a variety of major cranial operations, which helped me appreciate both the technical demands of neurosurgery and the clinical judgement involved in selecting patients for intervention. Working within a different healthcare system gave me greater insight into how available resources, cost and individual patient circumstances can shape management decisions. My confidence in neurological assessment, imaging review and clinically relevant neuroanatomy also improved considerably over the four weeks. In addition, this experience strengthened my ability to communicate sensitively with patients and families from different cultural and linguistic backgrounds and gave me a broader understanding of the professional and ethical challenges involved in delivering neurosurgical care internationally.