

Neurosurgery Elective – Cape Town, South Africa

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For a four week period this March I was integrated into the neurosurgery department of Groote Schuur Hospital in Cape Town, South Africa. Over the course of my time there I had the privilege to engage in all stages of the neurosurgical patient journey, including accepting referrals from the emergency department and other hospitals, to elective and emergency surgeries, post-operative ward care and discharge planning meetings. Patients were allocated into either Red (neuro-oncology), Blue (neurovascular) or Green (spinal) sub-teams (with trauma cases spread out between them) and I was able to rotate through all three sub-teams during my time there, as well as also rotating through the specialist neurosurgical ICU and the Red Cross War Memorial Children's Hospital for paediatric cases.

Every day would begin at 7am with a quick round with the registrars, assessing all the patients under their care and making a list of jobs for the team to complete over the course of the day. This would then be followed by a daily meeting with the entire department where the previous day's on-call registrar would discuss the new referrals, trauma cases and discuss conservative and operative management plans. Following this meeting I would then be free to attend the elective theatre lists if timetabled, including spinal, neuro-oncology and neurovascular lists. On non-theatre days I would join the registrars to complete their jobs, including making referrals for patients to other specialties, completing discharge documentation and practical skills such as checking external ventricular drains (EVDs). There were also a number of activities I was encouraged to attend, including MDT rounds with physiotherapists and occupational therapists, weekly clinics with the relevant sub-team and the monthly morbidity and mortality meeting. I was also able to join the weekly registrar teaching at the Neuroscience Institute, where surgical approaches would be discussed with live demonstrations on cadaveric models.

There was a wide range of neurosurgical cases I was able to observe, including pathology that I would not be expected to see in the UK. A particular highlight for me was a procedure to remove extensive hydatid cysts from the spine, but other cases included patients with TB meningitis, brain abscesses and neurocysticercosis. There was also a high burden of trauma present during my elective, with many patients being referred on a daily basis from the entire Western Cape region. In addition to the elective lists, I was encouraged to join the trauma cases as they came in, often choosing to stay late long after the elective lists had finished. I was also able to assist in the emergency cases as there was often only one registrar sole operating, and gained experience with suctioning, suturing and using surgical instruments. Cases I was able to assist with included insertion of ventriculoperitoneal shunts, intracranial pressure (ICP) bolts, external ventricular drains (EVDs) and craniotomies/craniectomies for intracranial bleeds.

A particular aim for me when arranging this placement was to deepen my understanding of a different healthcare system from the UK and the various strengths and challenges faced by this system. Most of the trauma patients were from townships, areas which were previously racially segregated during the apartheid era, due to the high prevalence of gang violence in these areas. In addition, the poor health literacy and infrastructure in these areas was a major contributor to the lengthy stays of patients on the wards, as it was felt that if many patients were discharged home while waiting for surgery they may not return at the right

time. There were also similarities I noticed with some of the challenges faced in the UK, including difficulties with arranging social care and rehabilitation services delaying discharge.

Overall, I had an amazing experience in Cape Town and would highly recommend it as an elective destination. I now feel much more confident in my understanding of neurosurgical pathology and the different conservative, medical and surgical approaches to management. I also was able to improve my history taking, examination and practical skills and experience a greatly different healthcare system and population to that of the UK. When not attending the hospital, I also was able to visit all the beautiful sights Cape Town and the surrounding area has to offer, including the Table Mountain National Park, Chapman's Peak Drive and desert safaris. I would like to thank the team at Groote Schuur Hospital and the University of Cape Town for accepting me into their team and being so encouraging, and the elective team at Birmingham Medical School for helping to facilitate. I would also like to thank the SBNS for their generous bursary to help make this trip possible.

