

AMSF Travel Scholarship Report

Recipient: Jack Richards

Destination: Cape Town



**ADELAIDE MEDICAL
STUDENTS' FOUNDATION**



In early April 2014 I set off with my fellow student, Alexander Birrell to Cape Town, South Africa. We were to spend the next four weeks undertaking a placement in Orthopaedic and Trauma Surgery at Tygerberg Hospital. I have long held a passion for emergency medicine and surgery and this elective proved to be an opportunity to further explore these disciplines in a setting whereby they are practiced in their most pure form. Having previously undertaken orthopaedic rotations at the Royal Adelaide Hospital, the Lyell McEwin Hospital, and in Mount Gambier, I was confident that this elective at Tygerberg would provide me with a unique opportunity to develop and learn the practice of orthopaedics in a health care system overrun with acute trauma. What followed in the next four weeks was an experience I will never forget as we became integrated not only into our surgical team, but the people, place and culture that is South Africa.

After arriving in Cape Town, we settled into the International Students Lodge. Accommodating roughly 100 students who were predominantly final year students from the UK, Netherlands and America, the ISL was located alongside the Stellenbosch Medical School and within the grounds of the hospital. It was a confronting experience to be constrained to an enclosure surrounded by barbed (electric) wire fencing with



armed security guards. On our orientation day we attached ourselves to Dr Ian Robertson's firm and arranged to follow his team throughout our time at Tygerberg. With 1900 beds, Tygerberg is the second largest hospital in South Africa and twice the size of the Royal Adelaide. I could not help but be amazed by the sheer size and layout of the hospital. A relic of the Apartheid times, Tygerberg hospital was originally built as two

separate hospitals being a mirror image of one another and representing one hospital for patients of black descent, and one for the white. The building was evidently quite old and run down, with large sections of the hospital undergoing repair or upgrade.



The orthopaedic department situated on the 6th floor in the AOTC (Advanced Orthopaedic Training Centre) was in stark contrast to the rest of the hospital. This new centre was an impressive state of the art facility complete with a lecture theatre, computer and tearooms, theatre change rooms (with beds) and dissection labs. Our mornings started with the trauma meeting at 7:30am during which the on-call firm presented all of the cases from their 24 hour shift, and the remaining firms present any “cold” cases they have yet to operate on (or required an opinion on). Complex cases are also referred on to specific departments (e.g. hands, spinal). This gave a snapshot of the undertakings of the department and I found this to be an incredibly useful learning experience as through these meetings we were able to understand the mechanism of

injury, types of fractures and theory behind management options.

We decided that in order to make the most of our time at Tygerberg it would be beneficial to follow the registrars throughout their on-call shifts. We did this on three separate occasions, with our shifts ranging from 22-28 hours often with as little as a 45 minute break at 3am for a cup of coffee and a power-nap. During these on-call shifts we were able to scrub in to almost all surgeries on the ortho-trauma list. Some of the common procedures we assisted in included intramedullary femoral, tibial and humeral nails, plating of distal fibular fractures, insertion of external-fixators (talo-spatial frames and femoral-spanners), washout and debridement of septic joints, damage control surgery for poly-trauma patients, and K-wire stabilization of supra-condylar fractures. On one shift our theatre was taken over by cardiothoracic surgery for a patient who had a stab-wound to the heart. As this occurred late at night on a public holiday, there was no one to assist the surgeon so I was able to scrub in and assist in an open heart surgery. These on-call shifts were an invaluable opportunity to experience one on one practical teaching with registrars and consultants, whilst gaining an appreciation for the acute surgical management of trauma cases.



Our consultant ward rounds were on Tuesdays and this was a grand teaching round with all of the orthopaedic students from Stellenbosch University. For myself, the most striking feature of this ward round was the type of fractures involved. At any one time our list was comprised of roughly forty patients. The most common injuries we encountered were gunshot-related fractures to either the femur or the tibia. These gang-related injuries and admissions would be a recurring theme of our stay over the next four weeks. This was in comparison to orthopaedics in Australia whereby gunshot-induced fractures are virtually unheard of. The other prominent mechanism of injury was PVA (pedestrian vehicle accident). These patients were commonly poly-trauma patients that required a multi-disciplinary approach, often comprising of general/trauma surgery, Urology (bladder ruptures), Neurosurgery (intracranial bleeds), and Plastics.

Whilst a large portion of our time was spent in hospital, Cape Town provided the perfect escape on the weekends. From the endless beaches and coasts to the scenic backdrops of Table Mountain, Lyons Head, and the Stellenbosch wine region, there are a vast array of activities to explore and you would be hard-pressed to see it all in a month. The international student lodge was a well-equipped place to stay, and was the centre-point for creating the networks and friendships that will no doubt last for many years to come.



Finally, I would like to thank the AMSF for the financial assistance they provided me in undertaking this placement. I thoroughly enjoyed my time at Tygerberg hospital and I would highly recommend this rotation to anyone who is looking to further their skills in acute medicine. As a result of my time in South Africa, I feel that I've significantly developed my skills in the management of orthopaedic emergencies, as well as my basic surgical skills.

Safe Travels,
Jack Richards

Tips for organizing a rotation in South Africa

1. Go with a friend (preferably male). Safety is a big issue even in Cape Town and it is best not to travel anywhere alone.
2. Organize placement early. Rotations in Cape Town are popular with UK and American Medical students. Availability in Trauma, ED and Paediatrics is often booked out 18 months in advance. Note: Administration is not necessarily quick to reply – TIA (This is Africa).
3. Stay on campus. This allows you to both maximize your time at hospital as well as meet students from other countries.
4. Allow time to travel afterwards. Hire a car and travel the Garden route (from Cape Town to Johannesburg). There is also lots to see and do around Cape Town itself.
5. Get involved & challenge yourself: like anything the more you put in, the more you get out.
6. Safety first: HIV is prevalent and 4 fellow students required PEP during our time at Tygerberg for needle-stick or blood splashes. Take care with every patient.