Report details

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Award: Patrick Trevor-Roper elective award
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Introduction

I conducted my 6 week elective at Seychelles hospital, Mahe and was based in the ophthalmology department. Seychelles hospital is a small, publically funded hospital which can be seen in figure 1. Seychelles itself has no medical school or teaching hospital and so students from Seychelles have to go abroad to study. The country is made up of 115 different islands has a population of approximately 95,000 people [1]. 86% of people live on the main island which is called Mahe, and this is where the hospital was based[2].

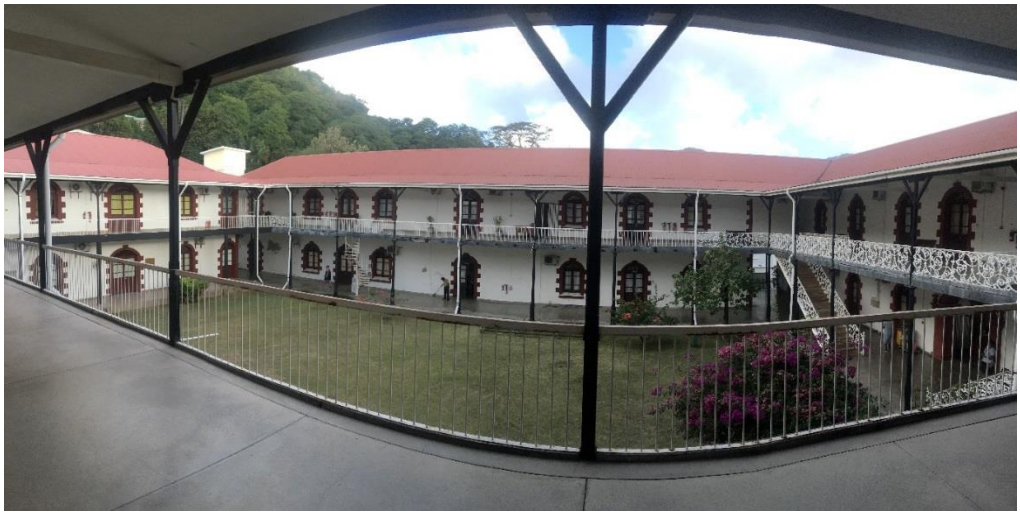

Figure 1: Image showing the outside of Seychelles hospital, Mahe[3].

According to the Seychelles Ministry of Health report in 2011 there were 121 physicians in the whole country covering all specialities and 338 beds covering the 6 hospitals across the country[4]. Seychelles hospital where I was based was the largest with around 251 beds. The hospital did have specialist services available such as obstetrics, paediatrics, intensive care and all medical specialities, however the wards were shared. For example there was one female medical ward for all specialities, whereas in the UK they tend to be separate. For more advanced care patients had to travel to India and Africa which highlighted the difficulties that some patients faced and the delays in getting treatment. In terms of funding it was similar to the UK and was free to all Seychelles residents. Prescriptions were also free, however an appointment at a general practice/clinic took longer than waiting in the emergency room so I saw a lot of patients attending the emergency department simply to get a repeat prescription. If Seychelles could not offer you the service you required for a medical emergency the country would cover the cost of flying the patient to another country. For example I saw a patient who needed a vitrectomy due to a foreign body and had to be flown to India the next day before he lost his vision permanently.

Aims & objectives of elective

The aims and objectives of my clinical based elective was to firstly spend more time in ophthalmology as it is a speciality I hope to work in once qualified. Understandably we only get one week of ophthalmology placement while at medical school as it is very specialised. I therefore saw the 6 week elective as a great chance to extend on my current experiences. Secondly I also wanted the opportunity to experience medicine in a less developed country, to potentially see different conditions and later presentations of those conditions in comparison to the United Kingdom (UK). I aimed to compare the waiting times for ophthalmology appointments and operations between Seychelles and the UK. And finally I hoped to improve my history taking and clinical skills while on my elective by getting involved in consultations within my capabilities to help me improve my practice in the future.

Clinical placement

My time in the ophthalmology department was really interesting. The hospital only had two operating theatres for all specialities and so if an emergency came in all other operations had to wait. During my first week a patient came in with a full thickness upper lid laceration, however a vascular case took priority so the ophthalmology patient had to wait until the next day. Another problem that arose when the specialities shared the theatres was that they were never set up for the correct operation and we often ended up starting 45 minutes late. For example the surgeon had to ask for a coagulation machine during the procedure as the patient was bleeding but it took ten minutes to arrive. This highlighted how streamlined the processes are in the UK in comparison. Figure 2 shows the basic theatre set up for all operations.

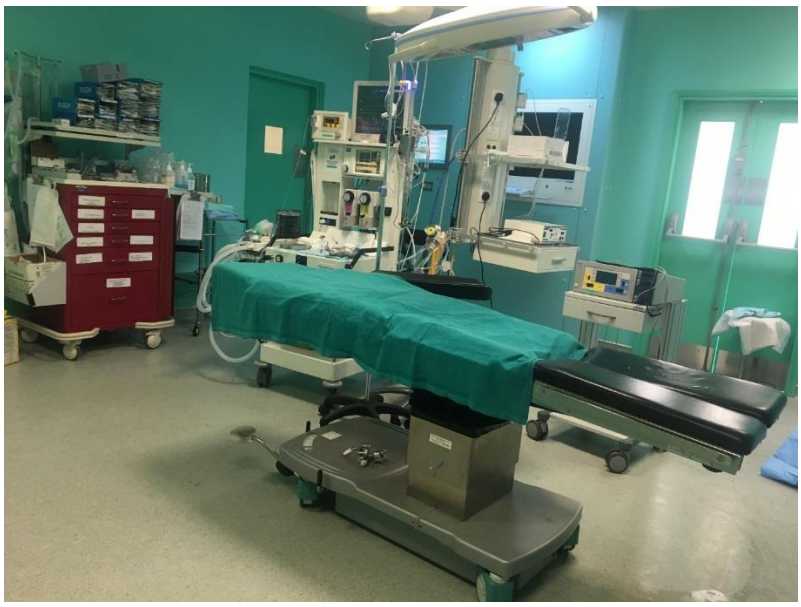

Figure 2: Standard operating theatre layout at Seychelles hospital[5].

Out of theatre the ophthalmology department itself was well organised and I had the opportunity to see and assist in some exciting cases. Due to the high amounts of sunlight and ultraviolet (UV) rays in Seychelles it was very common to have bilateral cataracts. Despite the high proportion of people

with a cataract the waiting times for surgery was only one month, in comparison to 1-2 years in the UK. I was really surprised at this as I knew waiting times in the UK were long but I did not expect there to be such a significant difference. One of the things that stood out to me the most was a lack of patient confidentiality and dignity. Staff would walk in and out of the examination room continuously without knocking. I feel that it would be a small aspect of the hospital to change in order to give the patients more privacy during their consultation. All Seychelles residents had hypertension, so high that in the UK you would be hospitalised. One patient had a blood pressure of 210/115 and was sent home with no medical referral. This really shocked me and I was very anxious about letting patients with a BP that high simply go home. I voiced my concerns and was told that they had no symptoms and everyone in Seychelles has a high blood pressure. There was a very high incidence of hypertension, type 2 diabetes and obesity which all correlated to a lot of cases of advanced diabetic retinopathy. HBA1c is not regularly performed in Seychelles, just a standard blood glucose and so patients knew they could eat well for one day and control their blood sugar to make it look in the normal range; despite the fact it is actually very badly controlled. Because of this they had a lot of problems with nephropathy and neuropathy leading to amputations. I also performed my first corneal foreign body removal which was really exciting as it is a procedure I have only observed in the past. The patient was a welder and got a small metal fragment in his eye. The patient consented to a student carrying out the procedure and I was supervised by my consultant. I used the same technique as the UK whereby a blunted needle and slit lamp are used to remove the foreign body. It was a great first experience and will make me a lot more confident about conducting the same skill again in the future.

Case report

What did surprise me is that approximately 20% of the population of Seychelles take heroin. I did not expect such high levels of drug abuse from a small country. From this there were very high rates of infectious diseases. One patient was a 50 year old male who presented initially to his clinic and then to the hospital with gonococcal conjunctivitis. Unfortunately the clinic left it two weeks before referring him to ophthalmology and by the time we saw him his infection was very severe. On examination the left eye was normal. The right eye had a red and inflamed cornea and purulent discharge. Slit lamp examination revealed that the infection had caused his cornea to melt and perforate. His vision was unfortunately beyond saving and so he was admitted to the ward for high dose IV antibiotics. According to the microbiology report he should have had gentamycin, however the hospital had none in stock so gave him ciprofloxacin, the problem being the microbiology report stated the infection was resistant to ciprofloxacin. Two days later when the infection was under control he was then taken to surgery for an evisceration, where all the intraocular contents of the eye are removed leaving behind the scleral shell and extraocular muscles[6]. I found the operation fascinating to watch, I have never seen an eye operation that complex in the UK. It was also a sad case as if the infection was caught earlier it could have saved the gentleman's vision. On further investigation it was found that the patient had HIV, Hepatitis B, Hepatitis C, Syphilis and herpes. His immunocompromised state could have led to his severe gonococcal infection. The patient had no idea about his HIV status and therefore was not on any treatment. It highlighted that with such extraordinary rates of drug abuse more needs to be done on HIV and health promotion to stop cases like this happening again in the future. The doctors told him about his HIV status in a room full of people, which again allowed me to see one of the key differences between healthcare in Seychelles and the UK.

Conclusion

I thoroughly enjoyed my elective experience. Being there for 6 weeks allowed me to know all of the ophthalmology staff and feel like a part of the team which I was thankful for. My elective met my initial aims and objectives as I saw a wide range of conditions and expanded my ophthalmology knowledge base. It confirmed that I still wish to pursuit ophthalmology as a career. It allowed me to experience healthcare in a different country for the first time which was really insightful, and has made me appreciate the way that we treat patients in the UK. It has also allowed me to improve my slit lamp and ophthalmoscope skills, alongside suturing and history taking. All of which will be beneficial to me during my final year of medical school and beyond.

Acknowledgement

I would like to express my gratitude for everybody involved with the Patrick Trevor-Roper elective award and the Royal College of Ophthalmology for financially assisting me during my elective. Without the support of the RCOphth completing an elective of this scale would not have been possible, and so thank you for providing me with this opportunity.

References:

1. Worldometers.info. (2018). Seychelles Population (2018) - Worldometers. [online] Available at: https://www.worldometers.info/world-population/seychelles-population/ [Accessed 12 Sep. 2018].

2. Sawe, B. (2016). Biggest Islands of Seychelles. [online] WorldAtlas. Available at: https://www.worldatlas.com/articles/biggest-islands-of-seychelles.html [Accessed 12 Sep. 2018].

3. Lloyd A. 2018. Seychelles Hospital. [photograph] (Own private collection).

4. Pharmaceutical country profile. (2011). 1st ed. [ebook] Seychelles Ministry of Health in collaboration with WHO. Available at: http://www.who.int/medicines/areas/coordination/Seychelles_PSCPNarrativeQuestionnaire_30082011.pdf [Accessed 12 Sep. 2018].

5. Lloyd A. 2018. Standard operating theatre layout. [photograph] (Own private collection).

6. Valeshabad, A., Naseripour, M., Asghari, R., Parhizgar, S. and Taghvaei, M. (2014). Enucleation and evisceration: indications, complications and clinicopathological correlations. Int J Ophthalmol, 7(4), pp.677-680