

**Military & Hospitaller of St Lazarus of Jerusalem
Grand Priory of England & Wales
Commandery of Wales**



Bursary Student Elective Report 2019

Plastic surgery elective in Comprehensive Rehabilitation Services in Uganda (CoRSU) – Week Four

DAY 1

My placement supervisor has asked me to gather some data on the patients presenting with desmoid tumours managed at CoRSU over the last 10 years, so this morning I spent some time collecting data and then looking at the histology reports. I then need to do a literature search on the best treatment to help our Sudanese patient, following her resection and present it to the plastic surgery team. This is a really good opportunity to learn a bit more about cancer treatment and the demographics of patients at CoRSU. In the afternoon I went to theatre and scrubbed in to assist with a tensor fasciae latae flap on a 16-year-old patient. The patient had become paralysed from the waist down after falling out of a tree, and had subsequently developed severe pressure sores on his sacrum and thighs. The flap was to help fill the largest of the defects on his right thigh. I helped to 'mesh' the skin graft and then helped staple and suture it in place. There are currently three patients in a similar situation on the septic ward which is really sad, as these patients are all quite young.

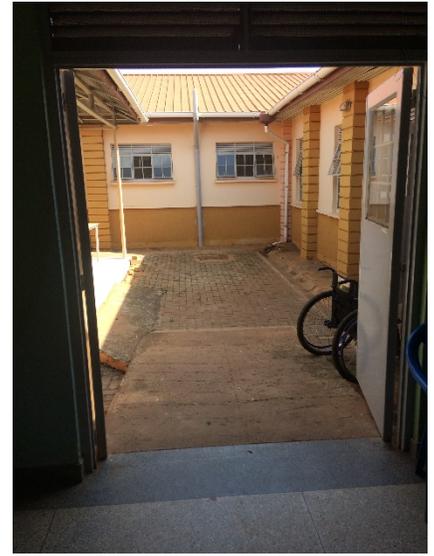


Assisting in theatre

DAY 2

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This morning I spent time with the therapy team. I really enjoyed it! With the occupational therapist (OT) I saw two young babies with brachial plexus injuries, which had both come about after difficult births leading to assisted deliveries. The OT showed the parents how to massage the dysfunctional hand, and how to encourage the baby to use it their weak arm by holding the other one down. I also saw a child with hemiplegia with the physiotherapist and helped her do some of her exercises. Finally, I went and sat with the speech and language therapist, who was seeing a child with a palate repair that had fistulised, so he advised the mother to help the child practise her speech, and give good mouth care. The therapy team at CoRSU are so good with the patients and passionate about their work. In the afternoon, I went to the outpatient's plastics clinic. There we saw patients with keloids, a haemangioma, post-burn contractures, cleft lip and palate and holoprosencephaly.



In the therapy department

DAY 3

Today I spent time analysing the data putting together a presentation on desmoid tumours based on the results I found earlier in the week. It wasn't a particularly action filled day, but a necessary one as I am presenting the data to all the plastic surgeons on Friday! In the afternoon I went and observed a biopsy in the plastics theatre of a child with a maxillary tumour.

DAY 4

Today I spent time shadowing the anaesthetic team. There were lots of interesting cases, starting with a cleft lip repair. There were then two palate repairs on 7 month and 15-month-old babies respectively. I managed to cannulate both! The anaesthetist gave me lots of helpful tips, including the fact that the saphenous vein is often a good place to cannulate in the ankle. I also scrubbed in to help with one of the palate repairs – it was amazing to see the surgeon lift such a tiny muscle – levator veli palatini – with such skill. It is very intricate surgery! I enjoyed today, and felt very part of the team.



*Cannulating was tricky –
luckily I had a skilled
anaesthetist to give me
advice!*

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DAY 5

Today was my last day at CoRSU, as I am going to Hope Clinic Lukuli next week. This morning we had a plastic surgery meeting and I did a short presentation on the desmoid tumour data collection I have been doing. I think it went well – I received some good comments and feedback. We also had an interesting discussion about how complicated it can be to manage such a rare type of tumour. We then had the ward round. One of the babies operated on yesterday had aspirated after feeding due to an abnormal palate and the mother was quite tearful this morning. It must be so hard to see your child in such severe distress. CoRSU has a clinical psychologist who can spend time with patients and parents of patients who are going through a difficult time. This is so important as sometimes a listening ear can make all the difference.

After this I went to theatre for the last time. It was a really interesting list. I acted as scrub nurse for the first one, a bilateral polydactyly on a 2-year-old girl. The second case was a hypospadias second stage on an 11-year-old boy, which I had never seen before. I left some brownies in the staff room at lunch time to say thank you – they went very quickly! The day ended with some training delivered by 'Transforming faces' one of the charities that supports children with cleft lip and palate at CoRSU. It was interesting to hear some of the things that prevent people from coming to get cleft lip and palate treatment. Some of the top reasons included lack of community awareness, distance required to travel (it can take 6 hours in a car to get from northern Uganda to Kampala, longer on public transport), bad weather and harvest season. It was also interesting to see how much people valued the multidisciplinary team. Most people thought that going forward that would be the most important thing to develop, ensuring staffing levels are sufficient.

I've really enjoyed my time at CoRSU, I have learnt so much about plastic surgery in a Ugandan context, met some incredibly inspiring and committed staff and lovely patients and seen some amazing surgeries. I will never forget my time here!



Presenting to the plastic surgeons

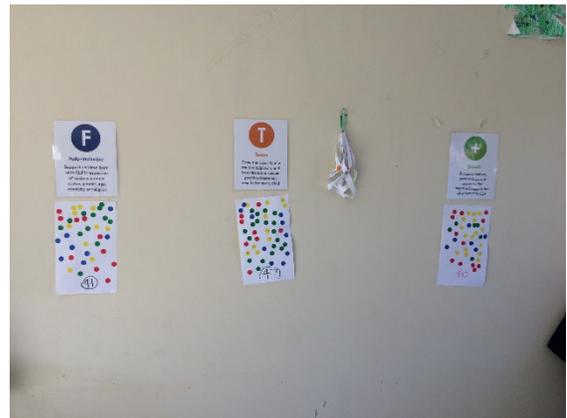


With the theatre nurses – they have been so lovely and welcoming

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With some of the theatre 4 team. They have taught and helped me a lot!



At the training today – voting on the key priorities for the next year