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Medical elective report 2019 - Jessica Kamal

For my medical elective, I was keen to visit a country blossoming with culture and tradition. I also wanted to experience a medical healthcare system that is radically different to that of the UK and with markedly fewer facilities readily available. Thus, I chose India and in particular the Christian Medical College Hospital (CMC), in order to spread my love for Christ and help those in need, while doing the work I love.

Additionally, I desired to learn more about leprosy, a disease that I am unlikely to come across in the UK, yet is still endemic in many parts of India.

With 9500 patients admitted everyday, CMC is an overcrowded hospital under great strain. Uniquely, it is a private hospital funded through donations that allow it to offer free/subsidised medical treatment to those from an underprivileged background.



Image 1: Every ward in the entire hospital has a Bible verse printed on entry and exit, to remind people of God's love and healing power.



Image 2: Busy outpatient ward with patients from all over the world.

During my time at the CMC, I participated in various rotations and clinics such as Hand Reconstructive Surgery, Leprosy Clinics, General Surgery, Dermatology, Emergency Department, Community Health and Development (CHAD) mobile clinics and Hand Physiotherapy.

Hand reconstructive surgery rotation

During my first week, I was exposed to a number of complex cases and also participated in many live surgeries.

Case 1: ¶A patient with a history of leprosy and claw hand surgical correction, presented with extensive infection over the right lower leg, exposing his tibialis anterior muscle. ¶It was devastating to see the severity of leprosy complications. Many patients with leprosy develop peripheral neuropathy meaning they are unable to notice when they come into contact with very hot/cold surfaces, sharp objects or develop foot ulcers all leading to greater risk of infection and thus amputation.¶Management of this patient involved debridement and antibiotics.



Image 3: Extensive infection of the right leg, amputated toes from previous infections and exposure of the tibialis anterior muscle.



Image 4: Previous claw hand deformity surgically corrected in 1962, this is a common presentation due to ulnar nerve infiltration in Leprosy.

For these patients, the impact is not just medical but many patients face social consequences such as not

being able to get married if they have a deformity such as claw hand. Additionally, such a disability makes it extremely difficult to find a job, restricting them of a source of income and adding to their state of poverty.

CHAD - Community Health and Development team rotation

One of the most memorable events of my elective was participating in the mobile clinics into the villages. There are around 82 villages in the area with a population of approximately 50,000. Here I was able to see different types of homes, observe how chronic medical conditions such as hypertension, diabetes and rheumatoid arthritis are managed in those of low income families, be exposed to poor living conditions and help those within the community. A typical day started with us heading out early on a bus with other doctors and public health nurses. The main focus was chronic conditions, blood pressure measurements, maternal and child health check ups as well as identifying those with early signs of leprosy such as sensory changes. I found myself taking blood pressure from hundreds of patients in the villages, all laughing at my poor attempt of pronouncing their Tamil

names. The public health nurses were also trained to carry out C-sections, episiotomies and carry out midwife roles.



Image 5: Taking blood pressure from residents of a nearby village.



Image 6: One of the village residents holding her grandson, who is wrapped in his mother's sari so he doesn't miss her while she is in hospital with his twin sister who was unwell.



Image 7: The mobile clinic serving 82 villages

Emergency department, dermatology and Hand therapy

Case 2: A 61 year old male presented with 1.5 year history of bilateral claw hand, glove and stocking anaesthesia over both feet, lower 1/3 of right leg and both arms. As well as large hypo-pigmented patches over his back and flank which is typical of borderline lepromatous leprosy.

The patient discussed their concern over gaining their sensation back in their hands and mentioned that the neuropathic pain was too much to bear. Unfortunately, as he presented late with nerve damage it was likely that it was irreversible; therefore the only form of management available was physiotherapy, claw hand surgical repair and neuropathic pain relief.



Image 8: Large hypopigmented anaesthetic lesion in patient previously treated for leprosy.

Case 3: A 40-year-old male presented following a road traffic accident while on his motorcycle. This left extensive damage to his right hand, leaving him severely disabled and unable to find work. He routinely visits the hand therapy unit for physiotherapy to strengthen the fingers left on his hand.



Image 9: Severely damaged right hand following road traffic accident, after surgery.



Image 10: The hand therapy and leprosy physiotherapy unit.

Conclusions and reflection

Overall, this was a truly life changing experience. I learned how to take thorough histories as well as

explore a wide range of differential diagnosis without investigations readily available, such as chest x-ray. I also acknowledged the things I take for granted in the UK, such as clean water, education, free healthcare and a loving family. CMC does incredible work and most of the doctors I met had an excellent work ethic, frequently working 6 days a week and over 12 hours a day. They always gave glory to God through any treatment and tried their utmost to subsidise most of the treatments and surgeries for poor families.

This experience has invigorated my interest in pursuing a career in Reconstructive Surgery. Additionally, I would relish the opportunity to volunteer as a doctor for a not-for-profit hospital or in a developing country in the near future. Furthermore, I am confident that my experience of learning how to thoroughly examine and take histories from patients will be extremely valuable when I commence my work as a doctor.



Image 10: Standing outside of CMC on my final day!🙏

Note: All photos were taken with the permission of the patients and the hospital department.