

A comparison of a year's surgical training in North West Wales and North West Zambia

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Setting: Kalene Mission Hospital is a 160 bedded rural district hospital located in the far north west of Zambia, close to both the Angolan and Congo borders and the source of the Zambezi river. The nearest sealed road is two hours away. I spent a year of Out of Programme Experience (OOPE) between ST 5 and 6 practising surgery in all its generality in this remote and resource deplete setting. Having had a good basic speciality training this was an ideal time to further my surgical horizons.

Comparison of surgical training at home and in Zambia:

For the year prior, my logbook had 400 procedures, the majority as assistant. Without the restrictions of EWTD, for the year in Zambia I performed over 800 operations, the vast majority as primary surgeon (P, STS or STU).

In Wales, the majority of our operating is elective and confined to a sub-speciality; a single day's operating at Kalene involved head, neck, ENT, orthopaedics, urology, plastics, paediatric, as well as 'general' surgery most on an urgent basis. I performed sixty caesareans, as well as laparotomies for ectopics, pelvic abscess and hysterectomies. Most gynaecologists in the UK won't have seen a VVF. Most Welsh general surgical trainees will be given little exposure to paediatric operating; I was 'given' the opportunity to repair two gastroschisis (on the day of birth) and a number of other paediatric laparotomies including splenectomies and jejunal atresia as well as thirty five paediatric herniae.

Surgical trainees have to become proficient in peri-operative care; in Zambia I also had to become an anaesthetist. I carried out over a hundred spinals and learnt other peripheral blocks as well basic general anaesthesia.

We are encouraged to attend trauma management courses; in Zambia I was presented with over fifty wounds to debride as well as numerous burns and skin grafts. Necrotic snake bites were common and two crocodile related 'trauma calls' were memorable.

While in Wales multi-disciplinary working is essential; at Kalene this meant learning how to take x-rays and basic ultrasound skills and administering chemotherapy regimens. Leadership in medicine and hospital management in Zambia involved liaising with the tribal chief and resource rationalisation was sometimes deciding who got the last pint of blood.

In my year 'out' I learnt an immeasurable amount and gained a mass of surgical experience. I would encourage other surgical trainees to consider service overseas.