

My elective placement was organized in the beautiful city of Sharjah which is one of the seven cities of the United Arab Emirates. I decided to do my elective in Plastic surgery. I have a special interest in plastic surgery and I thought this would be a good opportunity to understand more about this specialty. I also wanted to explore the healthcare system in this country and how it is similar and at the same time how it is different from the NHS healthcare system in the United Kingdom. There is a mix of private and government hospitals in Sharjah and so the local citizens in this country are entitled to free health care and private healthcare.

During my elective placement I was able to sit through a wide variety of clinics and consultations. This was a very interesting experience for me. This was something different as I realized cosmetic surgery is all about what the patient wants and therefore the doctor tailors his treatments entirely to the desire of the patient. I was able to learn a lot from my consultant through the consultations. I picked up some clinical skills as well such as minor suturing. I was able to see a wide variety of cosmetic surgeries such as blepharoplasty, tummy tuck, liposuction and a face lift. In the clinics I was able to see minor operative procedures such as excision of a mole, excision of a ganglionic cyst and the administration of Botox injections. During the surgical procedures I received good anatomy teaching from my consultant. I was also able to participate in ward rounds. This was a very good experience for me. I saw a lot of burns and road traffic accident injuries, these cases were really a big eye opener to me and it made me realize how sometimes the field of plastic surgery can be scrutinized in the media. This is because a lot of people think that plastic surgery is just all about cosmetic surgery and it is just a money making field with no real patient care involved. I however realized that all the cases of burns are dealt with by plastic surgeons and a lot of these patients were so grateful that their lives were saved by the plastic surgeon; it indeed was a touching moment for me.

I would like to write one paragraph addressing the anatomy of the anterolateral abdominal wall as this was something I always wanted to get stuck in my head as I do have a slight interest in surgery and it is on my list of career options. I would like to briefly run through the three flat anterolateral muscles of the abdominal wall. The external oblique is the largest and the most superficial muscle. In contrast to the two deeper layers, the external oblique does not originate posteriorly from the thoracolumbar fascia; its posterior most fibers have a free edge where they span between its costal origin and the iliac crest. Inferiorly, the external oblique aponeurosis is thickened as an under curving fibrous band with a free posterior edge that spans between the ASIS and the pubic tubercle as the inguinal ligament. The intermediate of the three flat abdominal muscles, the internal oblique is a thin muscular sheet that fans out anteromedially. Except for its lowermost fibers which arise from the lateral half of the inguinal ligament, its fleshy fibers run perpendicular to those of the external oblique, running superomedially. Its fibers also become aponeurotic at the MCL and participate in the formation of the rectus sheath. The fibers of the transversus abdominis, the innermost of the three flat abdominal muscles run more or less transversally except for the inferior ones, which run parallel to those of the internal oblique.

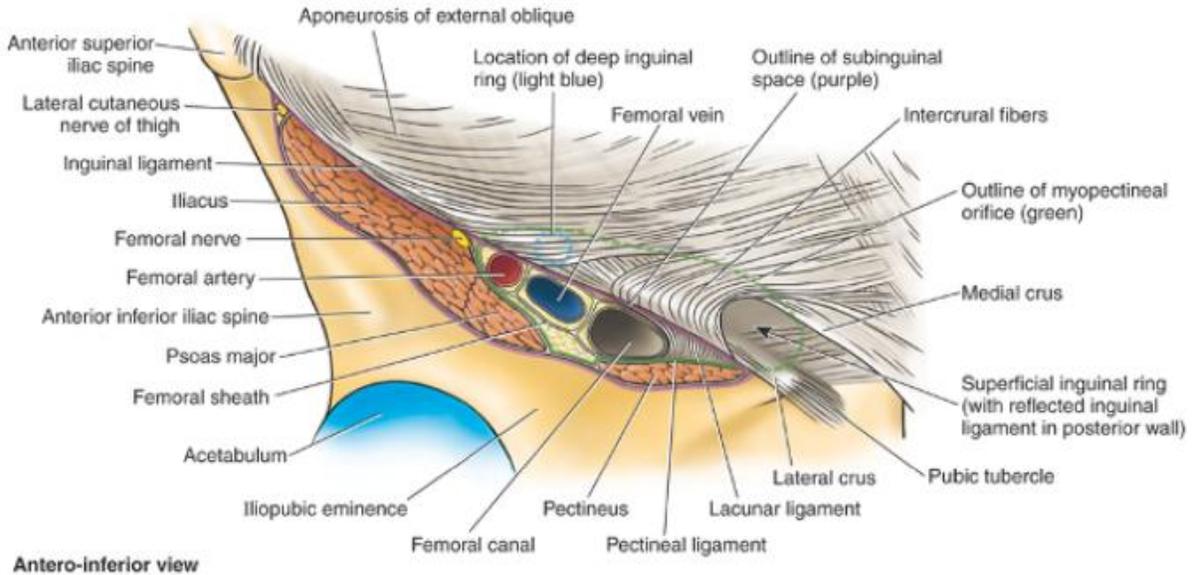


Figure 1; Antero-inferior view of the abdominal wall.

The part of the attachment I enjoyed the most were the surgeries as I gained good anatomy knowledge and the surgeries were very interesting as these surgeries were something new to me and I had never seen such surgeries before. The clinics were very interesting and different from the standard consultations I am used to seeing. The clinics were very interesting as I was able to see a wide variety of patients from different nationalities and ethnic backgrounds. It was also very interesting to see how the patients portrayed their problem to the consultant.

The part of the attachment I didn't enjoy so much were the minor operative procedures as I found them quite boring and repetitive. Botox injection administration was very common. Initially I found it interesting but then it became quite boring and repetitive. I also don't find the procedure particularly rewarding as the effect wears off every 4-6 months, so the patient has to keep coming back to the clinic for a repeat administration of the Botox.

To conclude, my elective placement was organized in Sharjah in plastic surgery. I really enjoyed this attachment as I felt this clinical exposure cannot be gained in the United Kingdom hence the reason why I organized my elective in this particular specialty. I was able to see a wide variety of major surgical and minor surgical procedures. I was also able to see a wide variety of consultations and I was able to participate in various ward rounds as well. I would definitely recommend this elective to upcoming fifth year medical students as this is a good chance to observe different cosmetic procedures and observe the healthcare system in this part of the world.