

## **Elective report – Plastic surgery preceptorship, April 2012**

### Objectives:

- 1) Observe the presenting complaint of the population in the Broomfield Hospital and NYPH, and the treatment received by the patient in the respective hospitals
- 2) Compare the medical/healthcare system in the US with the UK

New York Presbyterian Hospital is a hospital affiliated with the University of Columbia College of Physicians and Surgeons in New York. The hospital is one of the most comprehensive university hospitals in the world. It is located in Washington Heights, just uptown to Harlem. Broomfield hospital is a tertiary referral centre where I carried out my plastic surgical placement in the United Kingdom. Broomfield hospital has its own burns unit, including an intensive care unit for such patients.

The demographics of the area which NYPH serves is Hispanics, mainly Dominican. The population surrounding Broomfield hospital is mainly elderly, white middle-class people. However, because Broomfield is a tertiary referral centre and serves east London and part of Essex, the patient population is more varied.

The procedures carried out by the plastic surgeons in the UK were slightly different from that I saw in NYPH. In both places, there was a lot of breast reconstruction post mastectomy carried out by plastic surgeons. Both centres carried out flap reconstruction of breast tissue using DIEP method. Both centres also had the amenities to carry out microsurgery when if necessary. Both centres also carried out paediatric surgery e.g. cleft palate or lip reconstruction.

Aside from that, the procedures carried out by the surgeons varied greatly. Plastic surgeons in the UK have minor surgical time where they will carry out basic procedures like removal of cysts, skin cancers, and stitching up any lacerations in the minor surgery unit. This is in contrast to NYPH whereby these are done either by dermatologists, or by plastic surgeons in the outpatient appointment. Plastic surgeons in the UK do not carry out head and neck surgery, as these are carried out by the maxillofacial surgeons who are qualified in both medicine and dentistry. This is in contrast to the USA whereby head and neck surgery is carried out by plastic surgeons as the maxillofacial surgeons are largely only qualified in dentistry. This made it very exciting for me as I was able to observe and assist in tongue reconstruction following glossectomy due to tongue cancer.

A major way that is different is the way the patients are managed in the USA and UK. In the UK, patients are sometimes kept for far longer than is actually necessary. In the USA, I saw a lot of patients who went home straight after relatively major surgery. Almost all patients coming in for tissue expander removal and replacement with implants were sent home on the same day. Patients are counselled before coming in to surgery about post surgical care. They are also taught how to empty their drains and to prevent infection. There is a possibility of getting someone to come in to care for them if necessary, but most patients cope until the next appointment which is usually a week after surgery. I found this concept very interesting and inspiring. It is very

important to discharge patients from hospital early as it reduces risk of infections and other complications like deep vein thrombosis from prolonged immobilization.

The healthcare system in the UK is predominantly publicly funded via the national health services, and as a result it is rare to see patients worrying about money and how to fund their treatment. In the USA, I saw issues relating to money, and how some patients are very specific about what treatment they want and do not want to have, as some variations of procedures may not be covered by the insurance companies. The patients in the USA are either self funded, paid for my insurance or paid for organisations like medicare. The treatment method also depends on the consultant, or attending surgeon. Patients are more involved and proactive with regards to their treatment because they have to figure out how each treatment will be paid for.

During the placement, I also learnt the different terms used to refer to doctors at different levels of their training in the USA. I learnt that it starts with interns, which is equivalent to foundation year doctors in the UK. Then there are residents, much like senior house officers (SHO) and fellows who are registrars. Then there are attendings or consultants. The hierarchy system is similar in Malaysia, and throughout the world, reflecting the fact that the practice of clinical medicine is best learn from experience.

- 3) Develop skills in diagnosing and treating surgical and medical management in plastic surgery.
- 4) Improve knowledge in management of patients in plastic surgery and acquire more knowledge and application in evaluating patients requiring plastic surgery

I shadowed an intern, and I would follow and assist him in his daily jobs. In the morning, I would get the supplies from the cabinet before we started our ward round. The doctors check patients' wounds during ward rounds, so it is necessary to have all the equipment for wound dressing. The experience taught me how to manage wounds, and all the different types of dressings which are commonly used in the plastic surgical department in NYPH. I was also in the operating theatres a lot of the time, and I learnt how the surgeons did their dressings in the different types of surgeries they had. Having shadowed the intern, I saw what they did when they saw a new consult, and also discussed basic management of patients in an emergency.

Aside from going to theatres, I also attended various clinics, including a paediatric plastic surgical clinic, vascular anomalies clinic and general plastic surgical clinic. I was able to encounter various conditions requiring plastic surgical consult or treatment, which was very useful for my learning.

At the end of the rotation, I also did a presentation on tongue reconstruction using free flaps, which I have not seen before. Doing the presentation meant that I read a lot about the procedure and its indications, and it really improved my knowledge of some basic principles in plastic surgery.