

**S P Raymond FRCS. Ed. FRCS (Gen Surg)
Consultant General & Breast Surgeon**

GENERAL SURGERY ASSIGNMENT

**Holy Family Hospital
Nkawkaw
Ghana**

04.06.07 - 15.06.07

As a visiting general surgeon in Holy Family Hospital, Nkawkaw I had the opportunity to participate in a wide variety of clinical and surgical activities. The following report is based on the experience and observations made during the two-week period in June 2007.

Hospital Setting:

The hospital was set in a large wooded area. There were plenty of open spaces and vegetation among the hospital buildings and staff quarters. The setting was pleasant, quiet and secure. My team of four members were housed in a well furnished four bed room bungalow. Catering was of high standard.

The wards were reasonably clean and not overcrowded. The staff were very friendly and co-operative, and appeared relaxed. Most patients were convalescing and did not require intensive nursing care. Student nurses were found to be actively participating in nursing care.

I presume that the demand for intensive nursing care is low in view of complex cases and cases with diagnostic difficulty being transferred to the regional centres.

Emergency Admissions:

The following is a sample of clinical conditions I encountered:

1. Acute abdomen suggestive of perforated viscus, typhoid perforation or ruptured ectopic pregnancy.
2. Appendicitis/appendix mass.
3. Strangulated hernias.
4. Trauma, including head injury, urethral injury, skin and soft tissue injury, crush injury of lower limb and tendon injury.

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Elective Surgery:

Cases for elective surgery were seen in the Outpatients Department. The consulting rooms were satisfactory in terms of layout, space and cleanliness. The following is a sample of clinical conditions I saw in the outpatient clinics:

1. Adult hernias and hydroceles.
2. Paediatric hernias and hydroceles.
3. Lumps and bumps of skin, soft tissue, and breast.
4. Perianal and anorectal conditions.
5. Abdominal pain suggestive of peptic ulcer or cholelithiasis.
6. Abdominal mass suggestive of advanced ovarian carcinoma.
7. Infections/abscess - perianal, limb and breast.

8. Leg ulcers.
9. Varicose veins.

Theatres:

I carried out 44 surgical procedures. The details are irrelevant for this report and are available in the theatre record book.

The theatre layout is satisfactory. The staff are extremely competent and experienced in dealing with emergency surgery very effectively. I was particularly impressed with the standard of anaesthetic service delivered by a two-member team providing day and night cover. I was provided with the necessary assistance and materials satisfactory for all the surgical procedures I carried out during my stay.

Suggestions for MOTEC Life-UK

Provision of the following instruments for the Outpatients Department can greatly improve the diagnostic service and treatment.

1. Proctoscope.
2. Rigid sigmoidoscope.
3. Hand-held Doppler.
4. Suprapubic Foley catheter introducer, Eg., Lawrence Add-A-Cath introducer or Peel-Away introducer.
5. Emergency tracheostomy tube.

The above are not costly and do not need specialised training for application.

Ultrasound Scan:

A large number of patients present with abdominal pain or lumps in the abdomen, breast or soft tissues. A portable ultrasound scan with probe for abdomen and breast will greatly improve the diagnostic accuracy and subsequent management. In addition to securing the equipment, we must try and provide training in ultrasound techniques for a member of the medical team like Dr. Brobbey who I feel is well motivated to take up ultrasound scanning as a subspecialty.

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Supporting Clinical Activity:

I would suggest facilitating continuous professional development for the medical staff in the form of:

1. Organising a small medical library.
2. Setting up a scheme for speakers from the Medical School in Accra or visiting consultants to deliver lectures on common clinical topics.
3. Scheme for Morbidity mortality meetings and presentation of complex cases and discussion in a multidisciplinary setting.
4. Facilitate audit projects.
5. Facilitate publications of case reports and outcome of audit projects.
6. Facilitate a local formulary in conjunction with the pharmacist in order to streamline prescribing habits and disseminate best practice.

Finally, I could not have done whatever I did without the support and hard work of my colleagues, Dr. Brobbey, Dr. Amuzu, the anaesthetists, the theatre staff, and the clinic, ward and lab staff.

The hospital as a whole is delivering an excellent service to the community. I was proud to be part of the Nkawkaw Surgical Team for two exciting weeks.

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