

Elective Report

Connaught Teaching Hospital, Freetown, Sierra Leone

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Africa

Sierra Leone

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Sierra Leone is situated in West Africa and is bordered by Guinea, Liberia and the Atlantic Ocean. To the majority of people, the words “Sierra Leone” conjure up images of amputations and child soldiers from the infamously brutal civil war of the 1990s. However, following nearly a decade of stability Sierra Leone is now a friendly and vibrant country in the slow process of rebuilding. With miles of stunning beaches set against mountains rising up from the sea plus exciting city nightlife and tropical rainforests, it may not be long before the number of tourists visiting the country rapidly increases. For now, it is still a largely undiscovered treasure and I was very privileged to undertake my elective here.

Despite its potential as a tourist destination and its natural resources, including diamonds, Sierra Leone still ranks at 180 out of 182 on the UN Human Development Index. Many doctors left the country during the civil war and only a handful have returned. The vast shortage of doctors and resources, coupled with low education rates and crippling poverty amongst the general population, means that the provision of healthcare is a great challenge.

Healthcare and Surgery in Sierra Leone

The majority of people here cannot afford even the most basic healthcare and, even if they can, will only turn to Western medicine as a last resort. This results in very late presentations of most patients, plus a range of diseases not encountered in the UK and the unique problems caused by traditional “country” medicine. For example, “treating” an open fracture with herbs until the wound became so infected amputation was necessary.

I spent six weeks attached to the surgical department at Connaught Teaching Hospital in Freetown, the capital of Sierra Leone. Connaught is the main government referral hospital for adult medicine and both adult and paediatric surgery.

Despite its status, the surgical facilities at Connaught are basic to say the least (although far better than in rural hospitals). There are six operating theatres, but only the resources to run two at a time. There is an intermittent supply of both electricity and running water. If the electricity fails, operations are performed using head-torches. Many things, including blades and suturing needles, are reused.

Anaesthetic is mainly spinal or local. Local anaesthetic is used for many procedures, including large abscesses and hernias. General anaesthetic uses ketamine and diazepam and often results in the patient waking up (and screaming!) mid operation. The anaesthetists have no monitoring beyond a manual blood pressure cuff (not even a sats probe) and someone is needed to manually squeeze the ventilating balloon throughout the operation.

There are only ten Sierra Leonean consultant surgeons in the entire country (for a population of 5.2 million) and all are over 50 years old. Six (four general surgeons, an ENT surgeon and a dental surgeon) are based at Connaught. There are currently no middle grade surgeons as we would know them, as there is no surgical training programme in the country. There is no orthopaedic surgeon at Connaught, despite the huge number of road traffic accidents that result in complex fractures. There are no neurosurgeons or cardiothoracic surgeons in the entire country.

Junior doctors learn how to perform Caesarean sections, herniorrhaphies and appendicectomies and some surgical support workers trained in these operations also practise in rural areas. However, for training beyond this, the only option is to travel abroad. This is clearly not an option affordable to most and any that do go abroad often do not return.

I was attached to the surgical department as a whole and so could choose how to use my time. I typically split the week into three full days in theatre, a day in clinic plus ward rounds and nights in the A and E. There was ample opportunity to get involved in theatre, usually acting as the only assistant and being left to close up alone. I was also expected to write up operation notes and initial post-op management plans, which was a bit daunting at first.

Nights in A and E provided an invaluable opportunity to see the types of initial emergency presentations and to get involved with management of new cases. One junior doctor was responsible for all of the wards and the A and E, so an extra pair of hands was highly welcome. For example, one night the two of us and one nurse had to deal with eight patients brought in simultaneously seriously injured from an RTA plus the usual admissions and ward problems.

The method of dealing with patients in A and E was also the source of my most frustrating and upsetting experiences at times. All adult patients needed to pay a registration fee before being seen. This took priority over any form of triage and patients even died in the line if they could not pay. There were no emergency drugs, cannulas, fluids or oxygen in the A and E. Even in an acute situation, the patient had to find a relative to go and purchase the prescribed drugs and equipment before they could be administered. At times, this slow progress was almost unbearable but it was the only way things could be done at the moment. Some changes are however being made, with promises of emergency drugs for the A and E hopefully becoming a reality.

I was also lucky enough to spend several days visiting other hospital in the country. These ranged from the incredibly basic rural hospitals to the more sophisticated Italian NGO hospital, Emergency, that undertakes many of the emergency surgical procedures in the country. All of the hospitals and clinics I visited were highly welcoming and would be willing to accommodate elective students in the future.

Conclusion

My elective in Sierra Leone was at times highly rewarding and at others incredible frustrating and upsetting. However, it was certainly never dull! The people I worked with were some of the most genuinely hard working and friendly people I have ever come across. It is incredible to see truly general surgeons at work, covering everything from some paediatric neurosurgery to brutal orthopaedics. Both the country itself and the healthcare system are undergoing huge changes, hopefully for the better, so now is an incredibly interesting time to visit. I would highly recommend an elective to Sierra Leone to anyone with a sense of adventure and a desire to work somewhere truly unique.

If anyone is interested in an elective in Sierra Leone please feel free to contact me.
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