

A Report To Dr Eva

3/11/2014(Day One)

This is my first working day in Germany/Halle, early in the morning we were taken to our respective hospitals. I was assigned at the university hospital which is some distance from where I reside and I use the train to go there, I would like to thank Mr. Benjamin who showed me the way to the hospital, there in the hospital he took me to the Professor Dr Thomssen office and the secretary accepted me with a warm well-come and then she directly took me to the room where the morning session is going on. The session as you know it was going on in Deuch/ Germany language; even though I didn't completely understand what they are saying I tried to understand things and some medical words with common sense.

After the morning session ended they informed me that there is no scheduled surgery for this day Dr Susan Rudolph took me to gynecologic oncology clinic and while I was in the clinic she had seen a total of six patients who came for oncology follow-up, five of them were patients who were diagnosed with breast ca on follow-up after radical mastectomy and on chemotherapy and hormonal therapy and one patients on follow-up after debulking surgery for ovarian ca for chemotherapy.

The new experience that I have got is that breast ca patients are not followed by gynecologist in Ethiopia, so it is new for me to see breast ca patients being followed by gynecologist and I have seen diagnostic investigations like testing for hormone receptors for breast ca which is not available in Ethiopia, which I believe should be available in Ethiopia because it guides further treatment and also shows patient prognosis

I have also seen TC-99 bone scanning to check for bone metastasis in breast ca patient which I have seen it only on textbook it is an amazing experience for me

That was how my first day in University hospital I would like to say thank you to Dr Susan Rudolph.

Day 2(4/11/2014)

On this day after the morning session it was the day of surgery there were scheduled cases, so on this day I was taken to the Operation Theatre and I have seen three cases of Laparoscopic salpingophorectomy

The first case was a woman in the postmenopausal age group ,who had previous hysterectomy , for her prophylactic Laproscopic salpingophorectomy was done for the reason that she had genetic test and mutation for BRCA gene. Salpingophorectomy can could have been done while she was having Hysterectomy but it was postponed until menopause to avoid iatrogenic menopause. Everything written in books practiced in this hospital it is a great experience for me

This is my first time to see prophylactic salpingophorectomy based on Genetic testing which is not available in our country.

The second case bilateral salpingophorectomy done for big Ovarian cyst in post-menopausal age group she had also previous hysterectomy for myoma.

The third case prophylactic bilateral salpingophorectomy done for the reason that she had BRCA mutation, she had previous hysterectomy

Day 3(5/11/2014)

After the morning session I was taken to Professor Dr.Thomssen office clinic and he showed me how to do transvaginal ultrasound , how to do axillary Ultrasound to check for axillary lymphadenopathy for patients with breast ca

He also showed me acetowhite staining for checking preinvasive cervical lessions ; he was doing history taking, physical examination and some office procedure . I asked him so many question and he gave me the answer for all of them, it was very fantastic to be with him in the clinic and learn from his enormous experience

Thank you ProfessorDr. Thomssen

Day 4(6/11/2014)

After the morning session I was taken to see the labor ward and I have seen how laboring mothers are followed in the labor ward and then I was taken to ultrasound room where Dr Zinghar; sorry if I am wrong in writing the spelling of his name , and his colleague showed me detailed anatomical scanning from head to toe.

I have got many experience but the most important one was that he showed me how to identify Ductus Venosus, which is the most important vein to do venous Doppler study , here in Ethiopia we know that Venous Doppler study is the most important ultrasound monitoring tool for the fetus with Intrauterine growth restriction but we don't do venous Doppler study due to technical difficulty in identifying Ductus venosus , it is great experience for me

Thank you Dr Zingar and his colleague

Day 5(7/11/2014)

After the morning session I was taken to the OR I have seen laparoscopic hysterectomy +salpingopherectomy this time I have got a chance to assist the surgery

Thank you Dr. Eva for giving me this chance

This is my last day at the university Hospital , finally I would like to pass my deepest gratitude to you Dr. Eva for welcoming us and creating a conducive environment for us to learn, you treated us like a family!!

I would also like to say thank you Dr. Debru for his warm well-come

I also would like to say thank you to all the staff in University hospital for their warm well-come and cooperation to show me what I wanted to see.aaaa