

One week visit report of St. Elisabeth and St. Barbara Hospital -Halle-Saale. / Germany

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As we arranged before we left Ethiopia, we met Dr Eva Kinterhardt at Frankfurt airport.

We bought the ticket for train and waited for about 30 minutes at the airport till the train to Halle arrives. We enjoyed the travel from Frankfurt to Halle as Dr Eva was with Us and she was explaining the historical places along the way between Frankfurt and Halle. We arrived at Halle in the afternoon and tried to see some of the places in the city including River Halle before it gets dark.

Day 1- Nov.3

As we were informed to wake up early by Dr. Eva Kantelhardt, I and my two colleagues Dr. Matiyas and Dr. Abel managed to get up timely. As it was our first day at Halle, Mr. Benjamin was assigned to show us our way.

- I and Dr Matiyas were assigned to St. Elisabeth and St. Barbara hospital. We arrived to the hospital at 7:15 am. Mr. Benjamin introduced us to secretary of the OBGYN department. We just waited for few minutes and found the head of the department Dr. Launch who is welcoming and friendly person. Dr Launch introduced us to residents and the remaining staffs before the morning session was started. Unfortunately the morning session report was in Germany language I have no idea what discussion was about.

As soon as the morning meet was over I headed to the OR. There were two schedules in the OR where I was assigned

I was fascinated by the organization of the team in the OR and the arrangement of the equipments

- ✚ The 1st procedure was for a 28 yr old nuligravid lady for whom diagnostic laparoscopy was done with an impression of infertility 20 endometriosis.

It was such a good opportunity to see the laparoscopic finding of brown spots in the adnexa which goes for endometriosis. This was what I only known theoretically in text books prior to this procedure.

At the same time I got the chance to see how we can take laparoscopic guided biopsy.

In this particular patient chromopertubation was also done to see tubal patency. Unfortunate for her there was no spillage of the injected dye into peritoneal cavity and the diagnosis of bilateral tubal blockade was confirmed.

- ✚ The 2nd procedure was TAH +BSO done for a 76 yr old lady for an indication of endometrial cancer

Some of the practices which were new for me were

The patient was put on DVT prophylaxis of pneumatic compression throughout the procedure since she was obese

We were able to know the extent of myometrial invasion just with in 30 mints of hysterectomy with the available frozen section, and decided to not to do further procedures in this patient. I also noticed that drainage tube was left in the abdominal cavity and this is their usual practice for all patients.

Day 2 -Nov.4

We managed to get our way by ourselves and arrived to the hospital at the usual time

I attended the morning session meeting

There was also a presentation by Dr. Seegar on tocolysis. Though the entire slid was in Germany language, I was able understand few points from the researches he cited.

I decided to stay in the ward and make round with the year four resident

I noticed that most low risk patients are visited by the nurses and the residents are expected to make round on high risk patients and post c/s patients

I saw patients admitted with assessment of preterm labor for whom tocolysis and dexamethasone was being administered. The resident also informed me that bed rest is part of the management in their practice. There were also patients for whom cervical circlage was done.

For most of the mothers in maternity ward fetomaternal condition was being followed by CTG .Unfortunately there was no single laboring mother in the Labor ward. I visited the labor ward with its fancy laboring beds but no laboring mother.



In the afternoon, I went to the OR and assisted two procedures, mastectomy for ductal carcinoma insitue and sentinel LN dissection.

It was wonderful experiece to see how technology is advanced to the extent that there is a tester which identifies where the sentinel LN is before dissection is made.

Day 3:Nov.5

The morning meeting on every Wednesday is a different one and conducted in a different room.

Dr Seegar explained to us that in this session physicians from different disciplines including oncologists, pathologists and radiologists discuss with the gynecologists on the gynecologic malignancies including breast cancer.

At that instant I wished that we could have such practice where every specialist in different disciplines has concern and responsibility for the patient

Starting from 2:30 am, I stayed with Dr. Seeger. As it was one of the busy days of the week there were about 25 mothers waiting for anatomic scanning.

It was amazing to see anatomic scanning being done head to toe with details of each body parts.

Most of the anatomic scan findings were normal one.

I was able to see Us findings of holoproccephaly, ahydrocephalus and a fetus with unilateral short limb. I also assisted amniocentesis for chromosomal analysis.

In the afternoon I attended C/s which was done for an indication of omphalocele.



Day 4: Nov 6

After the daily morning meeting I headed to the OR. Except two the cases the other schedules were mastectomy.

1st procedure I attended was mesh suspension surgery for cystocele.

2nd procedure was hysteroscopic endometrial ablation done to a 40 yr old PII mother for an indication of AUB.

Both of the procedures were new for me it was great opportunity to see practically what I have known theoretically.

Day 5:Nov.7

Following the morning report, there was a presentation on trombophilia by Dr. Seeger.

Then I observed laparoscopic bilateral adnexectomy done to an 85 year old patient for an indication of Rt Ovarian mass.

As Dr. Christine explained to me this is usually done if the clinical impression is less likely of malignancy and they may go for definitive surgery if the biopsy result comes out to be malignant ovarian tumor.

The second procedure of the last day was a breast implant done to a 40 year old patient after mastectomy was done.

I and my colleague Dr. Matiyas left the hospital in the afternoon after forwarding many thanks to the OBGYN staffs for their hospitality and sharing their experience



Experiences gained

- ✚ Though it is difficult to acquire complete skill in some of the practices within such short period of time , it was helpful to have practical experience of what I have known theoretically
- ✚ There are much of laparoscopic procedures being done in this hospital and I have seen patients leaving the hospital only after 01 day stay. If we make such practice common in our setup , it may help us to use the available space effectively by discharging our patients early
- ✚ After visiting this hospital ,I felt that we should work on developing team spirit in managing our patients (laboratories , radiology , nursing and the other major disciplines) so that we can provide maximum of what we can do to our patients
- ✚ I notice that everybody is concerned to make the hospital environment neat and we should do so to make our working environment healthy and bright.

Challenges

- ✚ Though the staffs working there tried to explain what they were talking and doing, I felt that we could have gained more than what we have got hadn't been the language barrier.
- ✚ If the duration of stay was a bit longer it may help to share more experience.

Finally I would like to thank Dr. Debru gubba who devoted his time to make our stay more enjoyable and who guided to use this opportunity to get maximum of what we can from the visit.

My heartfelt gratitude also goes to Dr Eva Kantelhardt who not only let us to stay in her Apartment but also made us to feel as if we were home. To Mr. Benjamin who showed our way to the hospital and the city

I would also extend my gratitude for all the residents, consultants and nurses working in st Elisabeth hospital for their hospitality and making my stay fruitful.

Last but not least I would like to thank those who arranged our trip (to the AIHA-HIV/AIDS Twinning Center Staffs and To Elisabeth Rudolf)