

Travel Report to Halle (Saale), Germany

Traveler detail

Dr.Ferid Abbas

Third year resident in OBGYN at SPHMMC, Addis Ababa, Ethiopia.

Objective

- To have a five days clinical attachment at Martin Luther University, Krankenhaus St.Elisabeth & St.Barbara Hospital.
- To have an insight of the standard of care and to see surgical procedures which are not done in Ethiopia.

Date of travel

September 20-28, 2014

Date of clinical attachment

September 22-26, 2014

Details of procedures observed

Day 1

In all of the working days the morning meeting starts at 7:30 AM. In the usual days it last about 30 minutes and regular work begins at 8:00 AM.

The first two procedures I saw in the operating theater were laparoscopic operations (laparoscopic adnexectomy done for ovarian tumor and laparoscopic abscess drainage). Even though laparoscopic surgeries are not very common procedures in our hospital, it gives me a good opportunity to catch a glimpse of the steps and details of the surgery.

The third operation was breast reconstruction (reduction) surgery in a very young woman. Though breast surgeries are not our specialty in Ethiopia, it was a good chance to know that such procedure can be done and at least to have the knowhow of patient assessment with such pathology.

Day 2

Two case of breast conserving surgeries for breast cancer. The unique step I observed in these particular procedures was the removal of sentinel lymph nodes using radio-labeled blue dye which is injected into breast tissue at the site of the primary tumor this then passes through the lymphatic to the first draining node, where the material accumulates. The sentinel node is identified as a blue node, radioactive node or both.

The third case was another breast reconstruction for a woman who had prior mastectomy done for breast cancer. This case involved the use of silicone based implant.

Day 3

The third day started with multidisciplinary oncology meeting. The team included gynecologic oncologist, pathologist, radiologist, respective specialists from nuclear medicine and radiotherapy units. It was as well a fascinating day in the prenatal clinic with Dr.Seeger. I was able to see the counseling sessions about the advantages and limitations of prenatal screening programs. I also had the chance to see second trimester anatomic scanning ultrasounds being performed. This include detailed scanning of the CNS, face and neck, the four-chamber view of the heart, examination for ventral wall defects, measurements of all extremity bones. Doppler studies and 3-D ultrasound scanning were also part of this session. I have also performed one anatomic scanning with the help of Dr.Seeger.

There was also one amniocentesis procedure that was done for a mother with abnormal nuchal translucency (*NT*) measurement.

Day 4

The first operation I assisted on the fourth day of the clinical attachment was laparoscopic assisted vaginal hysterectomy. Vaginal hysterectomy is a very common operation done in our hospital but the utilization of laparoscopy to the procedure made it a lot simpler than the usual vaginal hysterectomy. In this operation laparoscopic dissection of the para-uterine tissues to the level of the uterine arteries was done followed by vaginal hysterectomy. One important advantage I noticed in this operation was the possibility of having a second laparoscopic look into the abdominal cavity at the end of surgery to ascertain for homeostasis.

The second operation was laparoscopic myomectomy which was later changed to laparotomy and subtotal hysterectomy for hemorrhage from multiple large myomas. I was able to take two important lessons from this case. The first is the need for thorough patient assessment to ascertain that she is a candidate for laparoscopic surgery. The second and most important lesson is to know when to abandon laparoscopic operation and proceed with laparotomy.

Day 5

My last day of the clinical attachment had a visit to the labor ward to see the standard of care and arrangement of the operating room, neonatal corner and NICU. I also had the opportunity to see the counseling sessions for birth planning in the prenatal clinic with Dr.Seeger.

The last activity we had was a visit to the oncology laboratory at Martin Luther University, Universitätsklinikum Halle (Saale). We saw how to perform Gel Electrophoresis and quantitative PCR which is state of the art equipment in the field.

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