

life in HD

Emma Pedlar reports on her elective in India

For my elective I joined the plastic surgery department at Sakra World Hospital, a multi-speciality corporate hospital in Bangalore, south India. My supervisor, Dr Derick Mendonca, was an Indian surgeon who had completed his speciality training in the UK. He had been in Bangalore for two and a half years, together with his wife (a British dentist) and their three young children. During my stay they became my Indian family, as I lived nearby and ate most of my meals with them. Getting to know them all was one of the best parts of my elective, and I got to see what it takes to move your family halfway across the world, and the realities of life once you get there.

Sakra has a small plastic surgery team, of which I made up a third. However it was a busy department with a steady stream of trauma, reconstructive cases, diabetic and pressure ulcers and cosmetic cases. We operated all over the body, as the realm of plastic surgery extends from soft tissues (including nerves and vasculature) to speciality areas such as the hands and face. Plastic surgeons often work with other specialities such as neurosurgery, orthopaedics, cardiothoracics, diabetes and endocrinology and general surgery. There was never a dull moment, and no two days were the same.

My supervisor's area of particular interest was craniofacial surgery. I was given the opportunity to assist in these cases, including calvarial vault reconstruction and fronto-orbital advancement for craniosynostosis, mandibular



distraction and maxillary advancement, and open reduction and internal fixation of facial fractures. I enjoyed these cases more than I expected and found it incredibly satisfying seeing the post-operative results. These patients would look completely transformed, particularly the craniosynostosis children. I found it very moving to see how much of a difference the surgery made. I was a bit overwhelmed by the gratitude of some parents; one mother even tried to kiss our feet! Such surgery is done infrequently in India. Not only was it a privilege to be part of but I saw how valuable these skills were and how Derick had found an area of need in which he could serve the Indian people.

I spent part of my time in a mission setting at Bangalore Baptist Hospital (BBH), which has been serving the communities around Hebbal in North Bangalore for more than 40 years. It has seen massive transformation in the surrounding area, and grown from 40 beds to nearly 300. It is well equipped with ICU, PICU, theatres in which complex operations are regularly performed, A&E and many other specialities. They have a strong community outreach which I joined for a day in one of the slums. Many of the patients had diabetes and hypertension. It was almost like being in GP, minus all the resources and with more



Emma Pedlar is a final year medical student in Manchester



the food (my spice tolerance has definitely increased), wearing the clothes, using the public transport and even going to see my supervisor's children in their school play.

However, my elective was not without challenges. At BBH I sometimes felt lost in a sea of medical students (once there were 14 Malaysian students and me on a ward round). The language was also a barrier; despite many people speaking English, often conversations and consultations would occur in Hindi or Kannada. I found the private healthcare system quite frustrating, for example there were patients with injuries who we couldn't treat as they

were too poor. Fortunately I saw how Dr Derick would try and work around the system to try and make treatment affordable for patients. He even set up a fund to help really poor patients who needed large, expensive operations like those for craniosynostosis or a hypoplastic maxilla following a cleft palate repair. I certainly learnt to appreciate the NHS and not take it for granted. I think a lot of British people have no idea how fortunate they are in the UK.

India was too poor. Fortunately I saw how Dr Derick would try and work around the system to try and make treatment affordable for patients. He even set up a fund to help really poor patients who needed large, expensive operations like those for craniosynostosis or a hypoplastic maxilla following a cleft palate repair. I certainly learnt to appreciate the NHS and not take it for granted. I think a lot of British people have no idea how fortunate they are in the UK.

I went to an international church, which was very welcoming and the bible teaching was excellent. It was not only a great way of meeting people, but everyone there was from different countries so I felt much less conspicuous! I felt very blessed by the friendships I made, and had several fun weekends visiting Mysore and Goa with some of the doctors from Sakra. I also feel like I properly embraced Indian culture, eating

interesting smells! I happened to visit on the day when they were inaugurating a new dental chair and somehow I got included in the ribbon cutting ceremony. Ironically, they gave out sweets and fizzy drinks whilst celebrating the arrival of the dental chair! At the hospital I spent time with the surgical team, seeing patients on the wards, in clinic and in theatre. I really liked the Christian ethos of the hospital, and went to the prayer and handover meetings in the morning. There was a strong emphasis on pastoral care, with a team attending to the emotional and spiritual needs of the patients.

India is a fascinating country to live in; a friend described it as 'life in HD'. It is busy, noisy, smelly (jasmine, curry, cows and open sewers immediately spring to mind), colourful, hot (both food and temperature), vibrant, friendly and chaotic. I learnt that mission doesn't have to be in the middle of nowhere, and that sometimes medical missionaries need to be in developed settings in order to have the facilities to use their skills.

I loved the two months I spent in Bangalore, it went by far too quickly and I quite happily could have stayed much longer. ■