



SCHOLARSHIP REPORT

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Please return your completed report via email to: **scholarships@rcpsg.ac.uk**

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Please use typeface when completing this form.

SECTION 1 PERSONAL AND AWARD DETAILS			
Title	Miss	PID	
Surname	Rose	Forename(s)	Anna
Scholarship/award awarded	Medical Elective Award	Amount awarded	

SECTION 2 PROJECT/VISIT DETAILS	
Name/Title	Post-caesarean section wound infections: a retrospective audit and case-note review at a large Ethiopian referral hospital
Location	Felege Hiwot Referral Hospital (FHRH), Bahir Dar, Ethiopia
Aims and objectives	<p>AIM: To carry out a clinical audit of all the caesarean sections in a tertiary Ethiopian referral hospital over a two-month period, looking specifically at cases of post-caesarean wound infection.</p> <p>OBJECTIVES:</p> <ol style="list-style-type: none">1. To measure the rate of post-CS wound infections over a two-month period2. To describe the characteristics of women presenting with post-CS SSI3. To explore potential risk factors for post-CS SSI4. To assess compliance with guidelines for pre-operative antibiotic prophylaxis for SSI5. To assess the management of post-CS infectious complications, particularly SSI6. To evaluate the information given to women after CS surrounding infection prevention7. To record specific case histories to illustrate SSI presentation and management

<p>Summary</p> <p><i>Include methodology, results and conclusions if applicable</i></p>	<p>METHODS:</p> <p>A retrospective audit and case-note review of all CS deliveries occurring at FHRH from the 1st October 2016 to the 31st November 2016. For women who developed a SSI, additional details on pre- and post-operative management were recorded. Potential associations between SSI and risk factors (including maternal, delivery and operative characteristics) were explored using univariate binary logistic regression to generate odds ratios and 95% confidence intervals. Patient education regarding wound infection prevention was indirectly evaluated through reading case-notes.</p> <p>RESULTS:</p> <p>Out of 1,043 deliveries, a total of 325 CS (31.2%) were identified and the records of 247 (76%) were analysed. The leading indication for CS was previous CS. The overall incidence of SSI was 8.6% of all CS (21 cases), including 14 incisional SSI (14/21, 66.6%) and 7 organ/space infections (7/21, 33.3%). Only 3 cases were detected prior to discharge.</p> <p>Factors associated with a significantly reduced risk of SSI included attending ANC, a normal pre-operative haemoglobin, the absence of pregnancy complications and intact membranes before CS. Non-significant associations with an increased risk included younger maternal age, nulliparity, a positive maternal HIV status, unplanned CS, increased duration of membrane rupture before CS, a midline incision and not receiving pre-operative antibiotics. The greatest increase in risk of post-CS SSI appeared to be associated with delivering a stillborn. A large number of women did not receive appropriate antibiotic prophylaxis, largely due to poor documentation. Detailed analysis was limited by poor quality of documentation.</p> <p>CONCLUSION:</p> <p>Efforts should be made to reduce the risk of SSI. This may be achieved by identifying women at an increased risk of CS and encouraging vaginal birth after CS. With post-CS infection, prevention is better than cure: the appropriate use of surgical antimicrobial prophylaxis can prevent the onset of SSI. The sterility of the surgical environment is a potentially under-recognised source of infection that should be investigated. Finally, practice should be changed to improve documentation and antibiotic prescribing.</p>
<p>Learning outcomes</p> <p><i>Detail here how the aims and objectives were met</i></p>	<p>The project aims and objectives were achieved through retrospective analysis of case-notes. Aside from the audit, additional learning objectives were to experience research and clinical exposure in a low-income setting. I have a strong interest in academic surgery, particularly within the context of global health, and was able to spend time in Obstetrics and Gynaecology, Plastic Surgery and Emergency General Surgery, learning how to manage complex surgical patients with limited resources. I also learned about the importance of patient education in improving outcomes, particularly personal hygiene and infection prevention and control related to wound management.</p>

Evaluation

How has this scholarship/award impacted on your clinical/NHS practice or equivalent?

Thanks to the RCPSG Elective Award, I was able to gain invaluable clinical and research exposure in a low-income country. Felege Hiwot Referral Hospital (FHRH) is the only tertiary referral hospital for the town of Bahir Dar and the surrounding rural area, serving an estimated population of between seven and nine million. With only 400 beds, it provides care for the majority of both medical and surgical patients. Due to the lack of technology and equipment, unreliable electricity supply and deprivation of the surrounding population, imaging is rarely performed and physicians rely heavily on clinical examination. I was extremely impressed by the level of clinical skill and interpretation, particularly in trauma cases such as evacuation of extradural haematoma without the use of CT. This has emphasised the importance of clinical judgement, and not just relying on the results of tests and imaging.

A further area is the resourcefulness of staff regarding equipment - before visiting the hospital I had not appreciated the many and varied uses of an intravenous administration set: a tourniquet, oxygen nasal cannula, urinary catheter and tool to rupture amniotic membranes to name a few.

Finally, it has reinforced how fortunate we are to have a National Health Service, free at the point of delivery. In Ethiopia, healthcare is paid for on an individual basis, there is no insurance system or free health service. This has serious implications for the local population and many delaying seeking medical assistance until their disease is advanced and, unfortunately, often incurable.



A photo from outside Felege Hiwot Referral Hospital



Outside the Maternal and Child Health Building, FHRH



The operating theatre in the Maternal and Child Health Building



Bahir Dar town centre (L) and the view from my guesthouse (R)

SECTION 4 | EXPENDITURE

Breakdown of expenditures

Please demonstrate how the scholarship/award funding was used to support your project/visit

SECTION 5 | PUBLICATION

Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.

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