

Fiona Robertson Elective Report

Title: Anaesthesia in Tokyo, Japan

Elective Details:

I spent 6 weeks at the Anaesthesiology department at the Jikei University Hospital and School of Medicine. Here I underwent a clinical observership at the Anaesthesiology Department. Here I witnessed a variety of surgical procedures and also had the opportunity to attend the Pain Clinic, Intensive Care Unit and Acute Pain Ward Rounds. I was able to carry out some procedures under supervision such as bag and mask ventilation, intubation and drawing up anaesthetic drugs and running fluids. Other opportunities during my elective included attending Jikei student seminars and opportunities to help teach students medical English. I was even able to act as a simulated patient for their OSCEs.

Anaesthesia was a good specialty to be involved in as a foreign student. If you have an interest in seeing a wide range of hospital specialties this is a good choice of elective as all surgical specialties could be observed from paediatrics, ENT, O&G to neurosurgery. I even saw a liver transplant during my placement. Knowing Japanese isn't essential but really helps. I had very simple Japanese which got me by but was not enough to carry out full patient consultations. The level of English spoken by the staff and patients was extremely variable from fluent to virtually none.

I was surprised that in Japan many patients prefer staying in hospital compared to the UK. Their length of stay was generally considerably longer post operatively with very few day cases carried out. This was partially due to the methods of anaesthesia – i.e. more Japanese patients underwent general anaesthesia and intubation compared to similar operations (e.g. hernia repair) in the UK being undertaken under local anaesthesia or laryngeal mask airway. Japanese patients generally felt very well cared for and safe if they stayed in hospital after surgery before returning to work. They believed they needed time for rest and mentally recover as well as physically recover from surgery.

The operation environment was different in Japan compared to what I had witnessed in the UK. In the UK different types of surgery are usually carried out in specific areas i.e. Paediatric surgery is carried out in a theatre near the paediatric ward. However at Jikei University all operations were carried out over two separate floors with 20 theatres in total. In the morning in one room there may be paediatric surgery then in the afternoon the same room may carry out orthopaedic surgery. There are advantages and disadvantages to these different set-ups. On one hand it is very useful to have all the theatres located in the same area as it means there is easy access and communication between anaesthetists, surgeons and nurses. It also means that any anaesthetist who is free can easily access a theatre if there is an emergency. I witnessed this first hand when there was a crash-call in one of the theatres. Several senior anaesthetists quickly arrived on scene to help and the rapid management thankfully allowed the patient revive. On the other hand the theatre environment may be more

intimidating for patients. For instance in the UK the paediatric surgery area is designed to be more relaxing for children before operations with cartoon stickers and toys in the induction rooms.

Overall I had a fantastic experience during my elective at Jikei University and made many contacts, friends and memories I will keep with me throughout the rest of my medical career.



View of Mt Fuji from Mt Takao



View of Tokyo Tower from my accommodation