

## **Anaesthesia at The University Teaching Hospital, Lusaka, Zambia.**

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The University Teaching Hospital (UTH) is the largest government owned hospital (1655 bed capacity) in Zambia treating a large population both from Lusaka and via referrals from across the country<sup>1</sup>. I was fortunate to undertake my elective at UTH where I spent time in the anaesthesia and ENT departments.

During my time in anaesthesia, I shadowed teams both in ICU and in theatre. Having researched anaesthesia in Zambia before starting, I was aware of the Zambia Anaesthesia Development Project (ZADP)<sup>2</sup>. Founded in 2012, this was a new project where UK registrars in anaesthesia were given the opportunity to spend a 6-month period at UTH as part of their training. In ICU days started at 8 am with a morning ward round consisting of a consultant, a single registrar and several nursing staff for the

whole ward that accommodated around 15 patients. Unlike in the UK where it is common to see older patients in ICU, I was struck by how young the majority of patients were at UTH's ICU. This was due to the limited beds available meaning that doctors were often faced with the difficult ethical dilemma of having to prioritise beds for those with the greater chance of surviving, thus younger patients were favoured. With ICU treating the most ill patients, I appreciated how fundamental it was having a sound knowledge of basic physiology when both reviewing patients and before offering any treatment. I was encouraged to assess patients using the A to I criteria used in intensive care and present my findings to the consultant while suggesting management plans. In ICU I came across several RTA victims who needed to be transfused, but with resources unavailable delays were unfortunately common. Many of these patients ended up in cardiac arrest and I had the opportunity to help with the resuscitation - something I had only witnessed back in the UK. I performed CPR, acted as timekeeper, helped with airway management or checked for the femoral pulses.

While on call, I visited a 28-year-old male patient in AMU who was in cardiac arrest due to heart failure secondary to severe anaemia, all stemming from chronic TB. Coming across such cases were not only physically exhausting but also emotionally upsetting. In reflection, this first-hand experience of actively dealing with such unwell patients has been incredibly valuable and has put me in good stead for when I may find myself in a similar situation as the only junior doctor on the ward.

During my time in theatre, I had the opportunity to practice skills including endotracheal intubation and basic airway management while also revisiting in detail the pharmacology of anaesthetic drugs. In emergency obstetric theatre, I was shocked to find that the anaesthetists would sometimes work alone meaning they were stretched to a degree that sometimes felt unsafe. I gained an insight into and helped perform Rapid Sequence Induction due to the high aspiration risk in emergency anaesthesia<sup>3</sup>.

At UTH, Tuesdays are dedicated paediatric ENT theatre days. Parents would hand over their child, wrapped in several blankets and identifiable only by a piece of tape ('strapping') with their name handwritten on, stuck to their arm. Lists would often include several adenotonsillectomy operations on children of similar age. On one morning, non-adhesive strapping and the lack of simple identification checks due to no WHO checklist, led to confusion among staff as to which child was on the operating table. Such mix-ups carry the potential for more serious errors occurring, but the

reaction of staff suggested this was not an isolated event. I decided to design A2 sized posters of the WHO checklist which I printed and laminated to allow for patient details to be easily written on and then cleared ready for the next operation. Having the backing of the surgeons and anaesthetists will hopefully mean that these can be introduced into their theatres more sustainably.

On my elective I have met and been inspired by many doctors who work under incredibly difficult circumstances daily. The challenges I came across have helped develop my resilience and my ability to deal with uncertainty. It has introduced me to people from all walks of life, broadened my horizons and given me skills and knowledge that are transferable universally. The success of ZADP has highlighted the importance of collaboration between countries to improve health services worldwide. It has been a truly life-changing experience that I will always cherish.

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### **References:**

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