As the lockdown restrictions and latest wave of toilet paper shortages drew to a close in 2021, and with the UK bracing itself for the onslaught of winter pressures, I put my training post in plastic surgery on hold and left the leafy British countryside to spend a year living and working in Blantyre, Malawi's second largest city and commercial and financial capital. With the pandemic far from over in Africa, the paperwork and preparation required was no mean feat. After many months of emails, Zooms and a formal invitation from the Minister for Health to show to immigration, I was finally at Heathrow with my passport, a stash of FFP3 masks and a tuba.

I'd like to share my experiences from a year living and working in Blantyre. These are just my opinions and observations, but I hope they illustrate how a typical week might pan out...

The Life of a Visiting Plastic Surgery Registrar at Queen Elizabeth Central Hospital (QECH), Blantyre, Malawi: A Week in Pictures

Monday

Daytime HANDOVER THEN WARD ROUND



Burns ward entrance, complete with security

The QECH burns team

Map of QECH, found on the wall when lost in maternity!

HANDOVER

Monday morning starts with a 07:30am handover, much as it does in the UK. The entire surgical department attends the update from the team on call overnight (details of admissions/deaths/operated cases). There are extremely high volumes of trauma, usually motorcycle or minibus related.

On call is shared with general surgery cross-covering. There is one full-time plastic surgery consultant, who is also on the general surgical rota.

There will sometimes be full blood count results available pre-operatively, but usually no kidney function tests unless the patient can afford to pay privately. If there's power, the team will project a screenshot of the x-ray, otherwise a phone is passed around.

This is an academic meeting as well as a clinical one - a medical student is often called to the front to interpret imaging in front of 30+ people. Formal academic sessions follow the handover on 3 days a week, with registrar-led presentations and grilling, and there are weekly morbidity and mortality meetings.

After handover, the plastics team assembles: one consultant, one senior registrar (me), one junior registrar on a 3-month rotation, clinical officer, occasionally an intern. Post-call team stay to work a full shift.

WARD ROUND

In the burns ward there are 3 high dependency beds, 2 paediatric bays, 1 female bay, 1 male bay. No side rooms. With the nurses heavily overburdened, each patient is mandated to bring a guardian during their admission to assist in their care. Specialist burns nurses and two physiotherapy interns join the ward round and highlight any issues for review. A student nurse is sent to the lab to pick up the blood results: full blood count, albumin, group & save. Clinical staff often need to navigate reports with misspelt or erroneous names and age only - often patients do not know their date of birth*. Bloods may take a few days to be done or may not be done at all in the context of power/water shortage or lack of reagents.

*words in Chichewa, the local language, are often written according to how the person hearing them interprets them to be spelt, leading to a lot of variation!

The dedicated burns nurses work tirelessly to look after the overwhelming burden of patients: high numbers of them children, but also adults with challenging conditions such as learning differences or epilepsy. They have a wealth of knowledge in the holistic management of these patients. Medical students play a hands-on role: presenting patients, learning to assist the nurses with dressings, shadowing the physiotherapists and acting as an apprentice for the intern.

We then see the general surgical and orthopaedic ward referrals – patient with advanced cancers, many with albinism; pressure sores; necrotising fasciitis; trauma & degloving injuries; human, hippo & crocodile bites. We then cross over to the shiny new paediatric surgery building – more on this later.

Referrals for speciality reviews or investigations happen on WhatsApp – this often involves messaging round to anyone you know who has ever worked in that speciality until you can find who's on call! Despite being a tertiary referral and teaching hospital you're a relatively small team and are likely to know most colleagues in other specialities and probably went to Uni with them.

FACT CHECK:

- 1. In the department I left in the UK, there were 16 plastic surgery consultants on the rota In Blantyre there was **one**
- 2. In 2021, there were 697 plastic surgeons working within substantive posts in the UK and Republic of Ireland In Malawi there were **two**
- 3. There are 30 doctors per 10,000 population in the UK one for every **333** people There are 0.5 doctors per 10,000 population in Malawi – **one for every 20,000 people**

References: BAPRAS Workforce Report for Plastic Surgery, 2021; World Health Organization, 2020.

Evening BAND PRACTICE



Months of hard graft led to Blantyre Music Society's Christmas concert at St Paul's Cathedral, Blantyre. And these friendships through music led to the birth of Humongous Fungus, Blantyre's only Balkan band, with a monthly residency at the Blantyre Farmers market and a much-celebrated slot at Zomba City Festival!

Tuesday

Daytime THEATRE, e.g. CANCER SURGERY



Training the junior registrars

Long day in the office

Main theatres recovery

At QECH, you are your own waiting list coordinator. You've got all the patients' names and sometimes their contact numbers written down in a diary. You've usually rung them earlier in the week. You hope they a) pick up and b) have charge on their phone...many patients won't have electricity at home and will charge their phones on a solar panel charger in the village. If you're doing a biopsy, make sure they bring their own pot/bucket from the market with them. Their guardian takes the specimen to the private hospital to get it tested, waits, and brings back the result. Otherwise, this will wait in the main lab until a pathologist visits, which might be a couple of times a year. There are many complex cases and advanced cancers, which can be discussed in the cancer MDT every Friday. There is no radiotherapy in Malawi, but some chemotherapy drugs are available.

After so many times having to manage without the right drains/sutures/local anaesthetic formulation, I learnt to use initiative and to be more flexible than I was ever required to be in the UK. I also found myself considering more deeply why we make the decisions that we do. As surgeons we need to understand our priorities, so that when we can't do things exactly the way we want, we can work out what to do instead (an example is anything from simply selecting a suture to managing advanced cancers in the absence of radiotherapy, and the need for wider margins/more radical surgery).

Evening DINNER TIME!

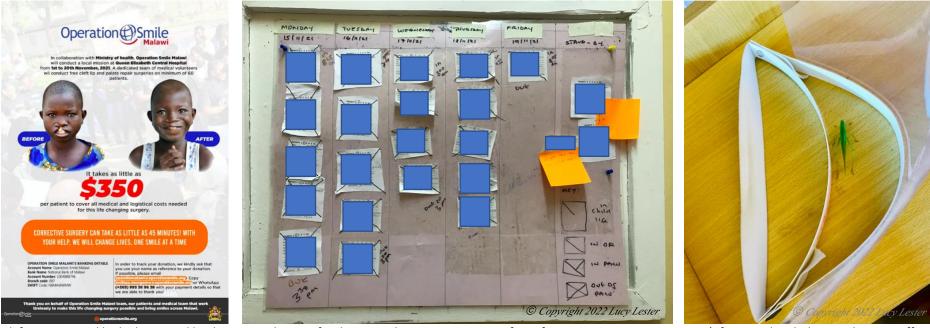


...other food options are available

You may have been lucky enough to grab some rice and beans for lunch from the car boot canteen, or at the very least a barbecued corn from the market for 10p, but with so many challenging cases on the list you might not have had time for a break, so you're probably famished by 6pm! A trip to the supermarket may well be futile if load shedding (scheduled power cuts to manage limited supplies) is in force and all your food will go off in the fridge. Ever since tropical storm Ana knocked a tree onto a power cable in Mozambique in January 2022, we never had consistent power at home again. But the good news is, it's Tuesday and so it's 2-4-1 pizza night from Pizza Heaven down the road!

Wednesday

Daytime PAEDIATRICS THEATRE



Cleft missions tackle the huge workload and may help train the next generation

List planning for the November 2021 mission – a feat of organisation

Don't forget to brush the grasshoppers off your visor before you get to work

The Mercy James Centre for Paediatric Surgery and Intensive Care is where the majority of the cleft and craniofacial workload happens. We see multiple cleft patients, children living with rare craniofacial conditions, vascular anomalies, and the usual hand or facial trauma. Many patients with congenital syndromes of course present late, due to multiple social factors (financial constraints, stigma, lack of awareness or unwillingness to engage with the medical system). Like anywhere in the world, cases can be complicated by infection, but, if this is missed due to non-attendance at follow-up, the long-term consequences can be hard to recover from. We will have planned the list of complex cases on Monday – malaria test for all children, full blood count, cardiac & renal anomalies scans (available every Tuesday). Operation Smile supports the services not only through the traditional mission model – which has its pros and cons – but through funding training posts for junior doctors at the College of Surgeons of East, Central and Southern Africa (COSECSA).

Evening NIGHT IN



I told you not to buy that second hand tyre!

A festive debrief with work friends

Not another power cut!

Keen to get home after another full day's operating, you navigate the highway back through town. Try not to get hit by a minibus undertaking you on the dual carriageway. Try to not write off your car off in a pothole. Try not to run over any chickens...or children.

Unfortunately you still don't have any power – two days running?! That wasn't even on the schedule! And you forgot tonight was the night you invited your colleagues round for dinner... luckily you've got enough solar to keep the lights on in one room. Also, after last time this happened you planned ahead and got hold of a gas canister, so you can make do with what you picked up in the market to cook a one-pan meal...and ask your mates to bring dessert!

Thursday

Daytime HAND CLINIC



Health passport - please don't lose me!

Physiotherapists are your friends!

Visiting Lilongwe to see the site of the new hand centre at Lilongwe Institute of Orthopaedics & Neurosurgery (LION)

Patients turn up on a first-come first-served basis. Some arrive the night before and sleep in the corridors. Each keeps their own an A6-sized notebook (Health Passport), which contains their complete medical history and notes from all outpatient consultations from any hospital or health centre. To check an x-ray, walk down the corridor, through the building site and borrow the orthopaedic clinical officer's computer. Notes and prescriptions in their Health Passport.

Try to understand your patients! You must tailor the treatment choices you make - if your patient is never going to be able to come back for follow up is it right to do a complex tendon reconstruction that relies on intensive postoperative physiotherapy?

Evening TIME FOR A BIT OF CULTURE

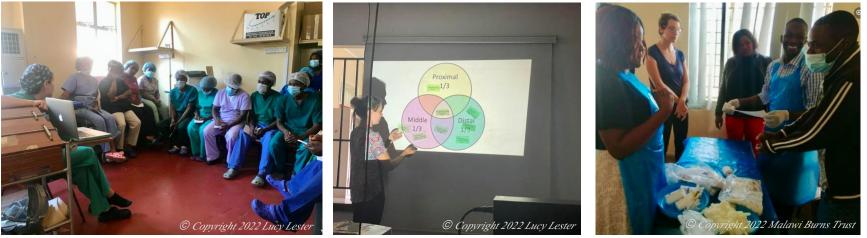


Weekly Malawian music nights at the Jacaranda Cultural Centre Live painting at KwaHaraba Art Gallery & Café Open mic poetry night (I didn't volunteer)

Blantyre has a brilliant arts scene if you know where to look for it (i.e. on Facebook/word of mouth). In addition to the obvious appeal of the Blantyre Music Society Christmas concert and the emerging Balkan music scene, there are many professional/semi-professional musicians and artists bringing traditional Malawian culture and values into the modern world. Political parody is popular on the theatre scene, which I won't go into here. Add in the internationally renowned Lake of Stars Festival on Lake Malawi and multiple other festivals and cultural events all around the country, and you can be sure that Malawi's emerging art scene will continue to establish itself on the global stage. So watch this space.

Friday

Daytime TEACHING



Registrar-led teaching for burns nurse with quiz!

Orthoplastics teaching (postgraduate session) Int

Interactive burns workshop with Malawi Burns Trust

Many trainees that I worked with at QECH had travelled from all over Africa to train in Malawi on the COSECSA programme. Doctors in relatively new health systems have the scope to develop an entire area of practice themselves. I met so many colleagues with a vision for their futures and for the future of their home countries' health systems. This was a hugely inspirational thing to see. The internet and the ability to share ideas across the globe is invaluable in medical training – the world is a smaller place than you might think. Yet it remains divided in so many ways. I have been inspired and motivated for my future career by my experience in Malawi, and all that I have learnt from collaborating with relatively few individuals to tackle a huge burden.

Evening TIME FOR SOME DOWNTIME



Kamuzu University of Health Sciences medical campus, complete with gym, pool and running track



Trivia night – sadly the 'Malawian cabinet' round was our downfall!

If it's not raining go for a swim/run in the medical school sports complex at sunset then pop across the road to TJ's for dinner/drinks/darts or the pub quiz.

Weekend

Hit up Majete Wildlife Reserve, about an hour and a half's drive from Blantyre, to see Africa's big 5 (and sleep in a cosy tent amid the lions for only \$25). Or take a longer trip and stay overnight at Lake Malawi, watching out for hippos, crocodiles and schistosomiasis...



And finally...

Of course this could never be an exhaustive list, but I hope that I've given you a snapshot into my experience and some of the wealth of skills, knowledge and personal growth that I have gained along the way.

I would like to thank my supervising consultants Dr Tilinde Chokotho, Dr Jes Bates and Dr Nicholas Lubega for all the support, advice and inspiration they have given me in the past year. I look forward to coming back to the beautiful country of Malawi and working in meaningful partnership again in the future.