

# Post md training in anaesthesiology: base hospital dehiaththakandiya essay sample...

[Health & Medicine](#), [Hospital](#)



**ASSIGN  
BUSTER**

Base hospital Dehiaththakandiya is situated in the eastern province, Ampara district just beyond the border of north central province. It caters over 1. 6 million of both indoor and outdoor patients annually. The hospital has a bed strength of 138, the annual indoor admissions are over 19, 564 and the number of live births that take place exceed 1344 annually. 50 doctors and 72 nursing officers are working in the hospital. A consultant paediatrician, physician and a obstetrician and gynaecologist are rendering their services currently. It was established in 1988 as a central dispensary and upgraded to a district hospital in 1994, base hospital in 1999 respectively. The operation theatre was started functioning in 2006. The major centers surrounding are GH Polonnaruwa, BH Mahiyangana and GH Ampara.

### Operating theatre

There is one operating theatre and four HO anaesthetists are covering the duties within 24 hours. Major operation lists are on every Tuesdays and Thursdays and mainly the gynaecological operations. About 2 total abdominal hysrerecomies, 2 vaginal hysterectomy and repairs and 2-3 elective LSCSs are performed per day. During my period, I anaesthetized patients who had complications with diabetes mellitus, hypertension, ishaemic heart disease/structural heart disease and kidney disease for major gynaecological procedures under the guidance of Dr Chandana Fernando(consultant anaesthetist/GH Ampara), who are otherwise needed to be transferred to the centres where consultant anaesthetist is available. Some of these patients were inserted lumbar epidural catheters for postoperative pain relief.

### Preoperative assessment

The patients who are supposed to undergo major gynaecological surgeries and mothers awaiting elective LSCS for complicated pregnancies(eg. Major degree placenta praevia, pregnancy induced hypertension, and patients with significant co morbidities were referred early for preoperative assessment and optimization by the team of GYN and OBS unit. This was helpful to avoid last minute cancellation of surgeries due to anaesthetic reasons and to be ready with necessary facilities which are not readily available in the hospital, eg. Epidural needles and catheters, blood packs of rare blood groups and to alert the ward staff regarding the vigilance of post operative monitoring for early detection of complications. Furthermore it paved the way to identify patients who required intense monitoring intra operatively and post operative ICU care to transfer centers where facilities are available.

### AVAILABLE FACILITES THAT NEED TO BE CORRECTED

Isoflurane vaporizer requiring calibration

Anaesthetic machine in the recovery area with oxygen leak

Multi para monitor in the recovery area without adult pulse oxy meter probe

Operating tables (broken)

### Teaching

1. Delivered lectures on CPR and transport of critically ill patient to all medical officers and nursing officers

2. Training intubation for ETU and medical ward doctors who used to call anaesthetist for emergency intubations , where there are frequent admissions with highly poisonous snake bites and assaults by wild elephants.

3. Regular teaching lessons on physiology, anaesthesia and critical care in the afternoon for anaesthetists preparing for 1A examination. One candidate was successful in the 1A examination.

4. Few sessions in physiology and basic anaesthesia for surgical part 1 candidates.

#### ACKNOWLEDGEMENT

All ward doctors and MO anaesthetists were junior post intern medical officers. Though only four of MO anaesthetist they covered 24hours duty with great responsibility. Both them and the ward doctors gave me a great support in postoperative management of the patients with comorbidities. The doctors and the theatre staff helped in the smooth functioning of the operation theatre.

It was a challenging experience for me to work in a remote hospital with limited facilities at the beginning of my carrier. It was a pleasure to make my own decision and management plans in difficult situations. On the other hand working with very co-operative young crowd made it easy for me to face the challenging situations. I appreciate the support and advices gained by the consultant anaesthetist Ampara in such situations. I am sure that the experience I gained will benefit me in the future of my carrier as a consultant anaesthetist.