

Name	Niall Kent
Medical School	Warwick Medical School
Email (optional)	

Country visited	Vietnam
City or town	Ho Chi Minh City
Hospital/unit/clinic	Cho Ray Hospital, Plastic Surgery and Burns Department
Dates visited	18/03/2019 12/04/2019
Supervising doctor	Dr Ngo Duc Hiep
Contact details of your host:	201B Nguyen Chi Thanh street District 5 Ho Chi Minh City Vietnam

Please give an overview of what you saw / did (200 words max)	I was based in the Plastic Surgery and Burns unit at Cho Ray Hospital in Ho Chi Minh City. My placement duties consisted of attending the handover meetings, ward rounds and observing or assisting in theatre. There was a wide range of burns injuries, with the majority of the patients having severe burns, with respect to both depth and coverage. The wards were divided into male and female wards, divided into approximately 12 bed wards with one nurse based on each ward. The majority of my time was spent in theatre, there were approximately ten operations per day split between two theatres that covered plastic and burn surgery. I was initially observing operations in the two theatres and was allowed eventually to assist with the operations. I saw a range of procedures including full and partial thickness skin grafts, keloid scar removal, Z-plasty, skin cancer excision, and flap formation. I would say that the primary goals of the surgeries were related to either treatment of the condition (e.g. skin cancer excision) or function. There was less of an emphasis placed upon final aesthetic appearance than I initially anticipated, this was evident in the choice of sites for full thickness skin graft harvesting.
What were the best things about the visit? (120 words max)	Learning about the acute and medium-term management of burns injuries was incredibly educational. Firstly, because it greatly furthered what I was taught in medical school and secondly learning and witnessing such serious burns is not something I have experienced in my training in the UK.

What problems did you encounter? (120 words max)	There is also a high incidence of keloid scarring amongst the patient population and certainly much higher than what I have witnessed in the UK. This provided a great learning opportunity as I was able to discuss with the consultants their methods of reducing keloid formation initially and also witness many operations to remove keloid that was interfering with patient function and joint mobility. The language was an obvious barrier and one that I anticipated prior to arriving on my placement. The doctors on the ward had mixed levels of English, however, I was paired with a registrar who spoke English well.
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