

## **The Minutes of the Meeting of Derby Medical Society**

**Held on Tuesday 22nd March 2016, Derby Medical School Lecture Theatre**

**Apologies:** Dr Sally Archer

**Welcome:** Dr John Charlton (President)

**Speaker:** Dr Carolyn Keeling. GP partner at Mickleover Medical Centre.

### **Gynaecology in Nepal.**

Dr Keeling was the GP partner of the current DMS president, Dr John Charlton, for over 25 years at Mickleover.

She recalled the point in 2011 when she was inspired to join the International Nepal Fellowship (INF) after contacting Mr Mike Cust for some gynaecology advice and being informed that he was away on a Nepal gynaecology camp. She realised that this was the new adventure that she needed professionally so set off on her first camp in 2011 along with her 18 year old daughter who was considering a medical career.

INF is a Christian non-governmental charity with 3 centres in Nepal providing gynaecology, ENT, surgery outreach clinics, and rehabilitation support and advice for leprosy, TB and HIV patients.

Dr Keeling described the beauty of Nepal while explaining its challenging geography and terrain. This makes for extremely basic roads with frequent traffic accidents and vehicles falling down ravines. The Nepalese flag is the only national flag that is not quadrilateral, it is comprised of two single pennons. Nepal had monarchical autonomy rule until 1995 which was overthrown during uprisings from 1995-2005. The subsequent ruling organisations have tried to rebuild the constitution in the past 10 years although this has been met with constant challenges, including natural disasters such as the devastating earthquake of April 2015. During this time there has been no medical infrastructure. The poorer, rural areas rely on non-governmental organisations to provide charity medical care although there is no central co-ordination for this.

Photos of Kathmandu showed what a diverse city it was with electrical wiring that looked more like a neural map, shops that sold anything, poorly built 4-5 storey buildings which collapsed during the last earthquake and ancient temples which were also reduced to piles of rubble after April 2015.

Dr Keeling spoke in depth about the status of women in Nepalese society and cultural differences which have significant impacts on Women's health.

Many women in Nepal still observe Chaupadi (which is the practice of isolating themselves in a hut, not washing, doing housework, or handling food while menstruating). Although the Nepali government has taken steps to stop the use of Chaupadi huts, their use is still evident. Dr Keeling noted them on recent trips. The use of the huts isolates the woman, puts her at risk of malnutrition, exposure and can affect the wellbeing of the family as the woman is not present to care for them.

Dr Keeling showed photographs and described the perilous drive to the clinic, the scenery was beautiful but the road network primitive and littered with accident debris.

Women do the majority of the manual work in Nepal and as a result have a high incidence of gynaecological prolapse and pelvic floor weakness. This is in addition to other gynaecological conditions, untreated STIs and pelvic inflammatory disease (contracted when husbands return from working in India), high parity and pregnancy at a young age.

The women walk to the gynaecology clinic, some arriving on stretchers. The gynaecology team (consisting of 2 nurses, 2 GPs a gynaecological surgeon and gynaecological theatre nurse) can see up to 1000 women per clinic. The history is taken with the help of a Nepalese interpreter and examinations performed with the aid of head torches. The clinic day is from 8am to 8pm and the women have to register, get a ticket and wait to be seen. Many of them wait days to be seen and sleep in the open.

The majority of women have prolapse. Previously gynaecology clinic camps had to use cheap Indian ring pessaries made of poor quality rubber which disintegrate over time. In the past few years the clinic have been able to obtain PVC vinyl ring pessaries from the UK suppliers. Although these are now fitted in the women, sometimes two at a time for severe prolapse, they have a street value. Dr Keeling and the team have observed that women fitted with a UK PVC ring pessary have had a cheap Indian ring pessary in place on a return visit.

Around 100 women will require surgery during the week long clinic camp. Consent has to be obtained from a male relative and the woman has to be able to rest afterwards. Surgical cases are treated earlier in the week to ensure that the immediate post-operative recovery is complete before the end of the gynaecology camp. Post-operative complications can be difficult to manage in isolated areas. Blood transfusions for haemorrhage are dealt with by ensuring that one of the camp team has the same blood group as the patient. Oophorectomy for large ovarian cysts and hysterectomy for procidentia are the most common procedures.

Although only able to treat gynaecological conditions at the camp, the poor access to healthcare generally in Nepal means that other medical problems commonly present. Dr Keeling showed slides of a healed but untreated #NOF, thyrotoxicosis with AF, benign but large goitres and paediatric burns. Although the clinic has basic drugs, medical problems can be referred onto the local Dailikh Hospital.

Cervical screening is at its early stages in Nepal. Aceto-acid screening has started to detect cervical abnormalities and allow some treatment of CIN at the gynaecology camp.

The final day of the gynaecology camp focuses on fertility issues. Culturally this is a problem that carries a great deal of stigma in Nepal as couples are expected to have a large number of children. The medical staff are able to offer ultrasound investigation and semen analysis. Treatment options are limited to clomiphene and giving "hope".

The clinic staff also focus a great deal of their work on training local health advisors to manage problems once the camp leaves. This training focuses on STI treatment and prevention, ring pessary changes and education.

Finally Dr Keeling showed photos of before and after the devastating Nepal earthquake of April 2015. They demonstrated some of the destruction of the infrastructure of the country along with many ancient monuments.

There were many questions from the audience following the talk. The themes of these were elective opportunities, cultural challenges working in Nepal, gender selection, TOP and infanticide practices.

**Register:** 21 members, 1 guest

**Next meeting:** 5<sup>th</sup> October 2016.

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Dr J Charlton, President