



BAPRAS

British Association of Plastic
Reconstructive and Aesthetic Surgeons

Student Elective Report

Please return to: secretariat@bapras.org.uk

Please complete this report form as honestly as possible so that others considering an elective may benefit from your experience. If you visited more than one place, please complete separate forms for each. Please bear in mind that we will be posting this report on our website for others to read.

Name	Shubham Gupta
Medical School	Imperial College School of Medicine
Email (optional)	

Country visited	India
City or town	Jaipur, Rajasthan
Hospital/unit/clinic	Bhagwan Mahaveer Cancer Hospital & Research Centre (BMCHRC)
Dates visited	1 st May to 26 th May 2023 (The first half of an 8-week elective split equally between India & UK).
Supervising doctor	Dr Umesh Bansal (Senior Consultant, Course Director & Head of Plastic Surgery). With special thanks to Mr Bhagwat Mathur (Senior Consultant Plastic & Breast Surgeon at St Andrew's Centre for Plastic Surgery & Burns).
Contact details of your host:	

Please give an overview of what you saw / did (200 words max)	It was a great privilege to complete my Advanced Reconstructive Microsurgery elective in Jaipur, India. BMCHRC performs more free flaps than any other centre in India and I was fortunate enough to see approximately 35 free flaps during my time there, alongside other procedures. It was an unparalleled opportunity to see the extraordinary work the surgeons, nurses and healthcare staff do, especially to reconstruct head and neck cancer defects. The volume of cases was staggering, with 4 back-to-back free flaps being completed on one particular day. I saw a significant number of fibular free flaps, radial forearm free flaps and anterolateral thigh (ALT) flaps. I mainly shadowed Dr Vimal Kumar (Microsurgery Fellow) and Dr Umesh Bansal (Head of Department). Most of my time was spent in theatre lists (Mon-Sat), with some time spent in outpatient clinics as well as with anaesthetists, seeing ultrasound-guided nerve blocks and in post-operative recovery. I also had the opportunity to see a wider variety of surgeries including a bilateral orchidectomy, a mastectomy with bilateral transverse upper gracilis (TUG) flap reconstruction, interval cytoreduction, sebaceous cystectomy, mandibulectomy, free style perforator flap of thigh, COMMANDO (COMBined Mandibulectomy And Neck Dissection Operation) and split-thickness skin grafts.
What were the best things about the visit? (120 words max)	I felt extremely welcomed at BMCHRC. I was introduced to the whole team and integrated well with the surgeons, anaesthetists, nurses, and theatre staff. Dr Umesh, Dr Sourabh and Dr Vimal became mentors to me, allowing me to scrub in, teaching me about applying anatomy to surgical procedures and training me to start developing the qualities of a good surgeon. I had the opportunity to perform some suturing as well as assist in taking a split-thickness skin graft amongst other roles. The team also introduced me to authentic Rajasthani food, art and tourist attractions. At the end I received a certificate from Major General S C

	Pareek, the Executive Director of the hospital.
What problems did you encounter? (120 words max)	n/a
What accommodation was provided?	Hospital accommodation was available and there were also many nearby hotels.
Would you recommend this to someone else? (explain if necessary)	<p>I would highly recommend this elective to any students interested in plastic surgery – especially anyone who would like to see reconstructive microsurgery performed at its best. The plastic surgeons in this centre are so experienced that they've performed thousands of meticulous free flap operations. That experience has allowed them to develop their own unique approaches to aspects of osteocutaneous free flaps of the leg for example. Due to their high turnover of cases, they are able to pick up anatomical variants such as duplication of the radial artery which may not be immediately obvious. They perform a lot of neck re-exploration operations as well, where complications from other centres have occurred. As this was a super-specialty centre, there were no medical students present, so I was able to receive individualised, focused teaching on topics such as the basic principles of wound healing, how osteoradionecrosis can occur and what to do when flaps do not take. The health service in India faces different levels of demand to the UK, with medical students seeing as many as 180 patients in a day, and first-year doctors seeing up to 700. This heavy caseload presents challenges, with many patients travelling large distances to attend to specialists. Interestingly, resection of cancer is performed by oncology surgeons in India, with the reconstruction alone being performed by plastic surgeons. I would encourage students to experience the Indian healthcare system and see its similarities and differences to the NHS.</p>
Are you more likely to choose a career in plastic surgery as a result of this experience?	<p>I found this elective very inspiring and it opened my eyes to the beauty and intricacy of microsurgery. The versatility of plastic surgery was particularly striking to me, with plastic surgeons operating on every tissue type and anatomical site of the body. Plastic surgery is an art that requires finesse whilst also applying complex anatomical knowledge: resecting cancer necessitates adaptability based on which structures are involved and microsurgeons must optimise blood flow through fascial perforators to ensure the flap's quality. The pristine dissection of limb anatomy was particularly impressive to see. Witnessing the pulsation of small perforators after anastomosis, and tiny pin-point bleeding upon scratching the flap's surface (confirmation that the free flap was successful) was a rewarding experience. These experiences reinforced my fascination with pursuing plastic and reconstructive surgery as a career.</p> <p>This elective also developed my understanding of key surgical principles. I learned about the importance of measured traction, escalating for help when needed, the role of teamwork in plastic surgery (sometimes 4 surgeons worked on one patient) and how being a productive surgical assistant is crucial to becoming an effective surgeon. Successful plastic surgery requires planning for all eventualities, considering minutia and dissecting in the plane that structures lie in (particularly with regard to neurovascular bundles) and I hope one day to join the profession.</p>