Elective Report 2014 – Trauma Surgery
Groote Schuur Hospital, Cape Town, South Africa

South Africa is well recognised as a country with a high burden of mortality resulting from traumatic injury. The high number of trauma cases seen within the hospitals of South Africa makes estimation of mortality and study of specific traumatic causes very difficult. In 2010 the World Health Organisation released a bulletin investigating the lack of reliable statistics relating to premature mortality specifically related to traumatic injury (1). The WHO bulletin estimates approximately 60000 deaths occurred in 2000 as a result of traumatic injury, 46% of which were homicides, 25.7% related to road traffic accidents and 9.1% were self-inflicted (1).

More recently the South African Medical Research Council has released a report focusing on injury mortality of South Africa and specifically Cape Town itself. Over the year period of 2007 data from 3909 cases were examined for the external cause of death resulting from injury. The report concludes that Cape Town has the highest total injury mortality rates (144.9 deaths per 100000 population) and highest violence rates (63.5 per 100000 population) compared to the other three South African municipalities in the report (Johannesburg, Tshwane and eThekwini) (2).

Whilst knife and gun crime make up a large percentage of the traumatic cases seen in hospital trauma departments, injury sustained from road traffic accidents and industrial accidents are still very significant. One of the more common sources of industrial injury is the large large scale mining operations of South Africa. In 2009 there were 3672 work related injuries of varying severity with a total of 167 fatalities (3). Industrial injuries are often akin to road traffic in that they result in more traumatic injury such as head injuries, crush injuries and blast injuries. All of these injuries have the potential to be life threatening and severely disabling. Aside from direct life threatening traumatic injury mine workers are exposed to falling rocks, exposure to dust, intensive noise, fumes and high temperatures, all factors that have their own longer term medical implications. In recent years poor working conditions in South Africa’s mines have lead to multiple worker strikes citing poor safety and low pay making their working lives intolerable. Following this raising of awareness South Africa has implemented targets to reduce industrial occupational injury and clearer legislation with regards to individual rights to medical support and compensation (4).

During my elective period in South Africa I believe I was able to gain good experience from both participating and observing a relatively low resource high volume trauma system. What initially surprised me was that the system was not vastly different from the one employed in the UK. The high volume of trauma patients warrants the dedicated trauma department and advanced imaging may not always be readily available however the biggest difference is in the number of patients presenting. The high volume of patients makes fast but thorough triage essential as this triage ultimately determines waiting time, senior doctor intervention and sometimes patient outcome. Once a patient in any section is clerked the management of that patient is your responsibility until discharge. From a personal point of view as a medical student this amounts to a large amount of responsibility and management planning, something I found very enlivening. It has encouraged me to look forward to being in a responsible position working as a foundation doctor.

References: