

Gynecologic Oncology Elective in Mbarara, Uganda

by Alekhya Gunturi (April 2024)

She had the largest tumor I had ever seen. A spherical ovarian mass with a two-foot radius and weighing more than fifty pounds, it promised a daunting surgical case for everyone involved. Each step of the procedure, from positioning the patient to draining the tumor, had to be anticipated and improvised given the limited resources of the operating room. Removing the mass was an incredible feat that demonstrated the adaptability, creativity, and resilience of those involved in global medicine.

It additionally highlighted the deeper, more sobering reality of care in these variable resource settings. A reality that became increasingly evident as I completed my gynecologic oncology rotation at one of the teaching hospitals in the region.

Clinical presentations like the one above are unfortunately common due to the limited screening and diagnostic capabilities of national healthcare systems. Despite gynecologic cancer being one of the leading causes of mortality among East African women, not enough government funding is allocated towards building comprehensive care infrastructure. Many patients additionally live far from major cities, and often do not know when, or how, to access appropriate care. As a result, they present to the physician at advanced stages of disease with severe symptoms that require intensive medical and surgical care. Further compounding the issue is the limited number of trained specialists that can correctly guide diagnosis and management. This combination of advanced presentation and variable treatment capabilities exacerbates morbidity and mortality from gynecologic cancer and disease.

During my time abroad, however, I witnessed the impact of training programs such as gynecologic oncology fellowships in combating these disparities. By educating and empowering the next generation of specialists, patients are starting to have access to adequate screening and care, promoting generational change. As a medical student, I had the incredible opportunity to work with mentoring surgeons in the clinic and operating room while they helped train the new gynecologic oncology fellows. In the clinic, I observed patient presentations, interactions with physicians, and treatment modalities. In the operating room, I watched a variety of cases to better

learn anatomy and surgical decision-making during oncologic procedures. It was interesting to see the different relationships between physician and patient, and the subtle influence of patient cultural background on management decisions. I also recognized the value of adaptability and creativity as I saw physicians diagnose and treat patients with limited, yet functional materials. For example, during clinic, physicians would utilize reusable metal speculums for gynecologic exams with similar accuracy and efficacy, demonstrating the value of sustainable and low-waste systems.

In my free time, I helped the fellows with their research projects and led a few projects of my own. It became increasingly evident to me that there is a significant dearth of published data from these regions of the world. Often, we would decide on management plans for patients by extrapolating research findings from an entirely different patient population. There is much space to understand local epidemiology, cultural differences, and patient presentations to tailor guidelines and provide the most personalized care possible.

Through these research projects, I additionally learned the value of international collaboration and strengthened my professional connections. Similarly, I learned the value of advocacy – by demonstrating the positive impact these training programs have on patient outcomes, hospitals can petition for increased funding and support from the government, further promoting the development of comprehensive health systems.

In conclusion, my gynecologic oncology elective was an enriching experience that expanded my clinical skills, enhanced my understanding of global health challenges, and deepened my cultural competence. The lessons learned during this elective will continue to influence my approach to medicine as I progress through an obstetrics and gynecology residency. In the future, I see myself continuing to strengthen my international collaborations through clinical and research work. I would be honored to complete a global health fellowship following residency and commit to improving healthcare for all, regardless of economic or geographic barriers. I would like to deeply thank the American Medical Women's Association for their role in funding my experience abroad.