

The Department of Obstetrics & Gynaecology, George Hospital

Introduction

We function as a level 2 referral centre for the entire region, encompassing both the Eden and the Karoo district municipalities, from Slang River and Heidelberg in the west to Plettenberg Bay in the east, and Beaufort West and Murraysburg in the north, but about 25% of our work is actually tertiary level due to the distance to the referral hospitals in the Cape Town metropole. On average we perform about 280 deliveries per month and about 20% of our deliveries are caesarean sections. We are a satellite hospital to the UCT/Groote Schuur hospital academic complex, which is our tertiary referral centre.

We endeavor to provide the best possible service for a hospital of our level in the Western Cape, while acknowledging the restrictions due to financial and staffing constraints under which the public health service in general and George hospital in particular has to function. We are very proud of our outstanding perinatal morbidity and mortality figures at George, and constantly strive to improve.

Obstetrics services

Because the George town and surrounding area does not at present have a level one hospital or a Midwife Obstetric Unit (MOU), levels 1, 2 and 3 obstetric services are all offered here at the single site. The Dept has to perform normal low-risk obstetrics, as well as level 2 referral type services and, as mentioned, quite a lot of highly-complicated work that is actually rated level 3 by the Dept of Health, such as extreme hypertension in pregnancy and pre-eclampsia, complicated abruptio placentae, HELLP syndrome, cardiac and diabetic pregnancies and extreme preterm labour and preterm prelabour rupture of membranes.

George Hospital's maternity services have been repeatedly certified as "Baby friendly" by the Dept of Health, which means that babies are kept with the mother at all times (except of course should the baby need to be admitted to the neonatal intensive care unit) and that breast-feeding is the rule, except where breast-feeding would be deleterious to the baby, such as mothers with HIV/AIDS or other serious illness. Should the baby in fact have to be admitted to intensive care, the mother is still encouraged to be with the baby as much as possible and to breast-feed. We have a Kangaroo Maternity Care unit for "stepping down" small or preterm babies prior to discharge and to nurse babies who do not require intensive care unit admission but cannot yet go home.

Our neonatal services, provided by the Dept of Paediatrics, are of exceptional quality, and extremely valuable to the work of our dept, especially with regard to preterm and very ill neonates.

We are well equipped with ultrasound machines, including ones capable of doing Doppler studies, cardiotocographs and instruments for operative deliveries. We do not

offer 3D or 4D scans, and the hospital cannot afford to hand out photographs of scans to patients.

Large High-risk antenatal clinics and gestational aging ultrasound clinics are offered.

Gynaecology services

We offer a comprehensive gynaecologic service with gynaecology OPD, colposcopy services, and oncology follow-up

The full spectrum of gynaecologic conditions is seen and treated here, as far as possible. Most of our gynaecologic oncology goes to Groote Schuur for after initial evaluation here for their primary treatment. We then follow the patients up here once their treatment is completed, whether it be radical surgery, radiotherapy or chemotherapy, or a combination hereof.

We are able to treat all the usual benign conditions including bleeding disorders, prolapse, and incontinence. We also insert the mid-urethral tapes which have been so successful in the management of female urinary stress incontinence.

Colposcopy clinics are held twice-weekly and we have been able to institute a “see and treat” approach whereby the patient has her initial consultation, her colposcopy and if necessary a diagnostic/therapeutic Large-loop-excision-of-the Transitional-Zone (the LLETZ procedure) all at the same visit. We have a digital colposcope with a remote screen for teaching purposes

The treatment of infertility is a problem as we have very few resources to handle this with. We can do the basic diagnostic work-up and then refer to either tertiary care or a good private infertility clinic.

Outreach

We provide an outreach service to the level one district hospitals in our region, during which clinical, out-patient and surgical services are provided, teaching of the local nursing and medical staff is undertaken, and mass laparoscopic sterilisation services are provided to isolated or under-resourced areas in our region.

Teaching

Teaching forms an important part of our department’s work. We are a satellite dept for the Dept of O&G at UCT/Groote Schuur hospital and we thus currently have a registrar in Obstetrics & Gynaecology from UCT/GSH each year. We have close links academically and personally with the Dept of O&G at UCT/Groote Schuur, which is very advantageous to our staff. We do extensive training on all the necessary O&G clinical and surgical skills with all the members of our dept and encourage medical officers to write the Diploma in Obstetrics of the College of Medicine while they are with us.

Training is given in the antenatal and postnatal wards, the labour ward, OPD, and the operating theatre. Theoretical and academic training is also given on an ongoing basis and a weekly ward-round is held in conjunction with the neonatologists in the neonatal ICU. One-on-one, small and large group training and learning are part of our philosophy.

Elective students are welcome to visit us and we can offer valuable training and experience to them.

Further information may be gained by speaking to either Dr Nel or Dr Firmin

.....
Dr C P Nel
MB, ChB, FRCOG, FRANZCOG
Principal Specialist and head of
the department

.....
Dr C J Firmin
MB, ChB, FCOG(SA), MMed(O&G)
Senior Specialist