

# **The patient journey through oral cancer: A comparison between Bristol Dental Hospital and Karapitiya Teaching Hospital, Sri Lanka.**

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This year we had a fantastic opportunity to explore an area of dentistry that both of us had an interest in but so far had had little exposure to. Oral cancer is an important aspect of dentistry and we felt our elective was opportunity to understand the patient's journey through oral cancer.

Oral cancer is the 15<sup>th</sup> most common cancer worldwide. We felt it was important to work in a country with a high incidence of oral cancer in comparison to the United Kingdom. Incidence varies geographically with Sri Lanka having a higher death rate of 8.94/100,000 compared to 4/100,000 in the UK.

We wanted to work with a charity during our travels and were fortunate enough to work alongside SchoolHouse. As well as our elective project we also wanted to visit schools, children's homes and care homes to provide oral health advice. In the months leading up to our Sri Lankan based elective we appealed to St Pauls Church, Clifton for donations of

toothbrushes and toothpaste. Everyone was very generous and excited for our trip and we managed to collect over 200 toothbrushes, 50 tubes of toothpaste and a small monetary donation. With 200 rupees to the pound we managed to clear the supermarket shelves of their fluoride toothpaste!

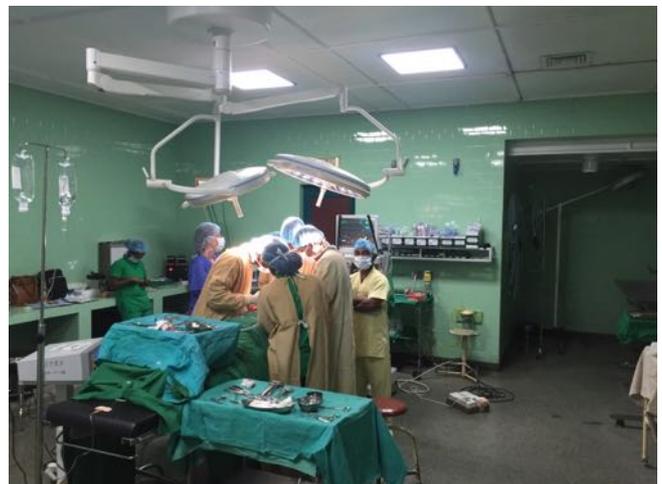


With thanks to the Bristol Dental Alumni Association we were able to subsidise our travel expenses and make a donation to Karapitiya Teaching Hospital.

Our project aimed to identify the differences and similarities between the patient's care during their journey through oral cancer in the University Hospitals Bristol Trust (UHBT), UK compared to Karapitiya Teaching Hospital (KTH), Sri Lanka.

Before travelling to Sri Lanka we observed, consultant clinics, Multi Disciplinary Team Meetings, surgery and pathology at both BDH and the BRI. We were fascinated by the number of staff members involved to provide care for one patients suffering with oral cancer. Surgery was interesting, as we had never previously observed surgery on this scale. We felt this gave us a good grounding of understanding of the patient's journey through oral cancer before we travelled to Sri Lanka.

At Karapitiya were shocked at the vast number of patients at the hospital. Walking in on our first days was like stepping back in time. The clinic had 3 dental chairs with all the necessary equipment where biopsies, consultations and dental surgery would all occur simultaneously. On our first day we scrubbed up into surgery and witnessed radical neck dissections, cleft lip and palate repairs, rhinoplasty and a mandibular distractor placement. Equipment was similar to the BRI however basic. Everything was reusable except for sharps. Outside theatre a nurse was repairing surgical gowns with scraps of material. This experience highlighted how fortunate we are to have such advanced facilities in the UK. Throughout our two weeks at Karapitiya we were exposed to many cases of very advanced cancers. Consultant clinics occurred twice a week with 200 patients attending each morning. The clinic was hive of activity with consultations occurring on a conveyor belt like system with oral surgeons carrying out dental extractions and biopsies whilst patients queued around them. It was interesting to see the cultural differences with patients taking their shoes off before entering the clinic and everyone standing when the consultant entered the room. There was no MDT at Karapitiya as all decisions were made by the consultant.



On our last day at Karpitiya, a patient presented with a large mass on his cheek. This was a recurrent lesion following previous cancer at the same site. To our surprise the decision was made to remove the cancer there and then in the dental chair, under local anaesthetic whilst the consultant clinic

continued. The procedure lasted 2 ½ hours including a comfort break for the patient half way through. This was the most eye opening aspect of our two week placement highlighting the differences in oral cancer management between the two centres.

The striking differences we observed between Karapitiya and UHBT was the advanced nature of the oral cancers. The majority of lesions were large and aggressive often with nodal involvement. Most patients required extensive surgery however reconstruction was not offered. This resulted in debilitating consequences with many patients left disfigured. The mantra of the oral and maxillofacial team at Karapitiya was that a life could be saved in the time taken to reconstruct a surgical defect. However at UHBT reconstruction was meticulously planned alongside surgery.

Education regarding risk factors we found to be limited at Karapitiya with many patients still chewing Betel and drinking heavily even after surgery. As part of our project we distributed Mouth Cancer Awareness leaflets, kindly donated from the Mouth Cancer Foundation. We were surprised by the interest these received despite the language barrier.

In conclusion, despite the differences in risk factors, use of MDT and availability of reconstruction, we were surprised by the many similarities there were between the centres. At each stage, at both hospitals, every decision was made in the patient's best interests to aid their journey successfully through oral cancer. Having the opportunity to observe patients in such different settings has been invaluable in improving our understanding of oral cancer and we will take this forward in our careers.

During our project we stayed with a wonderful host family that made us very welcome and introduced us to local traditions. We attended Poya celebrations and sampled the local cuisine. All of the staff at Karapitiya were very helpful and wanted to make our visit as fulfilling as possible.

After our project we travelled around the beautiful island of Sri Lanka. As dental students visiting the Temple of the Tooth in Sri Lanka's historic capital, Kandy, was essential! We plucked tea in the hill country, saw traditional dancing and fire walking in Kandy, climbed the 1,200 steps to

the Lion Rock fortress in Sigiriya and witnessed up to 100 elephants in their natural environment at Minneriya National Park. At every point in our journey we were warmly welcomed with a beaming Sri Lanka smile.

Finally, thank you to the BDAA for helping us carry out this incredibly rewarding and inspiring elective project. An experience we will never forget.

