Situated a modest 25-minute bus journey from Dublin City Centre, my elective took place in our very own Beaumont Hospital. Not only was it strange to be going back on the Monday following the post-exam weekend, but an unfamiliarity hung about the place with so few students. I spent the next three weeks with the neurosurgical team, with most of the action unfolding in the Richmond and ITU wards.

Ward rounds commenced daily at 7.30am with assessment of intensive care admissions from the previous night. Intracranial bleeds and head traumas were the most frequently encountered cases. The significance of the Glasgow Coma Scale (GCS) in the examination of these patients cannot be overstated, as it remains the best initial predictor of recovery, although it unfortunately remains a common stumbling block for students in exams. On the wards, the list of pathologies included brain tumours such as glioblastoma multiforme, meningiomas, extradural haemorrhage, meningitis, and cerebral infarction. Most of my ward time was spent as an aide to the interns and SHOs, taking blood samples for testing, setting up IV lines, catheterising, and passing NG tubes. No amount of tutorials can replace actually performing these practical procedures in the hospital environment.

Despite the tireless efforts of the neurosurgical staff, many patients never return to their original state of health, and some with no apparent hope of recovery are treated palliatively. The impact of disability can be an agonising burden to bear for a family, and witnessing this myself also proved emotionally challenging. During my time, a patient died after falling victim to a massive subarachnoid haemorrhage. Loss of life and impending death were difficult to accept for me as a student, but I quickly learned that it is a regular feature of neurosurgery, and I must not let it interfere with the care I provided for other patients.

A surgical elective would not be complete without a visit to theatre. I was able, on more than one occasion, to scrub in and have a closer look at a range of neurosurgical procedures, including installation of ventriculo-peritoneal shunts and spinal fusions. I was grateful to have the opportunity to assist during a cervical laminectomy. Some procedures extended beyond five to six hours, testing my stamina and patience; neurosurgery is a field that not only demands time and dedication, but also tremendous concentration.

Being fully integrated with the neurosurgical team gave me the chance to engage with the patients thoroughly as a member of staff. I was given the opportunity to follow up and assess their state of health regularly, which was of great benefit for my learning and training as an aspiring medical professional. If I needed it, however, I knew help was always at hand. The camaraderie among the neurosurgical staff was inspirational and has fuelled my interest in this fascinating area of surgery.