

# Corniche Hospital

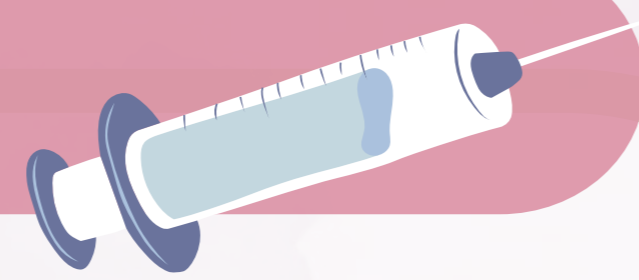
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Abu Dhabi

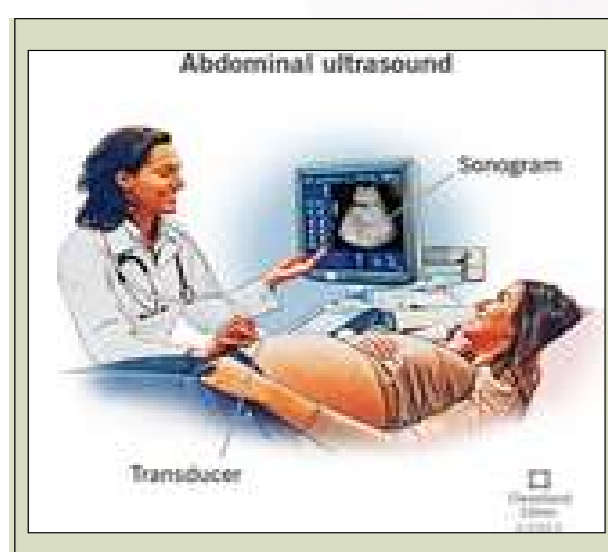
With the summer scholars program, I did my first clinical observation at the Corniche Hospital, where I observed fetal medicine and high-risk obstetric practice.

During the three-week stay, I observed :

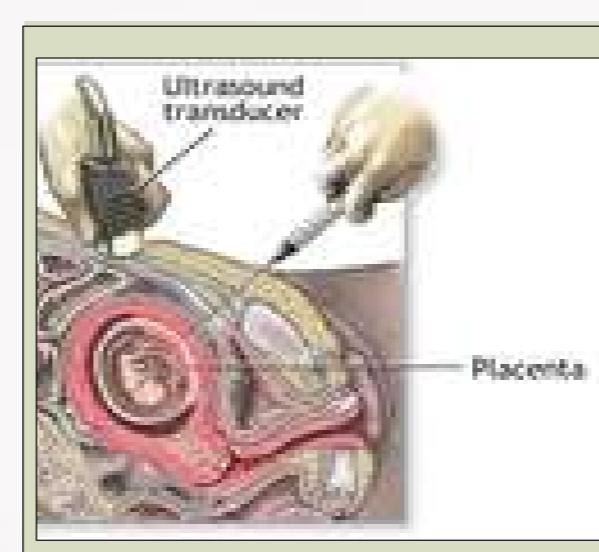
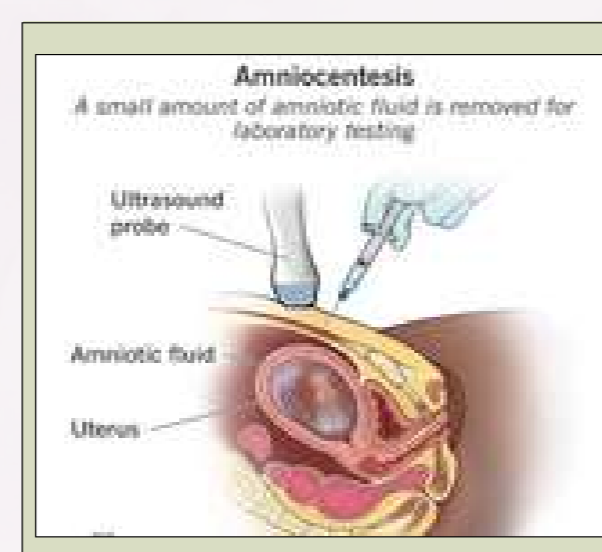
## Diagnostic Techniques:



- Advanced Ultrasound, including abdominal and transvaginal Ultrasound



- Invasive tests, including amniocentesis and Chorionic Villus Sampling (CVS)

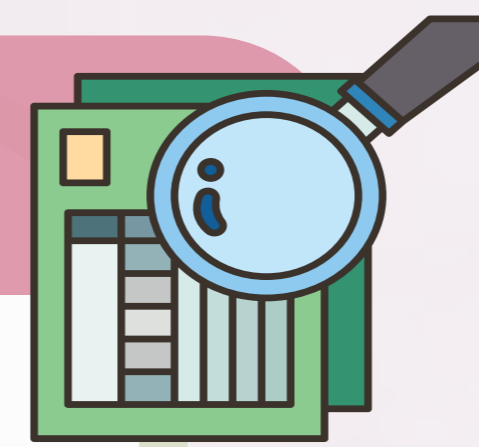


## Management of breaking bad news:

- The doctors were professional in handling situations where they needed to break bad news. Initially, giving a warning to the patients and explaining the issue in a way they would understand it. The doctors also were also very empathetic and showed appropriate body language.



## High-Risk Cases:



- Twin to Twin Transfusion Syndrome:

This complication usually arises in monochorionic twin pregnancy, in which sometimes abnormal blood flow in vascular anastomoses in the placenta happens, creating an imbalance in blood exchange between the twins.



- Meckel Syndrome:

This is a rare autosomal recessive disorder that is caused by mutations. It comes with severe signs and symptoms, mainly occipital encephalocele, large polycystic kidneys, and postaxial polydactyly.



- Spina Bifida

A portion of the neural tube doesn't close or develop properly. Diagnosis may be through ultrasound or by checking AFP levels in the amniotic fluid by amniocentesis. Higher than average levels of AFP in the fluid is an indication of spina bifida.

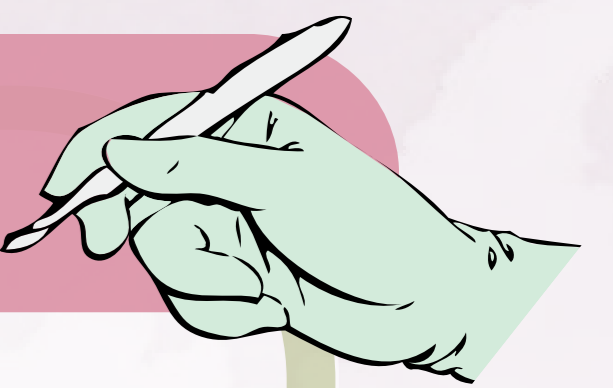


- Cystic Hygroma

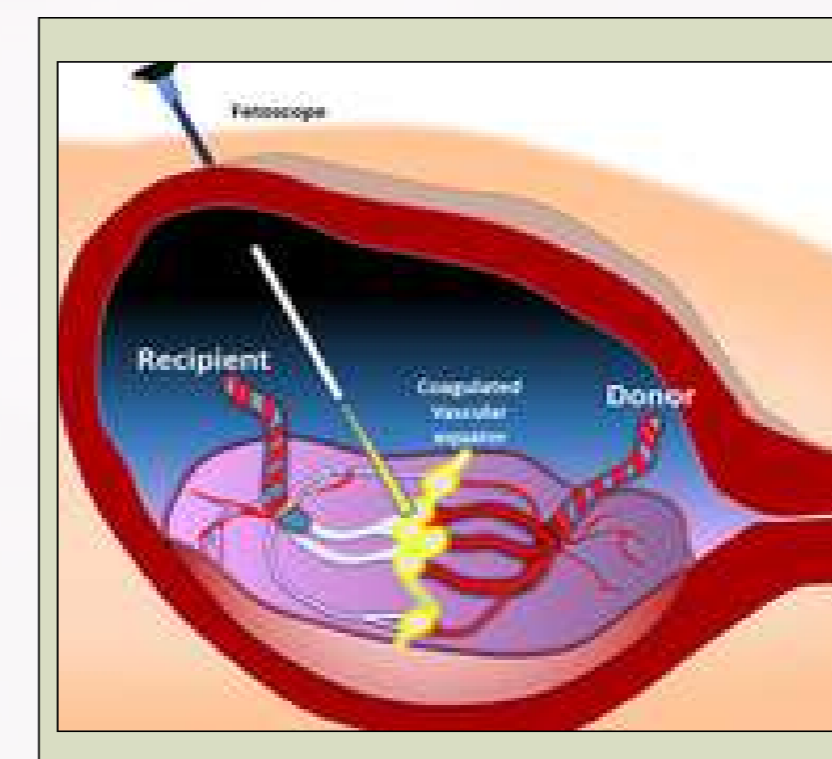
A cyst that forms on the baby's neck due to a malformation or blockage of the lymphatic system. This condition has a risk of intrauterine fetal death as the cyst could create excess fluid in the fetus' body affecting its growth.



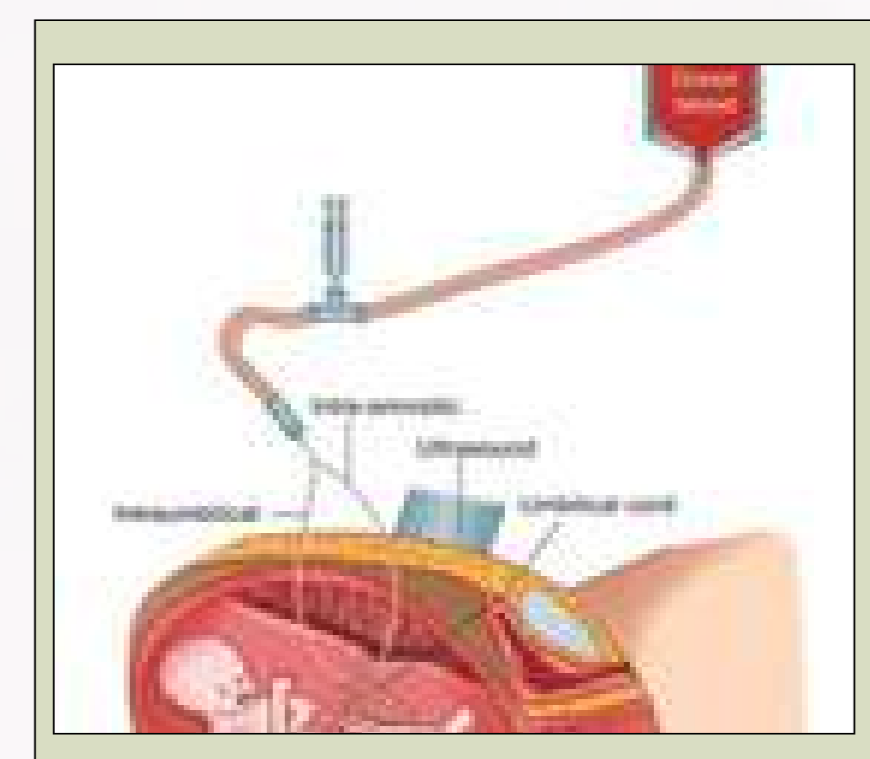
## Invasive fetal procedures:



- Endoscopic Laser Abortion



- Intrauterine Transfusion



## How did this impact me:



- My journey in the fetal medicine unit was indeed a remarkable experience. I was able to observe what was taught in lectures being applied in terms of doctor-patient relationship, building rapport with the patient, and patient-centered care. I am grateful to Dr. Leanne, Dr. Werner, and Dr. Hessa for their support in helping me learn and showing me the beautiful side of fetal medicine.