

"When I'm in theatre I just can't believe how fortunate I am as I love my job!"

Miss Alia Noorani works at Papworth Hospital NHS Foundation Trust in Cambridge, the UK's largest specialist cardiothoracic hospital. She is a specialist surgical trainee, ST7.

Miss Alia Noorani

Specialist surgical trainee, ST7

Employer or university

Papworth Hospital NHS Foundation Trust

Portrait of Miss Alia Noorani

How I got into the role

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I decided that medicine was for me during my school's lower sixth as I really loved the sciences, having been inspired by fantastic teachers. Both my parents are doctors and they were keen for me to explore a wide range of different career options, but it was medicine that really appealed to me despite their efforts!

After A levels I headed off for Guy's and St Thomas' Medical School where my medical degree allowed an intercalated degree between the third and fourth years. Facing stiff competition I was delighted to be accepted onto the BSc in Clinical Anatomy, where the teaching was again inspirational.

During my third year of medical school I did a six-week placement in cardiothoracic surgery at St Thomas' Hospital. I was made to feel part of the team from day one, and gained varied experience in outpatients' clinics, on the wards and observing operations. I loved the work – it was both fascinating and technically demanding and I decided that this was the specialty that I'd like to follow.

Towards the end of medical school I went to the paediatric cardiothoracic unit at Boston's Children's Hospital in the US for my elective [1]. I found the surgery mind-blowing and unbelievable – my heart was totally set on this career!

My medical training took place before foundation training [2] was introduced, when the next stage after medical school was junior and senior house officer jobs. This provided me with lots of relevant experience including general surgery, vascular surgery, general medicine, cardiology and both adult and paediatric cardiothoracic surgery.

I then applied for higher surgical training in cardiothoracic surgery, as core surgical training did not exist at that time. My specialist training lasts six years and is a carefully structured programme of transplant surgery, thoracic (lung) surgery and cardiac surgery. As training progresses you're given increasing levels of responsibility in the operating theatre, while being supervised by a consultant at all times.

During training you also have to pass membership and eventually fellowship exams of the Royal College of Surgeons, MRCS and FRCS before you can become a consultant.

I took two years out of my training to take a research degree, in my case an MD. My research project looked at the different methods of assessing patients using imaging before major heart surgery.

What I do

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Here at Papworth Hospital I usually spend three full days each week in the operating theatre. My day starts at 7 am where I lead a post-surgery ward round before attending a theatre team briefing at 8 am. Our team includes the surgeons, the anaesthetists, the clinical perfusion scientists, and the theatre nurses.

This pre-surgery briefing is vital, so that we can discuss our surgical list and ensure any specialist equipment is in place. The perfusion team use complex heart and lung machines which assume the function of the heart and lungs so that surgery can take place safely.

Coronary artery bypass graft surgery is one of our most common operations for patients who have suffered a heart attack or angina, and takes three to four hours. Another common operation taking about the same time is a heart valve operation, performed for patients with breathlessness or heart failure.

Emergency operations may take much longer as the surgery is usually more complex. Surgery for an aortic dissection for example, where the patient has a tear in the aorta [3] may take between ten and twelve hours.

Most weeks I see outpatients in one half-day clinic. These patients are a mix of new referrals and those requiring post-surgical follow-up.

I also work closely with our 33-bedded critical care unit, where I see patients with post-operative medical or surgical problems. Our patients are usually on ventilators and are closely monitored. It's important to check that there is no bleeding and that they are stable. I'm on call ^[4] on the intensive care ^[5] unit about one day in nine and on occasions some patients develop life-threatening complications, and may require further surgery.

An important part of my training is a weekly surgical meeting where we review and evaluate complex cases. I also participate in a regional teaching programme where I present relevant topics to other staff including consultants on subjects closely related to our FRCS curriculum. Conducting clinical audits is also part of my work.

The best bits and challenges

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When I'm in theatre I just can't believe how fortunate I am as I love my job! I really enjoy being part of such a close-knit inspirational team, which is like an extended family. We all appreciate one another's individual roles.

The work in this acute setting is fast-paced, exciting, and constantly changing.

I like the fact that acutely unwell patients often become symptom-free and experience a better quality of life soon after major surgery. They might present in A&E or outpatients with angina, chest pain or shortness of breath and it's so rewarding to see patients recover and return to normal relatively quickly.

The operating is technically challenging. The blood vessels we work on are tiny and there's no room for mistakes! Although the operations may be similar, each patient is different and their anatomy can sometimes be different.

Fitting in the study for the FRCS exams can be a challenge alongside such a busy job, but the clinical work helps in preparation.

Some conditions, such as aortic dissection carry a high mortality rate, and even with surgery some patients will die. I'm always devastated when we lose a patient. It's during these times that I rely on the support of my colleagues and my family, and we always talk about what has happened.

Life outside work

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I now have a small two-year old son and my priority is to ensure that weekends when I'm not on-call are kept free to spend with him and my husband, who's also a surgeon. During the week the working hours can be long, and I rely on my nanny and extended family to help out. Although it can be quite hard at times to juggle a busy surgical career with a family, it can definitely be done. I wouldn't change anything.

Career plans and top tips for others

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I've got about a year before I finish my training and receive my CCT ^[6]. Before that I need to pass my FRCS exams. I'll then be able to apply for consultant posts.

Top tips

- if you want to do something go for it and don't allow anyone to put you off
- balancing a family life and a busy surgical career is hard, but not impossible.
- find out as much as you can about your chosen specialty – talk to colleagues and get involved as much as you can
- undertake a research degree such as an MD or PhD if possible – it broadens your perspective

Source URL:<https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/surgery/cardiothoracic-surgery/real-life-story-miss-alia-noorani>

Links

[1] <https://www.healthcareers.nhs.uk/glossary#Elective> [2]

https://www.healthcareers.nhs.uk/glossary#Foundation_training [3]

<https://www.healthcareers.nhs.uk/glossary#Aorta> [4] https://www.healthcareers.nhs.uk/glossary#On_call

[5] https://www.healthcareers.nhs.uk/glossary#Intensive_care [6]

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