

## Real-life story - Miss Natasha Chinai

Miss Natasha Chinai is a vascular surgery trainee, ST5 on the Severn training programme with Health Education South West. She is currently working at the Royal Devon and Exeter NHS Foundation Trust



Miss Natasha Chinai Vascular surgery trainee  
**Employer or university** Health Education South West  
**Salary range** Unknown

### How I got into the role

I decided I wanted to be a surgeon when I was about 14. I was always a practical hands-on person and also enjoyed the sciences. As a teenager growing up in India I taught street children in Mumbai, worked in a school for blind children and in government hospitals as a volunteer.

After taking A levels in the UK I went to America to study biology, as my parents weren't keen on me becoming a doctor. However I decided to pursue my ambition and returned to the UK to study medicine. My voluntary work in India enabled me to go into medicine with my eyes open, without a romanticised view of the work.

During the clinical years of medical school I made the most of surgery attachments, working very hard and making contacts. This is vital.

After medical school came foundation training, lasting two years. This included an attachment in vascular surgery and upper gastrointestinal surgery. I loved the vascular surgery and was beginning to think that this could be the career for me. Improvement is often immediate following vascular surgery, and I could see patients gaining instant relief from their symptoms.

Instead of going straight into core surgical training, I went to Australia for a year and worked as a junior doctor in A&E and vascular surgery, which was a great experience. I applied for core training and

interrupted my work in Australia to return to the UK for an interview.

There's lots of competition for places at all stages of surgery including core surgical training. I think being a mature applicant helped, as I was four years older than most other people. I'd also had lots of varied experience, which strengthened my application,

An attachment in vascular surgery for six months during core surgery cemented my career ambitions. I was unsuccessful in my first two attempts when applying for higher surgical training, due to the intense competition. I obtained a locum appointment for training (LAT) post, which is a stand-alone fixed term contract. I worked for one year in vascular surgery and for a further year in colorectal surgery.

After working in LAT posts for two years I decided spend a year working in research before applying for higher specialist surgical training again. I worked as a vascular clinical research fellow in Manchester and also did locum shifts at a local hospital.? During this year I successfully applied for higher surgical training in vascular surgery.

## **What I do**

I am now about half-way through my higher surgical training ST3-8 in the south west of England. Vascular surgery only became a surgical specialty in its own right in 2013 (having previously been a sub-specialty of general surgery) and I'm in the first intake of trainees.

Vascular surgery has changed immensely over the last few years. When I was at medical school there was lots of open vascular surgery, but nowadays minimally invasive endovascular techniques are commonplace.? I really enjoy the complex endovascular work, although I also love open surgery too. There's also overlap with the work of interventional radiologists.?

During the first two years of vascular surgery training, ST3-4 you also participate in a general surgical on-call. From ST5 your work is solely within vascular surgery. Nationally vascular surgery is centralising to specialist centres to deliver improved patient outcomes. As a trainee we work at the hub hospitals but are involved in receiving referrals from hospitals that no longer provide vascular surgery.

At present I participate in two weekly general vascular surgery outpatients? clinics, each lasting half a day, starting at 9.00 am and finishing between 12.30 and 1.00 pm. Patients are referred with a variety of conditions, including aneurysms, varicose veins and claudication, a condition where patients experience a cramping pain in the legs caused by arterial disease.

Not everyone who attends these outpatients? clinics needs surgery. Sometimes they might be given lifestyle advice, put on a surveillance programme or discharged.

I also work in a renal access clinic each week, where I see patients who are having kidney dialysis. Before haemodialysis can take place, patients need to have a blood vessel created in their arm called a fistula, which is created by connecting an artery to a vein, making a larger blood vessel. In this clinic I assess patients to check that they have adequate arteries and veins before a fistula can be made.

Once a month I spend time in our joint diabetic foot clinic, with endocrinology, orthopaedic surgery and diabetic podiatry colleagues.

I usually spend between one and two full days each week in the operating theatre. Before surgery starts I see consent the patients on my list for the day and answer any questions they may have. We work as a team with junior and senior colleagues, and the consultant is always available for advice and help.

Before we start operating we have a surgical team brief where we discuss any worries or concerns for the

day, and check that all equipment we need is available. The range of operations is varied and includes arterial bypass, carotid surgery, aneurysm repair, amputation or renal access work.

I also spend half a day a week in interventional radiology, working closely with colleagues from radiology to perform a range of procedures, such as angioplasty, where a small balloon is used to stretch narrowed arteries

Each week I also attend a multidisciplinary team meeting (MDT) with vascular surgery colleagues, radiologists and anaesthetists, where we discuss cases, look at images and share expertise. This meeting also includes a cross-county tele-conference, with colleagues from hospitals across the region.

Teaching is an important part of my work and I teach for the Severn school of surgery and the Royal College of Surgeons.

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## **The best bits and challenges**

I love the practical hands-on aspect of operating. I also enjoy the camaraderie of the surgical team and working with such great people. Working with nurses is very rewarding, and they teach me so much.

You can't always help everyone and one of the skills of a good surgeon is knowing when not to operate. Sometimes patients will not benefit from surgery and we may have to counsel patients who are reaching the end of their lives. At this stage it's about working as part of a team to ensure the patient has the best possible quality of life.

## **Life outside work**

I do 24 hour on-calls one in every six days, although I don't always get called out. It's important to aim for a good work life balance and I enjoy walking in the countryside and kit-car racing with my husband. I love living in the south west as there's a great mix of city life, countryside, mountains, hills and beaches.

## **Career plans and top tips for others**

In a year's time I will be taking my Fellowship of the Royal College of Surgeons exams. I'm about three years away from completing my CCT and [1] becoming a consultant. I may complete a post CCT fellowship before hopefully securing a consultant role.

- if you want to be a surgeon be prepared to go the extra mile during surgery attachments and rotations
- when you're training to be a doctor don't hesitate to ask questions as the key to success is effective communication
- not everything in surgery is text book and you have to be prepared for the unexpected

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**Links**

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