

# *World Orthopaedic Concern*

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*This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those who may not be connected through the "net." It is addressed to all interested in orthopaedic surgery in areas of the world with great need but Limited Resources.*

**MYANMAR.** The Activities of AMFA, L'Association Medicale Franco-Asiatique; and prospective initiatives from the **HVOUSA.**

*(This short summary in English of last year's annual report is really a tribute to Professor **Alain Patel** the Founder and President of AMFA for his enormous efforts to improve orthopaedic and other medical services in Myanmar. GFW.)*

In 2012 in spite of the difficult financial climate, AMFA received donations in cash of 342,983 Euros and of 826,150 Euros in the form of materials, transport, activities of volunteers and support from various other Charities. L'Assistance Publique a Paris AP-HP has always provided considerable support, with assistance from Directors, Engineers and Senior Nurses. Experienced technicians have given up their holidays to train Burmese colleagues, how to install and repair equipment.

Another project has been to rebuild, modernise and equip the old British-built hospital in Myeik and this has been done with the assistance of the Rainbow Bridge Foundation. The facilities for the delivery of babies and the care of children requiring in-patient care, have been greatly increased. In addition about 34% of the 150,000 population who inhabit 200 of the 800 Myeik islands, in the Bay of Bengal, are now covered for their basic health needs by staff largely trained and supported

by AMFA who have also constructed 14 dispensaries on the islands. All medicines are provided free of charge.

In Mandalay (Myanmar's second city) the orthopaedic hospital, fully equipped by AMFA (at a cost of 750.000 Euros) is running well with an average of 16 operations performed each day. A specialist surgical training unit has been established and has resulted in an increase in the volume of cardiac surgery performed. This has been made possible through the help of many visiting specialists who have also been able to train local doctors and other staff. The Albert Schweitzer Hospital (in the Netherlands) has sent visiting anaesthetists to demonstrate and teach modern techniques.

In YANGON two French teams of orthopaedic surgeons and anaesthetists have performed the surgical correction of scoliosis (supported by Medtronic and International SOS) and several Burmese surgeons are learning the complicated surgical techniques.

Adequate sterility is a problem throughout Myanmar, with rats, insects and high humidity. A unique "workshop school", established a while ago, recently required major restoration on account of these problems. Apparently rats had chewed through some of the electric cables; and there were other grave deficiencies. This recent repair work has been done with the aid of visiting technicians and other specialists supported by International SOS. Air France provided flights for some of these personnel.

It is obvious that AMFA depends on the service, very largely voluntary, of a great number of individuals; in this short summary I am only going to mention one (apart from Professor Patel). This is **Po Po AUNG** known as 'Pole' who is considered to be the soul of AMFA in Myanmar. She remains in constant touch with the Professor and manages just about everything including liaison with the Ministry of Health, the financial accounts, shipping of materials and supplies, care of the poor and the general organisation of AMFA's activities everywhere in Myanmar.

These selected brief reports are but a small part of AMFA's activities in Myanmar. They are almost entirely the result of continued stimulation by the very effective and diplomatic techniques used so well by Professor Patel. Of course he has received great assistance by colleagues both from France and from other relatively rich countries as well as by local individuals. He manages to extract support from

Charities and private donators from just about everyone whom he meets.  
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And now Orthopaedics Overseas announces a new initiative to bolster the training service in Myanmar,-- for so long the sole burden carried by Alain Patel.

### **HVO Launches Orthopaedic Program in Yangon, Myanmar.**

[Washington, DC - March 11, 2013] Health Volunteers Overseas is delighted to announce an orthopaedic program in Myanmar. Partnering with the Yangon General and Yangon Orthopaedic Hospitals, HVO will recruit general orthopaedic specialists to work with physicians and residents at both hospitals in Myanmar's capital city, Yangon. HVO volunteers will review, revise, and continue the orthopaedic training curriculum, provide sub-specialty training to the general orthopaedic surgeons and initiate research training, involving fracture healing, biomechanics of implants, and orthopaedic oncology. The length of a volunteer assignment is two to four weeks.

Yangon General Hospital is a 100 year-old structure, housing 1500 beds. The Yangon Yangon Orthopaedic Hospital occupies a separate 300-bed structure. Local orthopaedic surgeons and residents work at both hospitals. Acute trauma cases are undertaken at the Yangon General Hospital; "cold" orthopaedic cases such as degenerative conditions, tumours, infections, and neglected trauma are managed in the Yangon Orthopaedic Hospital.

On March 22, 2013, HVO program director **Dr. Samer Attar**, MD will make a presentation about the new program, and his recent trip to Myanmar, at the Orthopaedics Overseas Annual Luncheon, to be held during the AAOS Annual Meeting in Chicago, Illinois. The event is open to any interested potential volunteer. Tickets may be purchased through the [HVO website](#) or by calling the office at [\(202-296-0928\)](tel:202-296-0928).

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The global Orthopaedic community welcomes this potential collaboration. Both **HVO** and **AMFA** will be kept informed of each other's progress, so that their mutual endeavours may be linked.

**Orthopaedic History, in Myanmar.** In 1963, a visit was made to the newly Independent Nation, by **Edgar Somerville**, (Oxford). His commission was to make certain recommendations, with regard to the 'health service' in Burma. He deemed it "essential that the host country will take the major responsibility, with aid from visiting orthopaedic surgeons, who would help to train Burmese doctors, around whom the whom the service would develop." This was thought to be infinitely more effective than to bring Burmese surgeons to the West for training.

A succession of Western Surgeons visited periodically, until political conditions Intervened. Patience has now been rewarded by fresh invitations through the Burmese Orthopaedic Association, and the doors of collaboration are opened once again.

All those years ago, Somerville enunciated what was to be the guiding principle for WOC, -- "that they (*the surgeons in the areas of restricted resources*) must be trained in their own country, on the type of case which they will be called upon to treat, under conditions which obtain locally."

This principle has been thought to be restrictive in regard to replacement arthroplasty, but those addressing the orthopaedic pathology of West Africa will be aware of the frequency of AVN of the femoral head, in patients with "sickling disease" . . . Local knowledge is more valuable than the small print of rarity.!

## ETHIOPIA

The surgical community of Addis mourns the tragically early death of Solomon Ekubeyonas, at the height of his powers, aged 54 years. An appreciation of his life reveals the magnitude of the task which faced the young profession, at the infancy of modern medicine in Ethiopia. Along with many of his contemporaries, Solomon had to take advantage of Russian benevolence for a medical education at Pirigov University,(USSR) where he had to struggle with a strange language and a stranger script. He joined the training scheme for Orthopaedics at the Black Lion (1990-1996) and subsequently was obliged to spend three years in general practice.

Finally he joined the Alert Hospital, a missionary establishment, where his reputation for painstaking devotion to every patient soon earned him the admiration and affection of all who worked with him. His industry while a trainee at the Black Lion made him a comprehensive doctor, regularly accepting overflow

cases from the Emergency dept of BLH, often grossly compounded fracture cases which might otherwise have been sent home !!. Quickly he became expert in the demanding specialties of reconstructive hand surgery, paediatrics, plastic surgery and leprosy. In all these, he developed great expertise through his dedication and tireless attention to detail. In all aspects of his life and work he was a quiet inspiration to his whole team at Alert. His example remains an influence on all who knew him.

M. Laurence