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.

This editorial office wishes to give an explanation and an apology for any delay in delivery. . .Increasingly we receive persuasive (almost seductive) appeals to enlist in "social" networks, which promise to take care of distribution to everyone, and (curiously) to sign us up for communication with young ladies (illustrated). There is a suggestion that our periodical will be delivered only through the agency of their Networks. I refuse to enlist or to quote their names; there are about twenty of them!.. as if our own "e" was not already fully employed; - this is the reason for any delay in delivery…

This edition, Newsletter No 130, is something of an appendix to the last because comments have arisen on matters raised in N/L 129, which were to some extent predictable. The questions related to proportion and safety, specifically to sub-Saharan Africa (S-S A) and places of equivalent deprivation. They are important and relevant to African practice. We take this opportunity to fulfill another valuable function of the Newsletter, that of a forum for debate and discussion.

The dedication of WOC to the teaching and training of orthopaedic surgery, is specific to Low to Middle Income Countries. The problems are to a great extent economical, but not entirely so. Volunteers who embark upon the adventure of S-S A Orthopaedics, deserve guidance which only those actively involved can give.

Dr. Sylvain Terver has much experience of orthopaedics in the Franco- and Anglophone parts of the African continent; and to him we turn for informed advice. Sylvain has been a contributor to Ethiopian orthopaedic teaching in his capacity as peripatetic travelling teacher on behalf of the **AO Foundation**, (their Socio-Economic Committee), on whose part he has worked in the Congo, Cameroons, Ruanda, and much of West Africa. His present activity is to settle, on the behalf of AO Socio-Economic Committee, a system of education for the primary interveners in traumatology, throughout S-S A. This is the real challenge to keep it in the hands of the African surgeons themselves.

Economics play an obstructive part in S-S A surgery because it so often results in substandard sterility - a huge risk for large moving foreign bodies, - joint prostheses. **Ton Schlosser** raised the subject in Newsletter 129, referring to the prevalence of avascular necrosis of the femoral head (inter alia) due to drepanocytosis. These cases of "sickling" disease, common in West Africa, present some of the most difficult and youthful cases of hip disease – totally different from the degenerative conditions seen in the ageing population of western countries. In this respect, the pathology differs from western experience. Patches of bony necrosis have the tendency to affect the bone into which the prostheses have to be fixed. The result is that the management of hip disease is both complex and uncertain in its prognosis, demanding long term supervision, with the threatening prospect of "Revision" surgery.

Sylvain agrees ; "There is an evident need of **THR** in Africa – but the clinical need has to be weighed in the balance with the following:-

1. The usual conditions of the instrumental circuit demand that the surgical conditions are <u>really sterile</u>, to the level needed for the implantation of substantial implants.
2. The relevant cases are essentially more complex than the ordinary THR indications in our own countries (*where the least pain in the hip may be treated by joint replacement !!).* This aspect leads to an increase in complication and mechanical failure, throughout the young patient's long years of life.
3. There is a cruel lack of post-surgical physiotherapy, although any surgery on a "normal" African induces terror of any movement !!

4. Conservative (non-implant) surgery still has indications *(if only western young surgeons are still able to teach the techniques* ?).

For example hip necrosis from drepanocytosis is NOT a good indication for osteotomy (at least in my hands!), and bone grafting techniques, even with vascular pedicles, have yet to prove their efficacy. Dysplasia of the hip is as frequent in Africa as in western countries, -- as soon as the kids leave the backs of their mothers! The clinical indications for replacement arthroplasty are even more tendentious in S-S A, than in the well equipped west.

On the subject of **arthroscopy**, the indications should be extended, because the catastrophic complication of surgical infection is very rare indeed. In this field, failure of maintenance is the usual cause of failure to provide. Improvement in orthopaedic care in Africa must be firmly based upon the following:-

5. Training of nurses and health officers in technical maintenance, and the rules of hygiene.
6. Training of primary care providers, in sound fundamental first aid and recognition of a serious situation; and how to transfer, speedily, when urgent.
7. Training of young surgeons in what is demonstrably the most useful and feasible techniques with modern equipment, and all the surroundings that are needed.
8. Training of physiotherapists for post-operative care, and their involvement with both in- and out-patients, for continuity of rehabilitation.
9. Only after ALL those goals have been achieved, total joint replacement or arthroscopy might be encouraged and sustained, so that it becomes generally available to all, not only for the wealthy.

I would repeat, **ALL** the above. Too often the absence of any one of these imperatives frustrates the whole. sterver@hotmail.com

INDONESIA (Australia)

REPORT OF TRIP TO BALI AND MAKASSAR 18TH – 28TH JANUARY 2013

The 3rd Trauma Course, for Residents; convened by Dr **Ben Jeffcote**, on Satursday and Sunday 19th and 20th January 2013

Bill Cumming and Joe Ghabrial flew to Bali in the afternoon of Friday 18th January 2013. Both contributed as speakers with contributions from Dr **Ed Baddour**, Spinal Surgeon from Perth, **Professor Mirialis**, Trauma/Orthopaedic Surgeon from Melbourne and **Dr D Neptune**, Orthopaedic Registrar from John Hunter Hospital in Newcastle (NSW).

Dr I G Lanang was the Chairman of the Trauma Course, conducted at the Sanglah General Hospital in Denpasar. This was the third January trauma course; the next will be in January, 2014, in the city of Malang in East Java. The Indonesia College of Surgeons has decided to rotate the course each year between different centres following its success over the past 3 years.

Monday 21st January 2013. We attended the weekly morning discussion of cases going to theatre that week, and the outcome of cases admitted the previous week. In the afternoon we discussed the training program in Bali which now involves 40 residents, with secondments to departments in hospitals on the island of Bali. From the 40 trainees there would be one fifth involved purely in research, usually in the first year of training.

Tuesday 22nd January 2013. We both attended and contributed to the Grand Ward Round, reviewing all patients in the Orthopaedic Wards at Sanglah General Hospital, followed by attendance at the Orthopaedic Clinic. That afternoon Bill Cumming and Joe Ghabrial discussed the future of the program in Bali and our involvement in the pre-exam orthopaedic course, twice a year. A venture between Bill Cumming, Joe Ghabrial and two Indonesian educators, conducting the pre-exam course over a period of 3 days.

Wednesday 23rd January 2013. We flew to Makassar, on the island of Sulawesi.Thursday 24th January 2013. Bill Cumming and Joe Ghabrial gave six lectures to the trainees in Makassar, and the candidates sitting the exam. Topics discussed included degenerative backache, tardy ulnar palsy, multiple myeloma, mal-alignment syndrome, ankylosing spondylitis, and surgical mistakes! The lunch-time session involved presentation of x-rays and clinical cases. In the afternoon we held a session with the trainees, who were sitting the exam the following day, discussing various topics informally.

Friday 25th January 2013. We met the Indonesian national examiners. We attended the College of Orthopaedic Surgery Meeting, generally to discuss the continuing reforms of the Indonesian National Orthopaedic Board examination.

Saturday 26th January 2013 2013. We were fully involved in the Indonesian National Orthopaedic Board examination, held in Makassar, as examiners,

Sunday 27th January, We flew back to Australia. We wish to thank Dr Lanang, Chairman of the Trauma Course in Denpasar, Dr Ben Jeffcote, Dr Baddour and Professor Mirialis, for their valuable contributions to the Trauma Course, and

Professor Idrus Paturusi and all members of the staff in Makassar. A special thanks too to Professor Hidayat from Malang who is the current President of the Indonesian College of Orthopaedic Surgery, for inviting us as examiners for the National Orthopaedic Examination.

BANGLADESH. report from Geoffrey Walker 2013

1972. Just after the war of Bangladesh independence, GW went to Dhaka to be met by the remarkable **Dr Ron Garst** who had arrived a few months earlier from India, to deal with the epidemic of battlefield amputations and paraplegics. With the aid of the team that he had brought with him, Garst had established a 150 bed hospital with two operating theatres. Within a very few years he realised that this temporary facility was inadequate so, with support from the Government and elsewhere, he built a 400 bed orthopaedic facility. By the time this was started Ron's real stroke of genius was to realise that it was vital to establish an orthopaedic training scheme. He did this with the support of the University, with a Diploma awarded after two years, and MS after three.

Fifteen years later, there were sufficient experienced Bangladeshi orthopaedic surgeons, to train the post-graduate students; so overseas teachers were no longer required. The training scheme has slowly expanded and is so popular that each year there are now over 100 applicants for 15 places at the National Orthopaedic Hospital. In addition other Medical College Hospitals train five post-graduates each year. 500 orthopaedic surgeons have been produced for a population of 160 million.

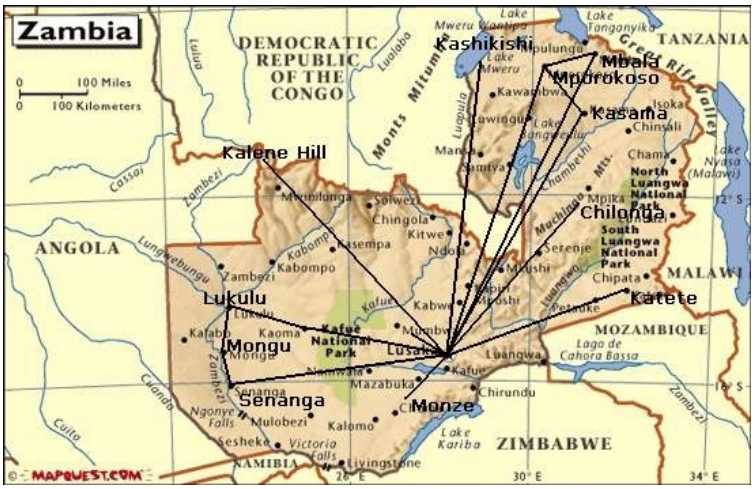
The meeting itself ran over three days, preceded by workshops. Distinguished visitors from India, Pakistan, Nepal and Russia participated. Professor **H.R.Jhunjhunwala** from the Bombay Institute of Medical Sciences gave three outstanding presentations each containing original ideas. An anecdotal session, devoted to individual patients' problems, received vigorous audience participation.

ZAMBIA. FlySpec Report; 2012

87 visits were made: 44 by air (24,469 nautical miles) 43 by road (30,766 kilometres) We saw 4,821 patients and performed 1,431 operations.

Fourteen hospitals were visited this year: 6 government and 8 mission hospitals. We made 13 fewer visits than last year but the visits to St. Francis Hospital, Katete, Mongu Cheshire Home and Lewanika Hospital and Our Lady's Hospital, Chilonga were often extended to four days because of the heavy workload.

Consequently, the average number of patients seen and operations done on each visit, was greater than in 2011.



In October 2012, FlySpec became involved in taking Dr Michael Breen**, a** Consultant Gynaecologist in the South of Zambia and one of the very few surgeons specializing in this very difficult type of surgery. FlySpec facilitated his week-long visit to Our Lady's Hospital, Chilonga, 1,600km away in the north of the country. We have now booked to continue this in 2013 and we are very pleased to welcome Michael to the list of FlySpec Surgeons**.**

FlySpec has expanded into a group of seven (mainly Zambian), orthopaedic surgeons, one plastic surgeon and a dozen postgraduate trainees. FlySpec is now a very important source of practical experience for the postgraduate trainee orthopaedic surgeons because of the severely limited amount of operating theatre time available at UTH (Lusaka Univ. Teaching Hosp). Helping the FlySpec surgeon, they have one-on-one tuition in both clinics and theatres. We also take every opportunity to involve and instruct the local resident doctors, who take on the care of our patients when we leave.

Dr Goran Jovic, our sole plastic surgeon, became a pilot in 2002 and flies one aircraft, while volunteer pilots from Flying Mission Zambia (FMZ), fly the other. I retired from flying and surgery when I reached 70 and am now relegated to the administration. John Jellis <info@flyspec.org>

ANNOUNCEMENT

For WOC(uk), and any member of the wider society within traveling distance, the annual May weekend meeting of the UK region will be held at Brook Marston Farm Hotel, near Birmingham, UK, on May 11th and 12th, commencing at 1400 hrs Saturday 11th.

The program will include the "Extended AGM", and will also include reports on the various WOC projects currently operative from the UK division, in the following counties:- Malawi, Ghana, Zambia, South Africa, Ethiopia, Bangladesh, Cambodia and Ukraine. A late applicant should be in touch with the secretary, deepabose@yahoo.com (ML)