

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.

The pages of this Newsletter has, in the recent past, covered the extensive work of **AMFA in Myanmar, by Professor Alain Patel** and his team from France. He continues:- "I am so much away in Burma now. The trips are increasingly expensive; and now we no longer benefit from any tax relief, to ease the financial burden.

"Our charitable donations through AMFA have shrunk by nearly 35% in the last year." Alain has turned to the Swiss Foundation in the hope that he will not have to reduce his activities, and continue his planned expansion of paediatric and burns contracture cases in children."

Alain also regrets the departure of his friend and colleague, **Professor Myo Myint**, who was the first surgeon in 1978 to come from Burma to train in Paris. All his life was devoted to Orthopaedics; he was also the Rector of Yangon University and President of Myanmar Medical Association. Many years ago Myo was one of the first recipients of the Arthur Eyre Brooke WOC Medal, awarded for long service to surgical teaching in under-resourced areas. The medal was presented by Alain himself in Rangoon. Myo passes the baton of classical orthopaedics, and his personal dedication to it, to a new generation of surgeons.

Alain Patel makes little or no reference to his own personal award, - his appointment to be

Commandeur dans l'Order National, de la Legion d'Honneur,

to be presented with 'pomp and circumstance', on July 26th 2013, at Musee des Arts Asiatique Guimet, in Paris.

World Orthopaedic Concern offers its proud congratulations on this recognition of dedication in the cause of Orthopaedics for those working under constrained circumstances.

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The elements of fracture traumatology are essential for two reasons; Firstly they include the basis of bone healing upon which all treatment depends. No implant, however strong its material and shapely design, can stand the test of unlimited time. All will eventually work loose from living material, which constantly renews and remodels itself in response to stresses placed upon it, unless living repair bone supercedes. And secondly we are, and always shall be, hounded by infection, through wounds and the unavailability of surgical skill to close them, before contamination becomes infection.

These columns have often bemoaned the fact that biological repair, and the time honoured modes of achieving it, are rarely taught. Maybe Centres of Excellence assume more experience from their postgraduates than is often the case. So the skills of conservative management are relegated to the ward round and the clinic, except for "Courses" specifically arranged for the junior trainee.

Acknowledgement and appreciation is due to such as the **AO Foundation**, which regularly presents symposia, throughout sub-Saharan Africa, on non-operative fracture management. The faculty for these symposia is drawn in part from local surgeons and in part from "the West".

TANZANIA

A typical example of the above is to take place next week (May 30th – Jun 1st) at MOI, Tanzania, @ the **Muhumbilli Orthopaedic Institute, in Dar es Salaam, Tanzania**. This is a combined enterprise from MOI and AO. The program covers three days,- one to be devoted to the basic biomechanics of External fixation, - one to Onlay Plate fixation, particularly relevant to fractures disturbing major joints; - and one to Intramedullary fixation, with emphasis on the SIGN system with its facility to "lock" a fracture, using the SIGN mechanism, enabling guidance of the locking screws without radiographic monitoring.

Each day will commence with the basic science of fracture healing related to the particular fracture sites. **Dr Lewis Zirkle** will be on hand for the finer points, and for surgical demonstrations on the afternoon of each day. *There is to be no charge for those invited to attend!* It is hoped that this will be a model for similar events in the future.

-oOo-

The many facets of “Training” are like the parts of ladder whose length is impossible to gauge, whose rungs are without number, increasing year by year, and even month by month. The danger of this headlong progressive development is apt to leave the lower and older rungs neglected, forgotten.

U. K.

UK branch of WOC held its May week-end meeting at Sutton Coalfield, outside Birmingham, on May 11th 2013. The program included the following:-

- a. **Malawi** . The Chairman, Mr **Steve Mannion** summarised his year’s involvement with the Kamuzu Central Hospital in Lilongwe, Malawi, and the program of training for the Orthopaedic Clinical Officers, run by Professor Mkhandawire in Blantyre.
He referred to the Malawi Council for the Handicapped, the Global Club Foot Initiative and the International Emergency Trauma Register (IETR), an initiative by DFID to encourage a coordinated effort for UK medical personnel to provide aid in the initial stages of disasters or conflicts around the world.
Andrew Stevenson described his 12 month fellowship in Beit CURE hospital in Blantyre.
Ashtin Doorgakant has produced a handbook of common orthopaedic conditions, primarily directed at Orthopaedic Clinical Officers, in Malawi, but useful to any junior doctor in trauma & orthopaedics. It is designed as a cookbook rather than an exhaustive text.

- b **South Africa: Laurence Wicks** spoke about his 18 month appointment at Ngwelezana Hospital in Empangeni, South Africa. Mr. Paul Rollinson, his host, is keen to receive young trainees for long term placements at this hospital. Africa Health Placements (AHP) is an organisation which encourages & promotes trainee placements, and Laurence encouraged trainees to be involved. He spoke about the need for a ready supply of external fixators in resource-poor environments. In such situations internal fixation is expensive, and fraught with complication. He encouraged WOC

members to collect once-used external fixators, for transport to developing countries.

- c Cambodia: Dalton Boot** gave a brief overview of his 11 years' experience in Cambodia. He had to begin at a very basic level to improve the system, and made the point that teaching by itself is not very helpful unless the infrastructure is suitable. He spent considerable time & energy improving the infrastructure in Cambodia, as he strongly feels that this goes hand in hand with training.
- d Ethiopia:** a written report was tabled by Mike Laurence and distributed. The Black Lion Hospital now has ten trained surgeons and a fairly regular flow of visiting "Westerners." **Fintan Shannon** added his considerable experience to this, touching on the need for supervision of the 40 trainee surgeons on the orthopaedic program.
- e Palawan:- Louis Deliss** reported on the work of the British Palawan Trust in the Philippines. He gave plans for a Ponseti course to be run there. He quoted the local difficulty whereby patients have to pay for implants, even in government hospitals.

Further (written) regional reports were tabled, referring to Ukraine and Bangladesh, from Mr Magdi Greiss and Professor Geoffrey Walker, and from Paul Afori-Otta, recently in Ghana (vide infra)

Primary Trauma Care

Jeanne Frossard gave an excellent presentation on Primary Trauma Care (PTC) courses. She describes a 2 day course, followed by 1 day instructor's course. A Primary Trauma Care manual & instructor manual are now available. She referred to the link between COSECSA and Oxford. WOC (UK) members are encouraged to get involved and help to spread the PTC ethos.

"Bridging the gap"

David Jones gave a presentation about his work in resource-poor environments. He had participated in several orthopaedic camps in Nepal, where he travelled to Janakpur, Nepalganj and Birganj among other places, with Dr. Graham Bell, anaesthetist, and Mike Laurence. His talk focused on "bridging the gap" between Needs and Resources, and cited several examples of this in developing countries.

He also described the benefit to be derived from short term, focused visits from surgical teams, in order to concentrate on groups of patients with a specific deformity. He quoted his visit to SPARSH Vachana Hospital by the Sheffield paediatric limb reconstruction team under the auspices of **Dr. Sharan Patil**, and visits to Khartoum, Sudan, under the auspices of **Dr. Shaheen**.

His “bridge-building” has been based on firm relationships with surgeons in host countries, participation in local training programs, formal lectures and examining for higher qualifications. All depend upon organisation and planning.

GHANA

Paul Ofori-Atta, reports on his visits to Ghana, during 2012-3.

“Two mainly orthopaedic-trauma teaching visits were made to Ghana in 2012, June and October. Three main teaching and district hospitals were involved in the programs.

June '12 – Orthopaedic trauma/physio-rehab lectures in the three main teaching hospitals, with visitors from sister hospitals. A 5-day peri-operative care workshop was organised in collaboration with the Ghana Health Service. This was attended by nurses from 66 hospitals from all ten regions of Ghana. Training focused on peri-operative preparation, care of patients, and infection control.

Another national workshop on orthopaedic trauma is planned for October 2013. The original program is being modified after WOC(uk) made a successful teaching visit to Accra in March during which residents and some district doctors attended all day teaching and hands-on lectures on wrist, and ankle fractures and the principles of open fracture management at the Atom Centre for Medical and Surgical skills. Due to the popularity of the teaching, a request has been made from the Centre for WOC(uk) to take a slot for teaching at the ATOM Centre on an annual basis, to be led by WOC-(uk). Sponsorship and training program terms are under discussion with the Atom Centre management.

Volunteers who have shown interest includes Miss Caroline Hing consultant orthopaedic surgeon, St Georges' hospital, London. Caroline has been on a similar teaching program and clinical sessions in Ghana in October 2011. Support for equipment and dry bones are being sought from Corin UK.

WOC-UK / WACS (West African College of Surgeons)

WOC(uk) team of two (Steve Mannion and Paul Afori-Atta) delivered ‘a

lively' symposium on club foot at the West African College of Surgeons conference in Togo in March. After the morning session, WACS executives invited us for a meeting. Key requests included teaching sessions and examiners, for the 2014 WACS conference, planned for Ghana and I recommend that WOC(uk) supports the teaching and examination next year. Accommodation and transport to venues may be provided by WACS. WOC(uk) plans to support two individuals each year to participate in teaching, training and examining at the Fellowship conferences in West Africa. *(presented to the WOC(uk) meeting, Sutton Coldfield, May 2013)*

(M. Laurence)