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 those interested in orthopaedic surgery in Areas of the world with Limited Resources, but with great need.

The philosophy of SICOT, in fact that of every medical or surgical society dedicated to the improvement of treatment, must have at its heart Education and Practice, within which there are certain conflicts of emphasis. This is erroneously described as a competition between the art and science of trauma management; - conservatism vs radicalism; medicine vs surgery; acceptance of disability or amputation.

The teaching of orthopaedics, - essentially a "practice"-, differs at many levels, commencing historically from the antique art of bone-setting. It now covers a vast area of micro- and macro- equipment, and varies throughout the world according to local economics and technology. The forthcoming SICOT Diploma Examination (in Dubai, November 26&27th) is a further demonstration of wonderful organisation through the Training Centres towards technical brilliance. But the "hands on", bedside instruction of elementary Reduction and Splintage, remains a huge gap in Orthopaedic education, which cannot be provided at a Conference. The skill of bicycling cannot be taught without a bike! It is equally essential that it is his own bike!

Reviewing our memoir of WOC's inception and its relationship with SICOT, certain changes emerge. But rather than lessening the task, it has become wider and deeper. Year by year the power and influence of SICOT has expanded, reflecting the genuine triumph of disseminating orthopaedic knowledge and practice. Fifty years ago there was a limited number of Meccas – *(if you will allow the concept of a*

multiplicity of Holy Cities?). The aspiring and curious trainee looked to Toronto, Boston, London, New York, Paris and Zurich; then Hamburg, Melbourne, Singapore, Delhi, Los Angeles; and then to the individual entrepreneurs from Norwich, Wigan, Hong Kong and wherever Ilizarov was expelled to...

It is now no longer necessary to cross continents for first class, experienced instruction; but, as science spreads and advances, so the rural areas of every country in the world are left further and further behind. Our giddy rush to the edge of the universe leaves our impoverished majorities deprived not so much of resources as the guidance and training as to how basic stuff can be used.
I would draw the attention of readers of this WOC newsletter to the report (below) from Lao, in which Land Mines are of course condemned, but so also is the pile of simple unused equipment gathering dust. Do not forget, the roots of modern orthopaedic surgery lie in the art of "bone-setting".

SICOT, XXXIII – Dubai.

Great Orthopaedic Meetings, for example that which is almost upon us – the 33rd annual meeting in **November 2012, (27-30th)** – is designed with the idea of attracting a keen and energetic audience; papers will be selected on the basis of originality, with the principle questions:- "is it True, is it New, and is it Important?" These are even more relevant to the printed publications, wherein each "paper" is preserved in perpetuity to be scrutinised closely for defects in any of the above categories. But the personal presentations from a rostrum require a certain style in performance. They should entertain and also educate; with relevance to economics and ethics. They are therefore important both for the personal doctor and for the administrator.

May your editor offer (quote) a guiding dictum from Nelson Mandela, (in a differing but no less relevant context) -- "*There is a stage in the life of every reformer* (teacher*) when he will thunder on platforms primarily to relieve himself of the scraps of undigested information that has accumulated in his head; an attempt to impress*

the crowds rather than to start a calm and simple exposition of principles and ideas whose universal truth is made evident by personal experience and deeper study." (Nelson Mandela)

PROGRAM

The program for the 33rd Annual conference of SICOT is still in final preparation but Thursday November 29th holds the most interesting (for us) items. From 8.30am in Maktoum Room, the **Management of Delayed and Neglected Fractures** is presented. Then after coffee, at 10.30am (in a different room) WOC's own session will contain the following:-

"**FUNDAMENTAL ORTHOPAEDIC SURGERY**, with limited Resources."

1. "A Proforma for the Management of Fractures under Circumstances of Reduced Resources." Professor Anil Jain, (draniljain@gmail.com)

2. "Conservative Treatment of Fractures of the Humerus,- Proximal and Mid-Shaft". (James Waddell) (waddellj@smh.ca.)

3. "Disability to Ability; through the Rural Camp Approach - 40 years Experience of Tuberculosis." Prof. Deven Taneja. (deventaneja@gmail.com)

4. "Crush Fracture if the Calcaneum, an original surgical treatment," Bahiru Belzibeh & M Laurence. (bongamera@gmail.com)

5. "Neglected fracture of the Neck of Femur." Prof H S Sandhu (draniljain@gmail.com)

Any implication that conservative treatment is old fashioned and out of date, is both erroneous and dangerous. In nine cases out of ten it is the correct mode, giving the best possible result. The teachers and trainers of tomorrow's surgeons have a responsibility to provide coaching and instruction, which many of today's professors have neglected, or at best assumed. Nor is non-operative treatment to be considered simple. It requires precision and supervision. So serious is this oversight in a

physician's education that as many patients now suffer from complications of operations, as suffer any imperfection following conservative management. Practical experience in the techniques of non-operative fracture management, is an absolutely essential rung in the ladder of orthopaedic education. Without that rung the ladder is unstable.

AMPUTATION

Clinical debates are ubiquitous and often incomplete. On the subject of pathology, amputation is never the end of the problem but the beginning of another one (t*o which Bonnington refers below*). Organised follow-up is a lifelong commitment particularly in the case of the growing child who is so often the victim of the UXO. (*UnExploded Ordinance*). Continuity of follow-up is crucial to rehabilitation.

LAOS.

Michael Boddington addressed the WOC session at Manchester BOA, on September 14th, with a timely reminder of the subject which was so prominent in the media of a few years ago, and given added prominence by the late Diana, Princess of Wales. **Land Mines**. His work in Laos on behalf of C.O.P.E. (=Co-operative Orthotic and Prosthetic Enterprise, established in1997, a partnership between the Lao Government and an NGO) is exclusive to Laos. Their service is essentially free, with no more than an invitation to contribute.

He began with standard demographics and proceeded into harrowing statistics, of which the following are salient. Population 6.5 million, total GDP = 0.7% of that of UK. Unproudly, the world's Least Developed Country. Laos has more serious injuries from unexploded ordinance (UXO) than road traffic accidents (RTA). 40% survive to require prostheses.

A 2005 report on orthopædic skills and facilities in Laos, revealed that amputation surgery was only properly available in eight hospitals. Hospital ambulances are limited

to an average of two each. Therefore most accident victims arrive in the Accident and Emergency department in a “tuk-tuk” – those ubiquitous three-wheel, two-stroke, bangers. There is no paramedical resuscitation service or any form of outreach to the scene of an accident.

At the time the report was prepared, there were 25 surgeons in Laos providing a Trauma service - 11 in the Capital, Vientiane, and 14 at the provincial hospitals, - of which, only eight had exclusive orthopædic practices, and only four had been trained to any international orthopædic standard. The remaining 17 surgeons, including all involved in emergency cases, were general surgeons with varying amounts of experience in orthopædics.

In the year 2008, 300 traumatic amputations were caused by unexploded ordinance (UXO); the number has gradually shrunk ever since. In 2012 the figure is still fifty of whom a quarter are killed instantly. Millions of devices still lie buried.

Survivors of UXOs, and their families, suffer from lack funds for access to medical facilities, with the result that either casualties die from lack of treatment, or families seek to borrow money or sell paltry assets whilst treatment is further delayed. While the Laoshian Law on Medical Health states that all treatment is free, few patients have experienced this. It is frequently the case that impoverished UXO survivors or their families have to realise their limited assets before travelling to hospital. They are therefore fearful of having to stay in hospital.

The shortcomings in care, fall into two major categories: lack of equipment and lack of doctor training. The fundamentals of management, for example the capacity to elevate the injured limb, was rarely followed. With the exception of Mithaphab and the Military Hospital (both central hospitals), there was a general lack of traction equipment. The Military hospital had five beds with built-in traction and elevation beams, but none was in use. There is a general shortage of all orthopædic instruments. Where equipment for fracture fixation exists, the sets are incomplete. Gouges, chisels, and bone nibblers

are rare; and when present, they are blunt. Where such ignorance exists, there is no place for unaccompanied charitable donation.

ETHIOPIA. Health Action, Leicester, for Ethiopia **(HALE.)** *Registered Charity Number 1122773.* In 2004, the College of Medical Sciences at Gondar, in the North of Ethiopia, close to the origin of the massive Blue Nile, has evolved into the University of Gondar. The Leicester-Gondar Medical Link started as a result of health professionals in Leicester wanting to make a difference in the developing world. The strongly supported Link with The College of Medical Sciences in Gondar had been established in 1996. Over the years, there have been many projects that have benefited both Leicester and Gondar, including a fully independent Master's degree in Public Health, training health workers from all over Ethiopia.

☐A Memorandum of Understanding was then signed between the two institutions, giving rise to the University Link. The aim of this link is to promote international fellowship and improved educational facilities at both under- and postgraduate levels. The Leicester Royal Infirmary (UK) and the College of Medical Science plan to enhance health care in the hospital and also in the urban and rural communities.

WOC, in its capacity as operatives, applauds this Memorandum and its expressed intention; and we hope to be a party to any orthopaedic project. Thirty years of involvement in Ethiopia have been of great value both to the Tikur Ambassa University and to WOC, and could be useful in facilitating negotiations with Gondar.

Ethiopia, Uganda

HVOUSA seek volunteers in Addis Ababa, Ethiopia, for 2-4 week assignments. General orthopaedists and sub-specialists are needed. Volunteers are also needed in Kampala, Uganda, for 4 week assignments to train residents, medical

students, orthopaedic assistants and physicians. Please contact the program department (A.Moody@hvousa.org) for more information regarding accommodation at the Black Lion Hospital, and travelling assistance.

UKRAINE (report from **Magdi Greiss** .- Whitehaven .)

"The small town of Uzchgorod, Western Ukraine, lies in the foothills of the Trans Carpathian Mountains on the northern Slovakia border of this huge country. Ukraine is the largest country in Europe and has borders with eight nations. When the USSR collapsed in the early 90s, the Russians withdrew and took everything with them, leaving Ukrainians stripped of every form of infrastructure. There was no organised health service and a chaotic medical care system. The local Cumbrian Rotary Club was already involved in helping Uzschgorod Municipal Hospital, when I joined their effort, paying a few visits. These were self-funded, with the following aims:-

1. Lecturing and training local orthopaedic surgeons, with little emphasis on complex technology. Special attention was given to foot and ankle trauma and deformities.
2. Raising funds (in UK) to help pay for complex cases to be brought to the UK for surgery in Whitehaven, when it is neither possible nor advisable to operate on them in Uzschgorod. Arranging financial support for Ukrainian Surgeons to attend Surgical Conferences in UK)
3. Organising the conveyance of donated equipment, instruments and so called "out of date" materials, to Uzschgorod, using a truck financed by Rotary Club in Cumbria. (eg; beds, crutches, zimmer frames, x-ray imaging equipment, CT scanners, orthopaedic and fracture fixing implants etc.)

It is hoped that further visits will see the development of a formal system of orthopaedic training with structured aims and goals. At the moment, training is haphazard and consists of "one off" sessions on daily bases.garry.short@ncumbria-acute-nhs.uk {M. Laurence}