

# *World Orthopaedic Concern*

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Distributed from:-

[laurence.woc@gmail.com](mailto:laurence.woc@gmail.com)

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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 not connected through the “net.” It is addressed to all those interested in orthopaedic surgery in Areas of the World with Limited Resources but with maximum need.*

Regularly we raise and review the general theme of teaching and training. All readers of the Newsletter from SICOT should seek out the current (March 2012) issue in which the editorial covers an important aspect of this subject. (*vide infra – India*)).

Not for the first time in these pages, we address specifically that generation of orthopaedic surgeons, recently retired. They comprise the unique group who were themselves trained on the very conditions still prevalent in the areas of the world where resources are limited (with income low, both nationally and individually).

That part of the world has a close interest in serious conditions not seen in the so-called centres of excellence, in the major cities of opulent countries. By contrast a trainee in a relatively deprived part of the world who might travel for training to the finest, most advanced centres in the world – London, Paris, New York, Toronto, Hamburg, Tokyo – (the list is huge and universal, - but irrelevant!) -- each of those will train a surgeon in the techniques for which his own country is unable to provide the necessary equipment. Worse still he will be trained in “revision procedures” following surgical failure! And when (if) he returns home, he will be

like a nuclear scientist in Irian Jira – without work! But the gifted (and they exist in the same proportion, in every country in the world) cannot be held back from advancement. That is why it is so important that most phases of training should be provided, everywhere. The reports from various parts of the world in these pages give an idea of the work done out of “Concern” for those people unable to afford their own health.

## **BANGLADESH.**

The program of the Bangladesh Orthopaedic Society (BOS) held in Dhaka, (February, 25-27<sup>th</sup>, 2012,) gives a good idea of the progress of that august body. The subject matter, in 110 presentations, covered a wide area, with understandable emphasis on Trauma, including the use of Ilizarov frames.

Many series of cases were presented, giving the current experience of such perennial problems of as paralytic deformity - nerve injury, polio., diabetes, spinal disease. Emerging subjects included the cruciate ligaments, joint replacement, congenital deformity, tumours and the many causes of back pain and its management, both operative and conservative. Much spinal surgery is beginning in Dhaka, and there were presentations on various methods of spinal stabilisation.

There was an emphasis on instructional papers and the end of the meeting was followed by a day of specific training on joint replacement implants. Several papers issued warnings about surgical error and its avoidance. Plastic surgeons contributed valuable papers on skin flap coverage, and a very useful one on “negative pressure wound management.”

The memory of Prof Ron Garst was marked with an eponymous lecture, given by **Professor Shamsuddin Ahmed**, entitled the History of Bangladesh Orthopaedics. He described Ron’s first visit to Dhaka in February 1972, originally for a short period “on loan” from the Punjab, in order to manage the war-wounded. He stayed for ten years, set up the RIHD, (later to be called NITOR) and established the current schedule of formal surgical training, aided and followed by Eyre-Brooke, Ginger Wilson and Geoffrey Walker, and many others from the USA and UK. In particular his

unit devoted to paraplegia stands in his honour. His particular interest in those often ignored and poorly cared for patients, was one of the major religious messages in his life.

## **ETHIOPIA**

**Dr Fintan Shannon** has just returned from one of his regular six week working visits to the Tikur Ambassa (Black Lion) University Hospital in Addis. These are very much “hands on” teaching and service commitments, enhancing rather than replacing the ordinary schedule of the hospital. He refers to the huge load of daily trauma (167 surgical cases completed) and the now familiar obstruction to the free flow of urgent cases from emergency room to emergency theatre. The Saturday morning operating session, initiated by Shannon and Forward, continues largely at their expense, and although this hugely eases the pressure on the available theatre time, Fintan feels that the trainees need even more supervision and support from the heavily committed senior staff at the BLH, than currently seems possible. He is very conscious of the value of constant guidance, encouragement and correction of error in surgical technique, actually on the operating table.

While he was there his colleagues from Australia (Drs **Graham Forward, Michael Wren, and Tim Keenan,**) visited to present a two-day workshop on the basic techniques of orthopaedic surgery. The visit was made possible with assistance from the Emirates Airline Foundation, Synthes Australia and the supporters of “Australian Doctors for Africa.”(ADfA). Michael Wren was the main convenor of the programme which was divided between lectures on basic orthopaedic surgical principles and a practical workshop using “saw bones,” drills, plates and screws and wires. Tim Keenan also took a three day detour to Juba, the capital of South Sudan, to assess the medical and orthopaedic needs in that newest African country. Altogether six very busy days.

Graham Forward writes:-

“Clearly, there remains a need for more operating theatre time (at the Black Lion), and for this, ADfA is committed to construct three new operating theatres in the new

Rehabilitation block. A memorandum has been signed between ADfA, the Dean of the University Medical School (Dr Dereje) and the CEO of the Black Lion Hospital (Dr Aster). Agreement has been reached regarding the financial contribution by the Hospital and ADfA, and a commitment was given by the hospital fully to fund the staffing, maintenance and on-going costs once the theatres are opened. The plans were changed in response to the Black Lion request for an extra theatre to deal with contaminated cases. The architect (Mr Getaneh Retta) has been commissioned with a large *pro bono* contribution towards the design, submission and supervision of the project.”

## **MYANMAR**

We are delighted to have received **Professor Alain Patel's** progress report from Burma. This is an audit of AMFA's involvement in that politically separated country, now beginning to emerge. As the curtain lifts a personal project of development is revealed. His Newsletter (Association Medicale Franco Asiatique = AMFA) describes a continuously expanding program of buildings, treatment protocols and surgical equipment. To quote from Alain's introduction: “Our objectives have never changed:- to educate, to improve medical and other related activities, and above all to help isolated doctors to learn new techniques.”

The 20 page Newsletter, lavishly illustrated, is a 30 year audit of dedicated development, with facilities from Alain's own organisation, to staff and train young Burmese surgeons. Collaboration has been established with neighbouring countries, initially with France and now Thailand. His Newsletter shows hospitals, dispensaries and clinics about the capital Yangon, but also in rural areas, off shore islands in the Bay of Bengal, and in the northern city Mandalay.

All manner of medical treatment is given by appropriate specialists - obstetricians, cardiologists, ophthalmologists, but predominantly Alain's own speciality, orthopaedics. The report is a catalogue of achievement, with every prospect of

even greater expansion in the years to come. A full version of the English translation (by GW) is available through [WWW.AMFA-FRANCE.ORG](http://WWW.AMFA-FRANCE.ORG).

## **INDIA**

Readers are urged to read the editorial on the **SICOT newsletter** of March 2012 (No 42) in which **Professor Rajasekaran** writes eloquently about **Regional Training Fellowships**, presenting the case for specialist training in centres of appropriate excellence in or near to the trainees own country and place of future practice. The reasons are obvious. It makes sense that training will not be *appropriate* if it takes place remote from reality, on “foreign” pathology and at unreal expense. This is not a cost cutting exercise but a realistic one. The editorial is directed essentially towards the membership of SICOT, comprising a cross section of every standard of surgical complexity, and of course from every level of surgical resource.

Raja writes as a member of the SICOT Executive committee. As one- time President of WOC (Internat), and now one of its modern giants, he represents one of the foremost academic institutions in India. The Ganga hospital in Coimbatore is already producing specialists of the highest grade, but the organisation of which he writes, covers all the great cities of India. This is the essential final stepping stone towards top class orthopaedic practice. It is a step to be taken only by a trainee who will have the resources with which to use the expertise that he (or she) will learn at first hand in such an institution as the Ganga Hospital. Few situations can be so frustrating as to learn without the possibility to employ newly learned techniques.

**Comment;**-It is the lot of most WOC endeavours to create the level of knowledge and expertise from which this final step towards specialisation becomes a realistic project, but not a guaranteed progression. So much depends ultimately upon national economics. It will remain the case for too long that 70% of the worlds population will not have access to the resources for surgeons to perform at the most complex levels of specialisation. But the ultimate goal of super-specialisation

remains a goal for the gifted few. Every country in the world can and will produce some of them; but the pinnacle cannot be reached without climbing the foothills of standard general orthopaedics.

I have another concern arising from the above reports. The lack of resource can theoretically be corrected by the donation of redundant equipment from well endowed western hospital stores; but that system is doomed without a significant accompanying presence of the surgical donor. A complex tool requires the presence of the surgeon experienced in its use to show and teach its use. That takes time, without which any surgical tool will be neglected and ultimately discarded. Perhaps the personal presence of the surgeon is the most important and expensive gift we can make.

**Consideration;** The above reports raise questions about the variety of Newsletters that emerge from the myriad of dedicated organisations. Some clearly aim to educate doctors, some announce employment opportunities; others address potential donors in order to raise charitable funds for the deprived; some might be political pressure groups. There is a place for all; but care must be exercised over aims and objectives. At the simplest level monetary donations are always welcome, but there is a danger that the most successful projects might come to assume the dimensions of a National Health Service, with all the responsibilities that go with it. Host countries must accept that most training endeavours will reveal a need, and satisfy it for a time. Few are able to satisfy it in perpetuity.

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**Celebration;**-This correspondent was a guest at the 25<sup>th</sup> Anniversary of Health Volunteers Overseas, (HVO) held on April 14<sup>th</sup> 2012 in the penthouse premises at the top of the Sun Trust Bank building in Washington DC. From this viewpoint the guests looked down (not metaphorically) on the lawns of the White House. A delightfully entertained group of about seventy guests, including their Excellences five Ambassador's to the USA, celebrated the accomplishments of the

organisation with a review of its history and adventures. Several hours of enthusiastic talk, from the rostrum and intimately, covered the expeditions to the furthest parts of the globe, from Uganda and Nicaragua to Peru and Bhutan, in the cause of medical relief. U.S. Senator Pat Leahy spoke eloquently of his visits as keen supporter and admirer of the organisation and its inspirational staff. The occasion was one of mutual enthusiasm and renewed energy. As principle hosts, Nancy Kelly and Kate Fincham deserve our gratitude and appreciation.

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**Appeal;** In an attempt to create an Archive of past communications, our current collection of **Newsletters** lacks a single edition – namely No 62, - from many years ago, (in the great days of the editorship of Ginger Wilson). If anyone has a copy of that Newsletter – sent out, as they were, by ordinary mail, -- we would be most grateful for a copy of it, by "e", if possible. The collection of a complete set would be housed for consultation at one or more convenient libraries.

[<laurence.woc@gmail.com>](mailto:laurence.woc@gmail.com)