

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 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.

The title of these epistles may be thought inappropriate. Little of the content is surgically “New,” which itself is the very reason for its presentation. Perhaps we are revealing a tragic situation in which the age-old elementary principles of the practice of surgery are not only not performed (as being unnecessary to the training of a modern surgeon) but not taught. These are the principles of the cellular basis of life, of blood supply, of nerve connections, of system function.

LIBYA

This subject is brilliantly illustrated in an essay in the Bulletin of the Royal College of Surgeons of England (May 2012), by **Mr David Nott**, Senior Surgeon of Medicines Sans Frontiers, and incidentally Consultant at Charing Cross Hospital, London. In the former capacity he travelled from Malta to war-torn Misrata, Libya, in April 2011. He describes the journey, 17 hours in a fishing vessel under cover of darkness, - reminiscent of the “Riddle of the Sands” (by Erskine Childers).

What he found there was surgically bizarre, perpetrated not by Libyan surgeons (most had fled) but by volunteer experts. Front line first aid did not follow the rules of ATLS – understandable; -- few had experienced surgery practiced adjacent to exploding ordinance (nor should they!) -- but many of the errors were based not upon ignorance but inappropriate expertise, missing the point of fundamental physiology, in which priorities are based upon threat to life, both cellular and corporal. Chests were opened where a drain was all that was required; compound fractures were securely fixed where splintage was indicated; elaborate bypass vascular surgery established in limbs screaming for fasciotomy ! Perhaps the most useful orthopaedic instrument was the screwdriver with which to remove the screws. David Nott found the most valuable skills that he took to the situation, were those of “command, control and leadership”, learned in his military training, and needing particular diplomacy in the civilian context. Of ignorance and arrogance, he found the latter to be the more dangerous. All his conclusions indicate that major catastrophes call for Control of the Military kind before surgical expertise.

MYANMAR.

By complete contrast, the fuller report from **Professor Alain Patel**, introduced in the last Newsletter, covers many decades, of patient construction in relative isolation from publicity. (The following has been faintly edited, with permission:-)

“As an orthopaedic Surgeon, Head of the Orthopaedic and Traumatology Department at Hospital Raymond Poincaré in Garches (France), my purpose has always been to help hospitals of developing countries. For this reason I founded the Franco-Asiatic Medical Association (AMFA) to set up medical cooperation with several South-East Asian countries. AMFA was founded in 1979, gathering surgeons, doctors and nurses, who form the Board of AMFA.

“AMFA has developed an important network of representatives in each country, organising training courses in French hospitals of Assistance Publique - Hôpitaux de Paris, for x-ray technicians, anaesthetists, nurses and surgeons. It favours the

participation of French Specialists to seminars and symposiums in Asia. It organizes each year the specialization of Taiwanese, Thai, Lao and Myanmar Nurses to the up-to-date operating techniques in the operating rooms and intensive care units. I launched my first teaching mission to Myanmar in 1980, and every year since.

“At first the subjects were general surgery and tropical medicine, but since 1988 more specialist subjects are covered. Each year, three specialists went to Myanmar and three Myanmar specialists visited France for periods of up to a year. Professor Patel has been involved in all orthopaedic exchanges since then, in Paris, Bordeaux and Caen. An agreement of medical cooperation with the North Oklaopa Hospital of Yangon was signed in September 1993 between AMFA and the Myanmar Ministry of Health. It was been decided that AMFA would provide the orthopaedic and traumatology department with the necessary equipment. Equally important has been the constant availability of technicians and engineers to guarantee the maintenance of donated material.

“The Head of this Orthopaedic Department was **Professor Myo Myint**, who trained in France in 1980, at Raymond Poincaré Hospital in Garches. The French Government has encouraged this arrangement with financial support. In November 1993, Professor Alain PATEL, with an operating room nurse, gave surgical demonstrations in the new operating theatre. Since that visit a container was filled with operating tables, a mobile x-rays machines for the operating room, intensive care machines, implants, surgical instrumentation, operating room clothes, medicines, textbooks etc... have been sent, at an estimated cost (to AMFA) of about \$350.000US. Spurred on by this success, AMFA has since trans-shipped seven containers of medical equipment to Mandalay, at an estimated expense of \$650.000US.

“Since 1994, we have organized the training of the Myanmar specialists in radiology. A new mission of an orthopaedist surgeon and an operating room nurse took place in May/June 1994, to provide training for the surgeons and nurses on site. Two scholarships were awarded by the French Government to **Doctors Aung Kyaw and Kyaw Myint Naing**, orthopaedic surgeons, to visit Professor Patel in France for protracted periods of training with modern equipment.

“In 1995, several missions of French orthopaedic surgeons with operating rooms nurses have been organized to continue the training of the Myanmar Staff on site.

Two operating room nurses have learned the French language in Yangon and have visited France on scholarships from the Assistance Publique - Hôpitaux de Paris, to be trained for a year in Bichat Hospital: one in the Orthopaedic Department with **Prof. Alnot** and one in **Prof. Desmont's** Department in the same hospital. A Myanmar orthopaedic surgeon, **Dr Than Htay**, has completed his training in Professor Alnot's Department, thanks to a scholarship from the French Government.

“In November 1995, the Meeting of the Western Pacific Orthopaedic Association (W.P.O.A.), held in Hong-Kong, welcomed a team from Myanmar; several of whom joined that Association. Thus Myanmar is now part of the scientific medical world in South-East Asia. In the same month AMFA organized the attendance of a team of French orthopaedic surgeons to the Myanmar Congress of orthopaedic surgery, conducted in English. The Burmese had allocated a whole morning to the French team to explain their techniques in particular fields and to show how the French technology can be used in orthopaedic and traumatology surgery.

“A new agreement with the Myanmar Ministry of Health has been signed in October 1996, requiring AMFA's cooperation for the Orthopaedic and Traumatology Department of the Mandalay General Hospital. An extension to this agreement foresees also the implementation of an Emergency Trauma Receiving Centre,

“Two missions of French specialists, an orthopaedic surgeon, a radiologist and an operating room nurse, have been organized in Mandalay by AMFA. A further mission has enabled to make technical demonstrations on patients, thanks to a donation of a complete arthroscopy set from a French Laboratory. Other French specialists will soon go on site to teach and train the Myanmar staff how to use the equipment we have sent.

At the same time, two operating room nurses and an intensive care nurse have come to France for a training period of a year in the hospitals of Assistance Publique - Hôpitaux de Paris; and six nurses from Mandalay Hospital will come in 1998. One senior orthopaedist surgeon has just come to Raymond Poincaré Hospital's Orthopaedic Department for two months and a junior orthopaedic surgeon arrived in December 1997, for a training period of one year, both on a scholarship allocated by the Ministry of Foreign Affairs.

“A one year scholarship allocated by the College de Medecine of Assistance Publique - Hôpitaux de Paris costs about €20.000, per nurse, and a one year scholarship allocated by the French Ministry of Foreign Affairs, costs about €15.000 per surgeon.

“Thailand, through its Department of Technical and Economic Cooperation, has agreed to join our programme, by sending surgeons, nurses and x-ray technicians to Myanmar to teach “on site”.

“AMFA coordinates all these endeavours, equipment, training and teaching, and organizes scholarship for foreigners to come to France. AMFA is a Non-Governmental Organization (NGO), acknowledged by the Department of Foreign Affairs, a Member of the Foundation de France, whose moral authority is the René Descartes University in Paris. The head office is at Paris, 6 avenue Adrien Hébrard, 75016 PARIS, France.

Alain PATEL holds the position of Professor in Orthopaedic Surgery for a the University of Myanmar and Honoris Causa Professor of University Yangon. AMFA budget €360.850 and €1.104.000 in equipment and payment for services. For the most part, the funding of these projects is privately donated.

The above reports, one brief the other in full, demonstrate the diversity of WOC-type endeavour. The “elephant in the room” is finance. Patel shows how confidence, born of reputation, can build lasting financial support. In each lie both lessons and opportunities, and with each go responsibilities. The example of O.O. is well taken, that a degree of critical supervision is necessary in these situations. HVOUSA requires to see a volunteer’s C.V. Currently WOC depends upon personal references. But as the importance of the work increases, so closer collaboration, communication and an element of control must develop.

COMMENT

The following comment, from a senior fellow of SICOT, adds to our burden.

“Dear Sir, Your opening editorial for World Orthopaedic Concern Newsletter No 119 resonates exactly with the mission of the International Coordinating

Committee for the Bone and Joint Decade and our renewed emphasis on basic training in the acute management and rehabilitation of road traffic injury and trauma in general.

"We have continued to make basic training in fracture care and integral part of all orthopaedic training and have had an opportunity to address the Presidents of the major English speaking organizations at the U.S. Academy meeting in San Francisco and am looking forward to a similar interaction with national figures at the EFORT meeting in Berlin next month.

"We feel strongly that a basic training in fracture care must include non-operative or non-surgical treatment in order for the trainee to learn which fractures are amenable to non-surgical treatment, which fractures may benefit from surgical treatment and how to extend the indications for non-surgical treatment into those areas where surgical treatment might be preferred but is unavailable, inappropriate because of local conditions or inadvisable because of patient factors.

"I think it is important that the Bone and Joint Decade continue to work with your organization, SICOT and other national and international groups in order to promote this message. **James Waddell** (Toronto, Canada)

An expression of profound gratitude. Our appeal for a lost issue of the Newsletter - No 62 – was immediately rewarded. The hoarder was **John Lourie** (Oxford); so the complete set is now available through our archivist, Geoffrey Walker (who else?).

And finally, a last appeal for presentations for SICOT/ Dubai, in November. The WOC slot has to date, four papers, relevant to the world of Low Income Orthopaedics, and we could accommodate two more. (to me please, asap)

Mike Laurence (ed)

