

## SICOT contribution to natural disasters assistance

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Among all human tragedies and injustices, specific circumstances such as natural disasters require an immediate worldwide mobilisation due to their rarity, the intensity of their damage and the human resources and logistics needed.

SICOT, as the International Society of Orthopaedic Surgery and Traumatology, has the duty to participate in the coordination of such interventions. This is also a unique opportunity to test the international fraternity among the national representatives and the SICOT members.

In the last seven years, the SICOT experience has been growing in this field. Following the earthquake in Pakistan in 2005, many SICOT members expressed their willingness to offer their services as orthopaedic surgeons and to provide medical assistance locally. SICOT, as a scientific association, does not have the logistics to organise such a medical intervention but provides an ideal international hub to direct medical forces, represented by the expertise and skill of its volunteering members, to humanitarian associations which have the professional experience to organise those missions.

In the emergency situation in Muzafarabad in 2005, with the intervention of the National Delegate of Pakistan, Syed Awais, SICOT was able to facilitate the participation of the Cuban orthopaedic team sent by Rodrigo Alvarez Cambras, National Delegate of Cuba. However, more is needed to coordinate all the individual SICOT volunteers ready to provide surgical care on site should another disaster occur.

In 2006, we started a collaboration with *Médecins Sans Frontières* (Doctors Without Borders) and received 84

replies from SICOT members volunteering for emergency missions in the event of a natural disaster with mass casualties. In 2008, this volunteer group was provided with specific practical information to facilitate the emergency call up. A briefing session for European volunteers took place in Brussels to prepare future missions and provide them with relevant information on the equipment available and the practical conditions of an intervention. In addition, a CD produced by MSF was circulated to all volunteers with very comprehensive guidelines on emergencies, war surgery, mass casualty triage, and land mine injuries.

In April 2008, the first concrete achievement of this collaboration was the delivery of essential drugs and basic necessities by MSF to the war-torn area of Basra, thanks to our National Delegate of Iraq, Thamer Hamdan.

After the earthquake in Haiti, 16 SICOT volunteers from the existing list answered almost immediately to our appeal for help. Among them, two were enrolled in the MSF team according to their availability: Nanjundappa S. Harshavardhana and Kuldeep Sain. They have reported on their experiences in the SICOT Newsletter. SICOT's immediate action just after the earthquake was greatly appreciated by the MSF team. We had been well prepared since 2005 and our participation proved to be very efficient, even though only a small number took part.

A review of the Haiti earthquake experience was presented during a symposium at the SICOT Annual International Conference in Gothenburg in 2010. A similar symposium was held at the SOFCOT meeting in Paris in the same year.

Following these two meetings, it appears that orthopaedic surgeons are faced with specific problems and do not have enough training to handle them. Besides the difficult environment, which can itself be very different (for instance, in Pakistan the epicentre was in a remote region and the referral centres were preserved, as opposed to Haiti where the capital with the main hospitals were destroyed), academic

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training does not prepare surgeons for the management of mass casualties. Civilian orthopaedic surgeons are forced to face unusual situations and make difficult decisions mainly regarding amputation and triage in poor resource environments. Controversial positions regarding guillotine amputation and fish-mouth amputation are still being discussed. To improve the training of our volunteers, we organised a symposium on "Amputation: when, how and after" at the SICOT 2011 XXV Triennial World Congress in Prague.

These presentations have been collected in this issue of *International Orthopaedics*, including the experience gathered from Haiti [1, 2], the French Army [3], Pakistan [4], and the approach of Handicap International [5].

The collaboration with MSF is still evolving and gaining efficiency. For those of you who are interested in participating

in this SICOT/MSF collaboration, I invite you to register as a volunteer on the SICOT website ([www.sicot.org](http://www.sicot.org)).

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