

# *World Orthopaedic Concern*

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*This Newsletter is circulated through the internet, and is also sent to all known WOC Regional Secretaries, in the hope that they will be able to download and distribute it to those of their members not connected through the "net." (Any help in forwarding this will be appreciated.)*

One of the principal objects of global communication, through the internet, is to even out the inequalities to be seen everywhere on earth. In the developed, western world, proud of the evenness of its hand, the expression of Healthcare Equity is assumed, and the suggestion of rationing resources, is rigorously rejected. And yet there can be few who do not realise that there are two or perhaps even four tiers of health service, imposed because the ingenuity of scientific invention has priced medicine over the horizon, beyond the reach of every citizen, in every country in the world. All who are "concerned" about World Orthopaedics know this all too well, and adjust to live with it.

The function of WOC (to support the training of Orthopaedic Surgeons) covers a wide variety of needs to cope with a wide variety of deficiencies and individual shortcomings. The breadth of these requirements is only revealed by actually working for some period of time in places in the process of development. (What place in the world is not "developing"?) The disparity is demonstrated by some of the places described in this following Newsletter.

## **AFRICA**

Single handed service commitment has been given by **Malcolm Swann**, who for the years since his retirement in 1996, has spent the British winter months in Zambia, Malawi, Ethiopia, Gambon, etc. bringing the highest standard of classical orthopaedics to wherever the shortage is greatest. Periodically he returns to Britain and contributes lectures on tuberculosis, with or without HIV, and the multitude of congenital and posttraumatic deformities; every case, a completely original surgical challenge, and every hospital venue, a new mystery over instruments. His autobiographical description of "post mature practice", recently printed in British Orthopaedic News, depicts a life style of endless excitement and fascination.

**Steve Mannion** has been a breath of fresh air from **Malawi**, where he remains a regular visitor, from his UK appointment in Blackpool. He was heavily influenced, if not trained, by his mentor, **Chris Lavy**, at the Beit-Cure hospital, at Blantyre. His visits there are regular and of sufficient length to be a substantial contribution to the orthopaedic service and training program.

Each year following the Annual General Meeting of the Fellows of the Royal Society of Medicine in London there is a Ceremony when Fellows who have distinguished themselves in varied ways are admitted as 'Honorary Fellows'. Last week the society made the award to two important supporters of World Orthopaedic Concern; rarely is it made to a clinician. In proposing **Mr. Steven Mannion**, Professor James Ryan of St George's Hospital talked of Steve's diverse life. He was first a Royal Marine and has recently seen action with them as a surgeon in Afghanistan. After completing his medical and orthopaedic training he has spent much of his time and energy teaching and working both in countries in the process of development, and those torn by war.

He now has a 'job-sharing NHS consultant appointment' which allows him to spend alternate months in Blackpool and distant lands, notably Malawi. He has taught all over the world the best way to manage club feet and all manner of "appropriate orthopaedics"; the award was made in recognition of his contribution to East African Medicine, and as a model of International Orthopaedic collaboration.

On the day he was joined on the rostrum of the RSM, by **Professor George Bentley**, whose influence on orthopaedics has been outstanding as both teacher and scientist, in Britain and far beyond in the furthest parts of our world. In proposing his nomination, Mr. Timothy Briggs listed George's achievements as an inspired Chairman/President of the BOA and EFFORT, vice President of the Royal College of Surgeons of England, and Professor at the Institute of Orthopaedics at Stanmore. There is no area of our subject in which George has not been a philosophical influence upon World Orthopaedics.

WOC is proud to congratulate both, on this honour.

## **AUSTRALASIA**

Australian Orthopaedic Association members of World Orthopaedic Concern and Outreach have been very active in arranging for short time training visits to Australia and for visits of Australian Orthopaedic Association surgeons and registrars to developing countries in the region during the past year.

**Bill Cumming** has been mainly responsible for training programs in Indonesia since 1970 and ongoing programs in Fiji (since 1984), Papua New Guinea (since 1993), Solomon Islands (since 1998) and Bali, Indonesia, (since 2003). Other countries which have been visited by the education service teams have included Suva, Lautoka, Lambasa, East and West Timor, Tonga, Kiribati, Tuvulu, Micronesia, Vanuatu, Samoa and Cambodia. Associated projects are in Sri

Lanka, Vietnam, Zimbabwe, Myanmar and with Australian Doctors for Africa. An Australian volunteer orthopaedic surgical team has also just returned from two weeks in India.

**Eugene Sherry and Ron Huckstep** have been upgrading their 2008 Website [www.worldortho.com](http://www.worldortho.com). Eugene Sherry has added nearly 100 videos on You Tube plus considerable more teaching material for undergraduates, postgraduates and paramedics in both developing and developed countries. This information is available without restriction or charge to any doctor, nurse or paramedic, as is a CD ROM from [Ron Huckstep rlh333@optusnet](mailto:Ron.Huckstep@optusnet)

## **CAMBODIA**

**Dalton Boot** has now established a presence bordering on permanence at the Kossamak Hospital in Phnom Penh, Cambodia. His progress reflects the tendency for a comprehensive service plan to assume the responsibility for care of orthopaedic conditions, in a community. (He writes:-)

“Since the last entry in the newsletter the Cambodian project has continued to progress. Improvements in training for surgeons and nurses (and the cleaners) have resulted in better infection control and quality of care. Improved ward and theatre facilities by refurbishment and provision of equipment, have led to an enhanced reputation and increased admissions and operative throughput.

“The return of **Dr. Sina** from his training in India and France has allowed treatment for the many open and complex fractures to advance. Dr. Sina now manages more patients with complex polio, leprosy and orthopaedic deformities. Our fund is temporarily supporting his salary to allow him to develop this service and to interact with several provincial hospitals.

“A teaching programme - funded from donations from British Trusts - for nurses and surgeons from five provincial hospitals was completed in May 2009. Nine provincial surgeons have now completed a six week surgical training course with teaching from Cambodian and overseas orthopaedic surgeons. Ten provincial hospital ward nurses have completed a six week update course. They were taught by the Cambodian nurses trained by **Mary Wood**, a British nursing sister who spent 9 months in Cambodia and who was funded by WOC(UK). Ten theatre nurses have also completed a training course.

“Last year Dan Ozarow, an experienced in fund raiser, helped to raise approximately £50,000 for projects in Cambodia. This has supported the progress of several projects. At the Government Hospital, Kossamak in Phnom Penh, a new building to extend the ward commenced construction in April 2009. Initial funding to purchase an Implant Stock and to start an instrument and implant ordering system from a company in India, has been made sustainable from local funding. One hospital has now refurbished their ward with new sinks,

and funding is being sought to update the wards and to support the salaries of certain crucial personnel until government funding takes over. The quality of work in the ward and theatre continues to improve and infection control on the ward remains good.”

### **MPUMALANGA, SOUTH AFRICA.**

**Prof John Templeton** writes “My time spent at Themba Hospital (April – May, 2009) was most valuable and gave a great insight into the practice of medicine in this area. I attended theatre, rounds, clinics and educational meetings.

“The clinics were very busy with over 100 patients being seen by several doctors between 10am and 4pm one day per week. The clinics were held in the physiotherapy department, in rather cramped conditions. However the standard of practice is high.

“Operating sessions were held two days a week, Monday and Thursday. Three operating rooms are available running from 8am till 4pm. This was hardly sufficient time to deal with the large volume of trauma. The result is considerable delay in getting patients to surgery, thereby making operations longer and more difficult to perform. The theatres are very well equipped with modern equipment (IM nails, AO instrumentation and 2 image intensifiers!)

“Mortality and Morbidity rounds were held on Mondays at 8am for one hour prior to theatre. These were extremely well attended with good discussion.

“I also visited Rob Ferreira Hospital in Nelspruit and was warmly welcomed by Dr Kevin Stein on his ward round. Again large numbers of trauma patients awaited surgery. I gave a number of talks at both hospitals focusing on trauma topics. I found myself very busy every weekday from early morning to late afternoon. It became very clear that Prof. Ken Rankin had put immense effort into both hospitals over the years with regards to all matters including staffing and instrumentation. It was very obvious that he was held in very high regard by all his staff.

“**Dr. John Lodder** gave enormous support from the time we arrived until we left. (He found a Volunteer job for my wife at the local hospice at White River which made her as busy as I was.) He accompanied us into the Kruger Park on two occasions at weekends and gave invaluable advice on many occasions. Our accommodation at Raedowns was excellent and close to the Themba Hospital. Without reservation, I highly recommend Mpumalanga to the WOC membership.”

..and **Hilary Robinson** adds:-

“Prof. Ken Rankin now has another Orthopaedic Consultant to help with the workload. Kevin Styne, a young South African is very keen to teach and willing to

help sort out the running of the orthopaedic services of the Province. Despite this, there remains the need for further input from WOC(UK).

“The main purpose of my visit was to continue with the Basic Plaster Techniques Workshops; only about half of the hospitals of the province has been covered so far. The eight already visited vary tremendously; many of the non-medical delegates at the Plaster Courses showed more aptitude than the medics.

“Whenever possible I attended the morning teaching sessions at Rob Ferreira and Temba hospitals, followed by the teaching ward rounds. The Provincial Medical Director has asked me to prepare a report on the services and to suggest areas for future development. There are doctors here already interested and keen to train in Orthopaedics. The system exists for transfer to the Training Programme in Pretoria. If we can keep up the impetus of post-graduate tutorials and maintain the interest of the Provincial Health Department in Orthopaedics the prospect for the service looks good.”

## **WENZHOU, China**

Yet one further stage in the exchange of skills, has been given by **Alan Giachino** from Ottawa. He describes the exchange he has developed with colleagues in the Provincial Hospital in Wenzhou, with the collaboration of HVO. He writes:-

“**Wenzhou** is a very large city. It has approximately 7 million people and is generally not on the normal tourist route; it is an industrial city located on the coast, about 300 km south of Shanghai. The Orthopaedic Department is the largest in the **Zhejiang Province** and is a teaching/University hospital. The caliber of orthopaedic expertise varies, with some areas as accomplished as any centre in the world, but some subspecialties still in the process of development (mirroring the situation in any developing country.)

Wenzhou is not lacking in equipment required for the procedures that are commonly performed, and the new hospital is very modern.

“The Department is headed by **Professor Xu, Huazi** who is positively receptive to visitors; as is the whole department. English is the second language and they are very adept at accommodating an ‘English-only’ visitor. Volunteers will be provided with a room, self-contained toilet, internet, and food. They will be most warmly received and the hospitality has been memorable. The medical community is most appreciative if a spouse is present and would participate in activities such as teaching English. This is often done in the hospital, in small groups, and the tutorial plans are quite informal.

“I believe volunteers should plan on being there for two weekends and three weeks. Of course, this is a suggestion, and the practicalities of one’s practice will dictate the length of time that one can be away. I feel the volunteer should have an area of expertise in an orthopaedic subspecialty and be accustomed to

teaching residents. Any subspecialty would be welcomed.

“In accordance with the principals of Health Volunteers Overseas, programs vary according to the needs of the countries in which they are located. However there are certain principles that apply across all programs:

- Training focuses on local pathologies and health problems.
- Practices and procedures taught are both relevant and realistic.
- Trainees are encouraged to make maximum use of locally available equipment and supplies; and
- The ultimate goal of all programs is to identify and train local personnel who can, in time, assume the role of health care educator and provider, thus continuing the process.”

“The following is **Dr Zhang Yu’s** (Orthopaedic Surgeon, Wenzhou ) description of the Wenzhou Program.

“The Department of Orthopedic Surgery at the 2nd Affiliated Hospital of Wenzhou Medical College is dedicated to Orthopedic Residency education, offering a five-year Orthopedic residency program for 36 residents. The program is based at the 2nd Affiliated Hospital of Wenzhou Medical College which provides a total of 300 Department of Orthopedic Surgery beds (Including Adult Orthopedics/Trauma, Spine/Spine Trauma, Adult Reconstruction, Hand Surgery/ Microsurgery, Pediatric Orthopedics, Foot and Ankle, Sports, MSK oncology ) greater than 12,000 operative procedures, and 25,000 emergency visits annually - an ideal environment for the education of our resident staff.”

“I highly recommend this centre. My wife and I have learned a lot about life, joy, and culture and we are immensely impressed with the quality, generosity, friendliness, and openness of the marvellous people in Wenzhou. Interested individuals can contact me at [giachino@rogers.com](mailto:giachino@rogers.com)”  
(Alan Giachino, Program Director “HVO-China, Ottawa, Canada.”)

## **ETHIOPIA**

A joint training visit has been made by Geoffrey Walker and Mike Laurence, to the Black Lion Teaching Hospital in Addis Ababa, June – July 2009. They found an enthusiastic group of residents, working under difficult circumstances. The electricity supply was erratic, available only on alternate days, but with a generator regularly in operation for the theatre. Autoclaves were often not up to the heavy work load, leading to occasional cancellations of lists, and the two C-arms were “out of order” without hope of service.

Since our last visit, an extra (Saturday) service theatre session has been set up through the generosity of **Drs. Fintan Shannon and Graham Forward**, to pay theatre staff for their “overtime.” There is great enthusiasm, for new equipment,

(eg, arthroscopy, magnetic scanners, IM locking nails, arthroplasty prostheses and ex-fixateurs) but the basic items for fracture fixation are not always available. The prospect of using antiquated trochanteric nail-plates, without guide wires or x-ray control, tests the ingenuity of the most experienced. The Orthopaedic department have a good library – with no less than five copies of Crawford Adams' "Outline of Fractures", one inscribed to the hospital over the signature of David L. Evans. These early editions have the priceless merit of being absolutely appropriate to the equipment available; and yet the cry is for the electronic hardware, before the expertise to service it.

Perhaps the least satisfactory area of practice is the Emergency area. It is dark and virtually unequipped. We were to witness a patient with "compartment syndrome" having her leg slashed open on the trolley in the corridor, clearly saving the limb. Problems relating to such conditions were itemised for the attention of the Medical Director, with a promise of action. So many areas of practice are of high standard, that it remains a shame that they yet teeter on "the edge of excellence." A rota of visiting surgeons from abroad is now established, and the diary is held in the office of the director of the unit, Dr. Woubalem Zewde, at [woubalemz@yahoo.com](mailto:woubalemz@yahoo.com)

The above quite different descriptive reports, demonstrate the wide variety of requirements in the developing world. No single experience gives any idea of the problems in another country. The visiting surgeon has a duty to adapt his or her hard-won experience to extraordinary situations; and every level of instruction has a place. I appeal to any and all who make these pilgrimages to distant parts, to write to me with their personal clinical stories. And even more so I ask that any opportunity be taken to forward this letter to colleagues.

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