

WORLD ORTHOPAEDIC CONCERN

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SICOT. The Twenty-third Triennial Meeting. **ISTANBUL, September, 2005**

Continuing the subject of the leader of WOC Newsletter No 96, the Indian Ocean Tsunami, important papers were read both within the Symposium and in the main SICOT meeting, and in discussion from the floor. Dr. Ger Olyhoek, as previously reported, went into the province of ACEH, Sumatra, within eight days of the disaster. His photographs spoke more than words, with small ships, listing, amongst broken trees, two kilometres inland, buildings reduced to their foundations and roads ripped up. What these images do not show is that most of the health care workers, including doctors, perished in the inundation.

However the response of the world's medical professions was prompt – perhaps too prompt! Ger describes a surfeit of doctors, mostly inexperienced with the facilities and requirements of the developing world and certainly strange to the particular circumstances of Sumatra. The lack of authority and organisation meant that individual philanthropic groups seemed to be in competition with each other over patients. As a result, inappropriate procedures were carried out and clinical mistakes were made. Finally the local government authorities, never the most organised and peaceable in Indonesia, were obliged to ask all foreign doctors to leave the island! Dr. Olyhoek's pictures of long, tibial onlay plates, which had become “exteriorised” by skin wound failure, lead to general condemnation of that technique. His pictures of long plates being used deliberately as external struts, secured with cement to percutaneous screws in crude cantilever fashion, was probably the best use for them – an observation which drew a round of spontaneous applause. Dr. Olyhoek's conclusion was clearly that the first requirement, in such a disaster, must be prompt *Military* response, establishment of good communication, authoritative control and evacuation to where proper treatment can be given, appropriately and safely.

These impressions were emphasised by comments from **Professor Sorbie** who called for these lessons to be heard and appreciated world-wide, and on a scale similar to that described in the pages of our last newsletter (No. 96) by **Dr Robert Atkinson**. The situation in **Sri Lanka** was described by **Steve Mannion**, who happened to be on that island, 'on leave' from Malawi. He reported that the greatest obstruction to emergency work, was on roads jammed by the cars of the curious. **Prof. T.K.S.** spoke of the third worst affected area, **Tamil Nadu**, south of Chennai, where the decision by the National President *not* to visit the area for several months, was the wisest.

Although the Tsunami received the greatest publicity, that was probably because it is an unusual type of natural disaster, but time passes quickly. The very same detailed disasters are seen in Hurricanes and Earthquakes. And the same lessons are again shouted from the rubble from those out of contact because of telephonic failure. In the so called Golden Hours, the victims are alone with their fate.

In the SICOT general program, **Dr. Brett Courtney** reported his experience, going in with an Australian Military Field Hospital, with Engineers. Their first task was to indentify an existing hospital building and repair and equip it as necessary. To that hospital, "cas-evacuation" was started and the usual casemix of neglected trauma was brought. The problems were essentially management challenges, many produced by well-intentioned but unwise interventions. Of the 173 surgical procedures performed, 69% were Tsunami related, mostly wounds. Amputations were restricted to five cases, all with joints destroyed by infection. They saw tetanus, aspiration pneumonia (muddy lung) and performed five Caesarian deliveries! "Great flexibility is essential to be of use in these situations."

For World Orthopaedic Concern, this was an exceptionally successful meeting. On Wednesday 7th September, a two-session symposium, within the SICOT program, was organised by WOC, with important and relevant papers on Developing World (DW) matters. Subjects covered included tuberculosis, that old enemy never very far away in the presence of poverty, osteomyelitis, both primary and secondary to wounds, and bone-setter's gangrene, which is so much worse than an "act of God", because it is the result of a second assault added to injury. But here was a positive contribution to prevention by instructing the

perpetrators, the bonesetters, who do their best and worst, through ignorance, in the total absence of any medical service. It is a situation in which criticism without constructive effort could be worse than nothing. In a careful clinical study it was shown that teaching brought about a substantial reduction in the incidence of the condition over a measured period of a year.

WOC (Int) EXECUTIVE COMMITTEE.

The Executive Committee of World Orthopaedic Concern met in Istanbul and were pleased to announce their unanimous decision to award two **Arthur Eyre-Brooke Medals**. The President of WOC International, Mr. Kenneth Tuson, in announcing this decision, pointed out that the award was defined and restricted to individuals who were to be recognised for the fact that they had provided a personal orthopaedic service of outstanding quality in the developing world, often in circumstances of great deprivation of both facilities and personnel. The awards were made to **Professor Chairuddin Rasjad** in Markassar, Sulawesi, and to **Dr. Antonio Socrates**, in Palawan, Phillipines. Reports from both areas have been printed in the pages of past Newsletters.

Following a vigorous clinical meeting at which the high quality papers were debated in animated fashion, the **General Assembly of WOC** was convened. The **President** reported the activities from the many WOC chapters from various parts of the world, since the last meeting in San Diego, California. He confirmed that the task of the International committee is to act as a focus for debate and the exchange of ideas between the various autonomous chapters. He encouraged those members attending, from areas where no firm structure existed for WOC, to form new chapters and inform the International office and the editor of the Newsletter. He urged regional representatives to maintain communication regarding the aims of WOC.

Mr. Tuson confirmed our links with SICOT and thanked them for their continued financial support by providing free registration at SICOT Meetings for trainees engaged in work in the developing world, and for their support for the In-House training program centred on India. He quoted from regional reports from the chapters in Holland, India, U.K. and from Orthopaedics Overseas (WOC US).

He went on express the appreciation of WOC International to **Dr Kanda Pillay**, one of the founding members of WOC, who for so many years had hosted the Newsletter and arranged its publication and postage from Singapore. Sadly in his retirement (mercifully healthily) Kanda has found it necessary to curtail his activities and, pending his replacement, the Singapore chapter will be suspended. (Messages of appreciation for Kanda are being collected for publication in the next newsletter.)

The next, **Fourth Triennial Conference of SICOT**, (and WOC) is already arranged, and announced, for August 24th, 2006, in Buenos Aires, Argentina (info@buenosaires.sicot.org)

NIGERIA

Dr., G.T. Adebule, Medical Director of the National Orthopaedic Hospital, **IGBOBI**, writes to tell us about the history of his hospital. It was founded in December 1945, largely to treat soldiers injured in the Second World War. By 1967 it expanded to cope with the wounded from the Nigerian Civil War, and since 1970 it has been increasingly engaged in the traumatology of road and industrial accidents. By 1975 demands had exceeded the limits of its physical, financial and human resources. It was taken over by the Federal Military Government together with two other institutions at Kano and Enugu.

The objects were to establish centres of excellence in teaching, training and research. In 1981 the Hospital was designated WHO Collaborating Centre for Research and Training in Orthopaedics and Traumatology, and is now the National Postgraduate Medical College, with a school of Nursing and a Plastic Surgery unit.

Dr. Adebule announces the Celebration of the Hospital's 60th Anniversary in December 2005 and promises further details for us to post on the website.

CAMBODIA

Mr. Dalton Boot writes about developments in Cambodia following encouraging requests from the Ministry of Health in **Phnom Penn**. Politically the country is increasingly stable since the turmoil of the end of the 20th century. Historically there has been collaboration with the French Orthopaedic Society with exchanges in training with France. More recently there

is a wish to join the Anglophone system with charitable funding from the United States and some from the U.K.

Most of the locally acquired skill has been, naturally, in trauma, with little or no cold orthopaedic instruction. Government backing (funding) has not reached hospitals attempting to cope with the backlog of deformity. Hospitals that do, are generally supported by Missionary Societies. Local surgeons who have received training in France, may return with up-to-date knowledge but with few facilities with which to put it into practice.

At the **Sihanouk Hospital** Centre for Care, Boot and his colleagues have set up a collaboration by which congenital and acquired childish conditions can be treated. He hopes that funds from the States may enable this plan. WOC (UK) has offered its support to a rotation of orthopaedic surgeons from the West to spend periods of about a month in Pnom Pen. This is an ambitious project with implicit responsibilities involving manpower and equipment. There is no lack of Cambodian support, but a gross shortage of money.

LIBYA

From Khadra Hospital, Tripoli, **Professor Rashed** has established a formal screening program for D.D.H. which occurs in his country with an incidence of about 1/1000 live births. Since 1980 the principle diagnostic tool has been the ultrasound scan, but from his new experience he shows that careful clinical examination is equally to be relied upon.

Commonly the condition presents in the established form, after the child has begun to walk, at a time when treatment is very much more difficult than in the unstable first week. Rarely a child is seen, born with irreducible dislocation of a hip, but such cases often have other congenital abnormalities. In a comprehensive review of the subject, Dr. Rashed debates the various techniques and finds them all to some extent "operator dependent" with a different optimum time for each mode. This beautifully written pamphlet, in English and Arabic, will be an invaluable training text, and encourage early diagnosis when splintage alone is usually curative.

TAJIKISTAN

The same subject, DDH, is being studied in Khorog, Tajikistan, where the Trendelenberg gait is often to be observed. Dr. Sulimann has visited the area three times and plans to set up a screening/treatment clinic. Preliminary estimates suggest an incidence of 10/1000. Diagnosis must depend entirely upon clinical examination, for which an extensive training program has been begun, using intelligent but illiterate birth-attendant villagers and mothers, with the centre in Khorog Hospital. Dr. Sulimann has drawn up a comprehensive, pragmatic program with realistic costing and practical targets. His aim, like that of Dr Rashed in Tripoli, is to splint before the hip begins to slip out.

CORRESPONDENCE

Dr Dennis Gates has brought to our attention a valuable project addressing the perennial problem in every part of the world in which orthopaedic skill is curtailed by the inability to afford the equipment necessary to perform the best treatment. **S.I.G.N** is the acronym for a company which manufactures implants at affordable prices, specifically for the needs of trauma in the developing world. This information has come to us from John Giesen, <jgiesen@imbris.com Without actual experience, this is clearly a matter in need of investigation. (The editor would appreciate feed- back on this matter. c.f. their website: www.sign-post.org)