

ethiopia - another view

The Black Lion Hospital, Addis Ababa is the main government hospital for Ethiopia, taking cases from all over the country with an Orthopaedic Department staffed by two Consultants. I visited it for two weeks in November 2001 at the kind invitation of Mr Geoffrey Walker, who was there on behalf of World Orthopaedic Concern. During the working week I shadowed some of the residents, attending fracture clinics, orthopaedic clinics, teaching ward rounds and theatre sessions.

The day began at 7.45am with an X-ray meeting at which the cases from the night before were presented. My first meeting featured two cases of traumatic hip dislocations associated with pelvic fractures, several compound fractures and a gunshot wound. Even the most severe injuries have to travel for many hours or days by car to reach the capital. This meeting was an exceptional learning opportunity; we were able to spend time discussing cases at length, as well as comparing management options in the UK and Ethiopia.



Orthopaedic Surgeons



Consequences of open ankle fracture

A teaching ward round followed and we saw up to 40 patients. Many had femoral or tibial shaft fractures, sometimes multiple, the commonest mechanism of injury in Addis being 'hit by car'. Femoral shaft fractures are all treated with Perkin's traction, using beds which split at the end to allow knee flexion while the patient is attached to trans-tibial skeletal traction. Radiographs show impressive alignment and union, while clinically an excellent range of knee flexion is maintained. Ipsilateral femoral and tibial shaft fractures are common and are usually treated with a POP to the tibia and skeletal traction to the femur. These traditional methods of long bone fracture treatment seem only to have the disadvantage of prolonged bed occupancy. Deep venous thrombosis and pulmonary embolism are extremely rare, even in orthopaedic patients. On the children's ward supracondylar fractures treated with lateral arm traction were common.

Many elective cases were tuberculosis, chronic osteomyelitis and bone tumours and there were several at any one time on the wards. The tumours are often osteosarcoma or chondrosarcoma and histological investigation is limited to fine needle aspiration, with the usual report being 'mesenchymal neoplasia'. Some tumour samples are also sent to Vienna for analysis there, although there is obviously some delay. Plain radiographs are therefore vital for diagnosis, and the weekly combined radiology and orthopaedic meeting was therefore very interesting. Treatment options are obviously limited.

I saw a variety of other cases including osteotomies for hip deformity and children's orthopaedics consist mainly of Talipes Equino-varus as expected, although there are an increasing number of congenital hip dislocations, often presenting late.



Positive Thomas test for fixed flexion in TB hip

The operating theatres, including orthopaedic equipment, were basic but clean, and there appeared to be no shortage of drapes, gowns or gloves. Image intensification is not currently available, although there was talk of acquiring a portable X-ray machine. The limiting factor appeared, as in hospitals in the UK, to be a lack of operating time with only three half-day lists a week.

Fracture clinics were chaotic, with many patients and too few doctors. As in many under-developed countries, treatment tends to be non-surgical in the vast majority of cases. Unfortunately, many fractures are mal-united, since often there aren't enough facilities to allow even manipulation.



Rickets



Severe bilateral club feet

The working day tended to finish in the early afternoon, although there were meetings or case conferences on most days. Active participation at these is encouraged for any visitor, and usually consists of giving talks on various subjects. Research in the department is lacking, despite a very well stocked library of books and back issues of the JBJS. Other resources such as Medline and other journals are not available, but the main reason for the lack of enthusiasm is a belief that research is not possible because of a lack of resources. This attitude is sad since neither audit nor research need to be costly if projects are adapted to the circumstances. There is certainly a wealth of research material available in terms of pathology.



Ward Round



Right proximal femur fracture treated skeletal traction, left leg wound with skin graft 6 weeks before. Empty iv fluid bag used as calf support.

Personal safety about Addis is always an issue for any visitor. While I was there an American neurosurgeon was mugged, and lost large amounts of cash, credit cards and identity cards, but common sense will usually be enough to avoid such situations. There is a huge number of restaurants in Addis: serving a variety of different cuisine and sampling the local food at least once is a vital and interesting experience. The tablecloth in the form of the local bread forms part of the meal and some restaurants also offer entertainment in the form of Ethiopian dancing. I was also able to see some of the city and the countryside during my weekends off. As I arrived at the end of the rainy season, the countryside was much greener and cooler than I expected and quite beautiful.

My visit to Addis was a very valuable experience. The pathology is wide-ranging and usually far-advanced.

Re-learning and reminding oneself of basic orthopaedic principles and learning to rely on clinical judgement, occasionally with radiographs, was a very important by-product.

I was overwhelmed by the hospitality and friendship offered by the local doctors, and enjoyed being accepted as one of them. I hope that in return I was able to encourage and share knowledge with them. Continuing visits from foreign trainees are important to encourage, to stimulate discussion and question management, to share experiences and to inspire a sense of pride in the skilled work that is done, usually under very difficult conditions and often with a great deal of improvisation. There is a lot for any visitor to benefit from, and I left feeling sure that I had gained more than I had been able to give. I am indebted to the whole of the Orthopaedic Department of the Black Lion Hospital, to World Orthopaedic Concern and to Mr Geoffrey Walker for his help, encouragement and enthusiasm for all things orthopaedic and without whom the visit would not have been possible.

World Orthopaedic Concern is keen to recruit consultants and trainees for similar visits. If anyone is interested in visiting Ethiopia or other developing countries, please contact WCO, c/o British Orthopaedic Association, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PN

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