

World Orthopaedic Concern

Newsletter 104 – April 2009

Websites:- www.worldortho.com
www.wocuk.org
www.worldorthopaedicconcern.org

The craft of journalism is selective and therefore unreliable. For that reason this Newsletter is no more than a self regarding mirror of a narrow field of surgical activity, often by colleagues of a certain maturity who confess to huge enjoyment in their work and have no wish to retire. The style of their work is solely at the discretion of those in areas of the world who hear about WOC and who express a wish for a surgical colleague to visit and pass on their experience to the young surgeons they have in training. As has been said before, the training of those who are now about to retire, was essentially in the very pathological conditions which no longer exist in the West, but which remain a scourge in the developing parts of the world. As each centre develops, so the call for teaching and training becomes ever more sophisticated (and expensive) requiring financial investment. In the matter of funding, WOC has a poor reputation as a charity. We are incompetent fundraisers, but generous givers of time.

These thoughts occur as one reads the varied reports from hospitals in the process of developing. Every one is different, from the most primitive to the emerging Universities; and all change with time, and progressively call for help in areas of increasing complexity and greater expense. It follows that situations will arise in which a need is beyond the capacity of a service, and then management is required that might be considered substandard in a “Western” medical environment. This is particularly relevant when reading of the excellent work of the Swinfen Trust (vide infra). Problems will present for which brilliant surgery might offer a “cure”; but to recommend the logistically impossible might increase the pain and misery of the sufferers. In reading the reports that follow, please bear in mind the location and circumstances of each, conditions which are ever changing.

These Newsletters are a means of communication between colleagues engaged in work for the developing world and those who support it in various ways. It is far from comprehensive; in fact the vast majority of those busy in this field are too busy to keep us informed of their work, but about whom we hope others will write to report on their industry.

(Laurence.mike@gmail.com)

WOC(UK) is delighted that they have as President/Sponsor, the **Lord Roger and Lady Pat Swinfen**, already with a reputation of care for disabled. Far from being nominal sponsors they have established a major consultancy service through the internet, with extensive but simple and inexpensive technology -- e-mail and digital photography -- to provide immediate medical advice to some of the world's most remote people.

They began their project (<http://www.swinfencharitabletrust.org>) while Roger Swinfen was working with a charity that helped people with disabilities in Britain and in Bangladesh. He says that a doctor working with the charity introduced him to the idea of telemedicine, and he immediately saw its potential. Good communication and publicity through the world's major newspapers, including the Washington Post, has flooded their website:- a man in Bangladesh with a leg crushed in a car accident, a baby girl in Papua New Guinea with eye disease, a baby in Nepal with a hand deformity, women from all over with pre-eclampsia and other pregnancy-related problems.

The greatest number of cases have come from Iraq, where 39 hospitals have established links to the trust. The Swinfens have handled a variety of cases, including gunshot wounds and kidney failure, and even a call for help from a U.S. Army field hospital in Iraq, where a sick young Iraqi girl turned up during the March 2003 invasion. Their service is to put into immediate electronic touch, a selected expert for each clinical problem.

The Swinfens -- and a single assistant -- monitor the computer at all hours, by laptop or BlackBerry. They make frequent trips to medical conferences to recruit specialists, particularly the Orthopaedic followers of WOC. Sitting in their old farmhouse, the Swinfens joke about how their garden would be tidier if they didn't have the Trust. They laughed about Roger Swinfen's most recent Christmas present to his wife - a filing cabinet. But they also worry about how to raise money to keep the Trust going, to pay for the cameras, tripods, batteries and other equipment they send to people in the field; and they worry about who would take over when they are gone...

An e-mail arrived last week from a doctor at a small clinic on the microscopic Pacific island of Niue, asking to establish a link with the trust. Pat Swinfen sent back a note: The trust doesn't refuse anyone, no matter how small or distant. "You can fill a bucket with sand one grain at a time," her husband said, "but just you've got to start somewhere."

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The following is their letter of conscription:- To all Consultants, January, 2009. "Dear Consultant, This is a general letter to all of our consultants, to whom we owe so much for their invaluable advice. It gives me the opportunity to wish you a very Happy New Year

I felt it would be useful, following on from the recent Newsletter, that I hope you have had a moment to read, to update you further on matters relating to the Trust. In doing so, I would ask you also to read our recently revised website www.swinfencharitabletrust.org and keep an eye on it for news.

I would be most grateful if you are able to highlight the work of the Trust by drawing it to the attention of any persons or organisations who might be able to help financially, or otherwise, and with whom we might make contact.

The costs of providing a satisfactory service are modest and include administrative support, website maintenance, IT support and travel to conferences. [Lord Swinfen.]

IRAQ

Equally topical is the following report from Basra, sent in by Dr. **Rick Wilkerson** following a very positive training visit to southern Iraq. It specifically demonstrates a particular requirement for quite high tech. training, in a hospital which used to have a high standard of surgery but had been stripped of much of its equipment and staff as result of “the Insurgency”. He writes, from rwilk@smunet.net as follows:-

“The Orthopaedic CME conducted by **Dr Tim Gibbons, Dr Scott Hoffinger, Dr Mark Dales and myself** took place after arrival at **Basrah General Hospital**, on March 2nd 2009.

“Dr. Mubder from Basrah University did an outstanding job of working with IMC to organize and run the program. There were about 85 attendees from throughout Iraq to include, but not limited to, Mosul, Baghdad, Najaf, Nasariyah and Basrah. The first day consisted of lectures on Knee Osteoarthritis, an Introduction to Primary Total Knee Arthroplasty (TKA). The Instrumentation for TKA, (Zimmer) was shown on DVD in performance of TKA, elbow fractures in Paediatrics and their treatment. During the paediatric lectures the OR staff was instructed in the instrumentation for TKA, the use and sterilization of the power equipment and OR prep for TKA. These didactic sessions were followed by clinical presentation of patients from the Iraqi Orthopaedic staff, of patients that were felt to be potential candidates for 1) TKA or 2) paediatric reconstruction. These presentations were held in two separate venues with the attendees being equally distributed between the two. Cases were then scheduled for surgery the following day.

The second day of the conference was held in the operating theatre with two rooms being utilized, one for TKA and the other for the paediatric cases. Both ORs had overhead viewing areas and the TKA cases were ‘telemed’ transmitted into the lecture hall for the attendees to observe. Two TKA’s and two paediatric cases were performed, all of which went well. Anaesthesia was well performed for the cases and the patients were well counselled pre-op. Between the cases, an extended discussion took place to clarify and answer questions.

The final day of the CME program consisted of lectures on Scoliosis and Treatment, and complications of Total Knee Arthroplasty and their management. This was followed by a lengthy and very good discussion by the Iraqi Orthopaedic Society, as it is now, presented by Dr Waleed, the President of the Society and a presentation on the "How to, and Value of" forming professional societies. This presentation was fully interactive with the attendees and seemed to instil a great deal of enthusiasm.

During this CME over 155 patients were evaluated and rounds for patient evaluation on the operative patients were held before and after, with a thorough discussion of post-op management and potential complications. Anaesthesia and Rheumatology colleagues attended these rounds. The IMC staff was involved and always present, as well as being quite helpful in outlining IMC's role for the future in the area of CME for Iraq. Four TKA's were performed with many other patients being placed on a waiting list for future visits to have TKA performed. Three paediatric surgeries were performed, all quite complex with two hip cases and one a fracture/dislocation of the ankle. Frank discussion of "where to go from here" was held with the attendees and many ideas shared. It was agreed by all in attendance that accomplishment of all of these ideas would be facilitated by creation of a functioning professional Orthopaedic Society that would include membership of ALL board certified Orthopaedic Surgeons with consideration of candidate membership being offered to those in training. Certification, recertification, creation of learning centres, standards of practice and medical ethics were also touched on.

In summary, IMC did an outstanding job of preparing the team for this trip and managing all of the logistics. Dr Mubder from Basrah University, the Director of the Basra General Hospital and the CME Director of the hospital and all of their support staff are due thanks. The contribution of TKA implants by Zimmer, Corp. through Americares, was essential to the success of this CME. The direct interest of Mr. David Dvorak, CEO of Zimmer, was key to the success of this program. Without their charitable donations the success of this CME would have been impossible. Stryker Medical's donation of the used power equipment, donation of surgical instrumentation by Jeni Thompson, District Sales rep for Zimmer/Thompson and of additional bone cement and equipment by Spencer Hospital, Spencer, Iowa, were all crucial to the outstanding success of this program. Kris Madden and Acting CEO of Spencer Hospital, should both be recognized for their generosity. All of the implants not utilized, as well as all surgical equipment, was left at Basrah General Hospital for future use. It should also be mentioned that Lynne Dowling, International Committee of the American Academy of Orthopedic Surgeons donated a number of DVD's and books from the AAOS which were left with the Basrah University for their library. As more of these CME's are performed the relationships that are formed and developed between the visiting lecturers and our Iraqi colleagues can only get stronger. The enthusiasm I saw demonstrated by the attendees was greater than I have seen in any of my previous four trips to Iraq.

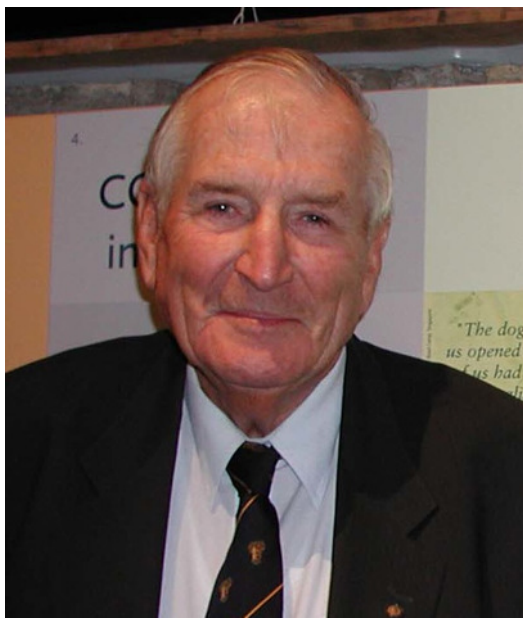
In future CME's, I would recommend that when appropriate, that all nursing/anaesthesia/rehab staff be included in the lectures. The value of having two surgeons working together in the OR with one instructing the scrub nurse on equipment while the other does the surgery with our Iraqi colleagues, is of the utmost importance. Demonstration for care of the equipment (especially the power equipment) and packaging for storage with appropriate package labelling is also key. Technique manuals for the course attendees with DVD copies of the surgical procedures was also very helpful. Having the operating room TV camera for transmission into the lecture hall was also very helpful. Continuing efforts at stressing and educating on good sterile technique and "attention to detail" should be continued at every surgical CME. In closure, all four of us on this Orthopaedic team look forward to future trips to Iraq for continued CME programs with great enthusiasm. **Rick Wilkerson**

{In editorial appreciation of this work, the value and importance of the backing and academic input from the America Academy, and from "Industry", in the persons of Zimmer/Thompson in this case, is to be emphasised. It is a different style of commercial endeavour than that we see in the major orthopaedic journals but represents an area of enormous need, different from that which is required by the "Western Excellence", but one of equal humanitarian importance.}

The Arthur Eyre-Brook Medal

At the Sicot Triennial Meeting in Hong Kong, 2009, two awards of the WOC Eyre-Brook medal were made, to two most prominent of WOC (International) each for a lifetime of dedication to the science and practice of Orthopaedic Surgery in the developing world:- Professors Geoffrey Walker of London, England, and Ronald Huckstep, of Sydney, Australia. A thumb nail sketch of their contributions follow:-

Ron Huckstep's 55 year involvement with the orthopaedic problems of developing



countries began in Kenya as a medical officer in 1954. During one and a half years in that country he personally treated over 1,300 cases of typhoid fever which were published as an MD thesis in 1967, as a Hunterian Professorship of the Royal College of Surgeons in 1959 and as a book in 1962.

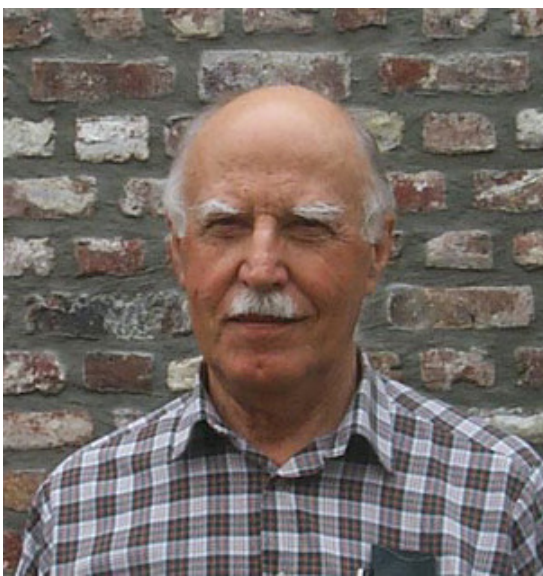
He subsequently trained as an orthopaedic surgeon in London and in February 1960 was appointed as the first orthopaedic surgeon in

Uganda and Professor of Orthopaedics in 1968. During his twelve years in Uganda he treated over 5,000 previously neglected cases of poliomyelitis and developed a number of basic surgical procedures and appliances, which he published in books and as in a film, "Polio in Uganda". He developed the first locking compression nail for difficult fractures (the Huckstep nail) and the locking hip stem, which is still in use.

In April 1970 he embarked upon a four month lecture tour around the world to advise on the treatment of crippled children in developing countries. He suggested in his report "Orthopaedic Problems in the Newer World" that a meeting of orthopaedic surgeons, from both developed and developing countries, be held. It took place in Oxford in 1973, for which he drew up a list of 39 surgeons with the help of Allan McKelvie and Arthur Eyre-Brook. This lecture tour directly led to the formation of World Orthopaedic Concern, later ratified at a meeting in Lagos, Nigeria in September 1977.

Ron Huckstep founded the Malawi Against Polio campaign (MAP) in 1978 with the help of Jan Borgstein and a generous grant from Rotary International. In 1972 he was appointed Foundation Professor of Traumatic and Orthopaedic Surgery at the University of New South Wales in Sydney and subsequently in 1992 as Emeritus Professor of Surgery. He continues to teach and train, through the medium of the Internet, with the help of Eugene Sherry in Sydney. This Website <www.worldortho.com> has over 3,000 illustrations as well as several articles on Orthopaedics and Trauma especially relevant to developing countries. A CD ROM of this is now in its 3rd edition and all the information on the Website plus the CD, can be downloaded by any doctor or other medical personnel, without restriction. The CD has been sent to all 21 Regional Secretaries of WOC with a request for them to copy the CD and send this to WOC members in their own countries. The section on World Orthopaedic Concern includes a WOC Newsletter written three times a year by Mike Laurence with the latest information from developing countries, to be circulated through all members of WOC(International).

Ron Huckstep's contributions to developing countries have been recognised over the past 50 years with a number of honours, notably the CMG in 1971, an Honorary MD of the University of New South Wales in 1988 and many awards and medals from National Orthopaedic Associations.



Geoffrey Walker's first experience of orthopaedics in a developing country was as a registrar seconded from the RNOH to Nigeria where he spent two and a half years (1960-1962), firstly in Kano and then at UCH Ibadan. His involvement with World Orthopaedic Concern started very soon after the birth of this organisation which had been conceived largely

by Allan McKelvie, Kanda Pillay and Ron Huckstep.

At the invitation of Ginger Wilson, Geoffrey attended the inaugural meeting held in Oxford. At one of the early important meetings in Lagos, Nigeria, Allan McKelvie appointed Geoffrey as the Editor of the WOC Newsletter, which in fact he created and then edited for its first ten years.

During this period he was asked by the then WOC President (Ginger Wilson) to become Secretary-General, and he completed seven years in this role. After a one year gap, he became President and served in this position for three more years.

Geoffrey's lengthy teaching efforts have been in Dhaka, Bangladesh, in Addis Ababa, Ethiopia, and in Laos (where he had to teach in French). He has also made substantial teaching visits to several other countries in Africa, South America and Indonesia. In essence he discovered early that too little time on a schedule of instruction is devoted to the most important aspect of the practice of orthopaedics, namely clinical examination in the cause of diagnosis. (We live in a dangerously excitable world of technical performance, and are inclined to become slaves of engineering.)

One of his other important activities has been involvement with SICOT. This began by helping Ginger Wilson to arrange WOC affiliation with that organisation. Then during the last twenty-five years or so he has acted as 'liaison' between these two organisations, and recently has also been a regular examiner for the SICOT Orthopaedic Diploma.

A few years ago Geoffrey followed the tradition set by Ginger Wilson in declining the award of the Arthur Eyre-Brooke Medal, (as did TK Shanmugasundaram at a later date) believing that AE-B's original wish was for award of the medal to be 'restricted' to the nationals of developing countries working in their own areas. But Professor Rajasekeran and his council have rejected this principle, while confirming that the award has to be for work entirely in the developing world. Geoffrey has accepted nomination, with the wish that it will pay tribute to the major WOC work done by his colleagues and forerunners, including Ginger Wilson and TKS.

International AO-Trauma Fellowship Report, from Malawi

A report from Dr. Biruk Lambisso Wamisho, from the Black Lion Hospital, Addis Ababa. "This is a fellowship given to senior fellows of COSECSA in ECSAOA region. It is sponsored by AO and administered by Beit Cure International Hospital in Blantyre-Malawi. The fellowship is based in two Hospitals: Queen Elizabeth Central Hospital (QUEENS), University of Malawi , College of Medicine and Beit Cure International Orthopedic Hospital (CURE).

"My main involvement was in surgical treatment of fractures. Also routine teachings, bedside examinations, rounds, clinics, on-calls, morning meetings and research were my activities. The available and functional equipment included MRI, CT, Image intensifier, operating microscope and different implants in the Hospitals. They provide a fertile ground and options to handle difficult cases. The post-graduate orthopedic sessions and the Journal Club at CURE are very informative and friendly. The orthopedic residents are handled well and they are of good standard. The daily 7:30-9:00 handover meetings at Queens Surgical Annex is marvelous. It is usually attended by more than five international visitors and this shows the department has a strong international links.

"There were regular presentations and audits from each unit in the department. Researches and case reports are presented in the grand rounds, postgraduate meetings or morning handovers. There were surgical symposia organized by SAM and MMJ is an asset for the staff to publish their articles. It has Medline-listed journals published both electronically and in print. The good office facility with internet connection has enabled me to finish most of my research tasks, some of which are already published.

"We operated the whole week except Thursday, which is a referral clinic and major round day. There were **351** operations done in the major theatre at QUEENS and the total joints replacements are all done in CURE. I was mainly focused in five categories of surgery:

1. SIGN interlocking nailing (femur & tibia),
2. Total joint replacement (Hip & knee)
3. Spine surgery (traumatic, TB, tumors.
4. Ilizarov frames.
5. Flaps

"There were many other formal major procedures I have done routinely. The normal steps followed were: first see the procedure being done and assist the surgeon, then do it while assisted, and finally do it independently. (Spine, I feel I have to practice furthermore, the others I can perform confidently.)"

{The above items, the reports from Iraq and Malawi, and the biops. of the A E-B medals, demonstrate the many faces of WOC activity. Both Huckstep and Walker have worked for protracted periods in developing parts and know well the responsibility of operative treatment. Briefer visitors must always be aware that no procedure can be guaranteed, particularly those involving artificial implants. There must always be a "get out" or salvage plan in the case of complication. For this reason operations are usually simple, if not reversible, because modern arthroplasty work, when it goes wrong, leaves a situation worse than the pre-op. state. And yet we are bound to advance the Art of Orthopaedics where it is most required. The need for support from the implant industry is clear; we bear a huge responsibility. In situations where circumstances are imperfect it is common to chose a surgical procedure with the minimal amount of danger. Ed..}

AMFA (Franco Asian Medical Association)

One the half-sister associations, not formally connected in any way with WOC, is yet intent upon the same work. Dr. **Alain Patel** is the organiser of this French organisation with the object of making the countries of South East Asia, medically independent. He defines the guiding principles as four, to Equip, to Train, to Convey and to Assure continuity of new health service facilities in the developing parts of the SEAC. Of all four the most important is Training. Without it, all is a waste of time. Nothing disappears faster than unused and unsupervised hardware. AMFA has developed programs in Singapore, Indonesia, Taiwan, Thailand and now concentrates mainly on Burma and Laos, about which we hop to have details in the future. Persons wishing to contribute, either actively or passively, please communicate with amfafrance@netcourrier.com

CURE

At this point it is worth recalling the contribution of CURE to East Africa in particular. The current edition of Orthopaedic Product News carries a review from **Lisa Wolf**, who gives the history of their first Hospital in Kenya, in 1998, devoted to Paediatric Orthopaedics, and its training. Since then ten others have been opened in nine countries. CURE bases its philosophy on the principle of 'on site' instruction to provide the building blocks of a county's health service. Each CURE hospital now runs instructional courses like the one described above by Dr. Biruk, for neighboring nations, with the collaboration of COSECSA. In Malawi what was set up by Chris Lavy and Steve Mannion, is now under the tutelage of **Jim Harrison and John Cashman**. From Blantyre the first locally trained surgical specialists have qualified as well as more than 50 at the ancillary grade of OCO (orthopaedic clinical officer). For this last project the Malawi Government have given its blessing in the form of a grant of \$85,000 towards the current class. In Addis Ababa another CURE hospital has recently been opened, and WOC colleagues are about to visit and participate.

These items have touched on significant organisations, and yet the major contributions continue, unsung, from individuals about whom we occasionally (too infrequently) hear. But rumours abound of the unceasing activity of such as Malcolm Swann, John Lourie, Ken Rankin, Dalton Boot, Mike Beverly, Jamie Evans, Steve Mannion, Fintan Shannon, John Beavis, Richard Bruerton, Alan Giachino ...et al... about whom we look forward to more news in the future.

Reviewing the above entries raises thoughts about the content of these letters. The level or standard of orthopaedic endeavour conducted on behalf of WOC (or whomever) varies dramatically from country to country, as it does from village to village. But the value of surgical teaching at each level is beyond price; and it is as valuable in the principles of bedside diagnosis as in the manipulation of the arthroscope or the microscope. One of my own teachers once said; "The only way you learn about medicine is through bitter experience; and there is no bitter experience in books." Perhaps an over-statement; but the truth is that medicine (and of course surgery) is really learned in contact with the patient, and it for him (or her) in the developing world, that teaching has to be done **in** the developing world.

Ed. **Mike Laurence**

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