

## **REPORT OF VISIT TO THE BLACK LION HOSPITAL FEBRUARY 2006**

Because of various circumstances my visit was curtailed this year to three weeks. I found the department in good heart and the number of active consultants is increasing.

Dr Tezera remains as head of the department and Professor Rafael is still present. Dr Hailu, who qualified several years ago, has joined the department but whilst I was there had been seconded to St Paul's Hospital, as the Orthopaedic surgeon there had gone on leave and not returned! The fourth member of the team is Dr Kinfe, who qualified last year. When chief resident he had visited the UK and was well thought of by his hosts here.

At present Dr Woubalem is in Egypt, having been awarded a SICOT Education Scholarship to study with Professor Said in Assuit. She is due back shortly and has assured Dr Tezera that she will be returning. Her experiences will have made her a greater asset to the Department though I understand that part of her time in Egypt has been teaching her tutors about the Ponseti method of treating club foot and she has seen no cases of CDH which she had hoped to have experience in managing.

My visit was mainly concerned with tutoring the four candidates for the final graduating examination. The written papers were set by a panel of teachers from Addis with input from the external examiner, Dr Nyengo Mkandawire Senior Lecturer in Orthopaedics from the Medical school in Blantyre, Malawi. I also was asked to provide some questions.

In the event all four candidates passed with two achieving the highest marks ever recorded since the postgraduate course started. Dr Nyengo said afterwards that he was impressed by the quality of all the candidates and it is good to know that these students have been assessed by a completely unbiased examiner.

This group of seniors have set a challenge to their younger colleagues who do seem keen. It was pleasing to find a 'full house' at the morning review meetings and at the proper start time. Several research projects are bearing fruit and one hopes that more papers will be generated in the future.

As always there are problems in the general running of the unit and it was reported that the C-arm, Image Intensifier, had not been functioning for some months highlighting the continuing problem of maintaining complex equipment in the Addis environment.

To set against this a private company has installed, or is installing an MRI scanner and the charges, though expensive by Ethiopian standards are in fact cheaper than

in the UK. Hopefully a service contract has been included to make sure that equipment continues to function.

An American volunteer from OO arrived in Addis shortly after I left with a lot of Arthroscopy equipment. One hopes it will be possible to make sure that this continues to function over the years to come?

With the introduction of the Ponseti method of treating Club Foot the pattern of children's admissions has changed dramatically. There were no 'PMR's on the paediatric ward. Otherwise the pattern of admissions was little changed.

My visit to Addis overlapped with that of Dr Ken Moore, an Orthopaedic Surgeon from Tennessee, whose interest was in Hand surgery. We discussed the management of distal forearm fractures on several occasions as we both felt that they might be managed better if more complete analgesia was achieved at the time of manipulation. This would require ongoing training in the use of local blocks directly into the fracture haematoma or Axillary blocks to allow full anaesthesia for the forearm. These would seem to be very useful techniques to introduce into the unit but would need a teacher with the appropriate special expertise.

The external environment of the Black Lion Hospital continues to deteriorate. Three new buildings are now under construction on what were open spaces within the hospital compound. Next to the apartment the skeleton of the seven storey building appears to be finished but cement mixers are working almost non stop providing material for the interior of the building.

The open sewer, present last year, associated with the building of a Cardiac centre at the other end of the compound from the apartment has been repaired but some pipework or power cable has necessitated the digging of a trench outside the apartment, a hazard in the dark.

The third building, a Rehabilitation Centre, should be completed in the summer. This is of particular interest as an Orthopaedic presence is proposed there for convalescent patients. This, if it happens, should relieve some of the pressure on the Orthopaedic wards. During my stay this third building threw out a 'tentacle'. A large, wide and deep trench that has shut off most of the car parking space alongside the apartment making it even more difficult to enter.

Inside there are now new curtains on all the windows and some protection in the bedroom from prying eyes on the building site next door. The power socket in the kitchen has been replaced after it burnt out completely.

A temporary new roof has been installed on both apartment blocks to reduce the influx of water into the upper floors when it rains and the collapsing shower room ceiling in the Orthopaedic apartment has been stripped off giving a more agreeable appearance though refurbishing of the buildings is still under discussion.

This year there seems to be a steady stream of volunteers which is encouraging but which is also causing some minor headaches with respect to providing accommodation. It would probably be helpful if visits could be spaced to leave a gap, possibly a week, between visitors so that the apartment could be properly cleaned and bedding washed and aired for the next visitor.

S K Wood

March 2006