



Newsletter

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This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those “concerned” who may not be connected through the “Net.” It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources.

September is the month for review and revision, for repair, even recrimination; for Annual General Meetings and the replacement of the Officers of Societies, - and the retention of Hon Treasurers.!

The 36th Annual Meeting of SICOT will be held in the southern Chinese city of Guangzhou, the capital of Canton Province, between 17th and 19th of September 2015. Within the program, there will be a session devoted specifically to the

activities of WOC. The following is a trail of the items to be presented on Thursday September 18th.

1. Presentation of the TKS Medal (awarded for a Special Contribution to Orthopaedics) to be awarded to Professor **Deven Taneja**, (Indore.)

Introduction by Professor **Rajasekaran**; Response from Professor Taneja.

WOC is particularly pleased about this recognition of Professor Taneja's devotion to the cause of basic training of health workers in those areas beyond the reach of complex (and expensive) surgical equipment. This award has been proposed by his colleagues in the Subcontinent for his teaching work, and for the organisation of many training conferences. His services to WOC may yet expand, if his nomination to the General Secretary-ship of WOC is confirmed at the AGM.

2. "Functional outcome measurement for total hip arthroplasty in Africa" - introducing the Ouaga score". **Jan Noyez**, Lieven Dossche, (Antwerp & Roeselare, Belgium).

Jan Noyez will present this important contribution to the problem of assessing both the indications for joint replacement in Africa, and the functional outcome following hip replacement arthroplasty. THR in sub-optimal conditions presents special problems, because of the "geopathology" of femoral head necrosis.

3. "The Management of Co-morbidities in Polytrauma." **Arindam Banergee** (Kolkata.)

Professor Banergee prioritises surgical management, with regard to timing and extent of surgery for coincidental pathology; and the call for relief of the particular strain, thrown upon the surgical service.

4 “Barriers to start the treatment of clubfeet in LMICs”.
Huub J.L. van der Heide (Leiden, The Netherlands)

A description of the difficulties of managing and supervising CTEV under circumstances of restricted facilities and at great distances. There is a call for judgment related to facilities, and to ancillary support for prolonged aftercare.

5. Prevention of the Fatal Complications of Bed Rest. (Inexpensive, neglected precautions.) **M. Laurence**, (UK)

The need for prolonged in-patient management calls for special precautions and assiduous supervision. The complications of bed rest receive brief mention in the classical text-books, but conservative management of femoral fractures requires precision and constant supervision, rather than expensive equipment or medication.

This summary is but a brief coverage of the difficulties of looking after orthopaedic patients presenting with the effects of Trauma and congenital deformity in the LMICs. The SICOT committee responsible for the selection of the main SICOT program, has taken account of the requests from the previous Annual Meetings (in Hyderabad, Rio and Dubai) to place emphasis on the conditions under which the parts of the world with restricted income manage the huge numbers of patients with little or no access to modern surgical tools. Attention will be directed towards the different conditions seen where orthopaedic treatment is by no means accepted as of “right”, for an impecunious population, let alone the expectation of perfection in the outcome. We look forward to the legendary hospitality of our Chinese hosts and to learning about their achievements in the field of our common difficulties.

The tragedies of mass migration across deserts and oceans of the world, place responsibility on governments of low-middle income countries (LMICs)

and on the medical profession in western affluent society, to support the efforts of our less well equipped colleagues in their practice. That does not mean in a Second Class manner, but in the best manner in given circumstances. Emergency surgical work cannot wait for better circumstances.

Like every international society concerned with the development of surgical expertise, each country requires individually tailored assistance. SICOT is thoroughly organised for education, the dissemination of information and research. The advancement of orthopaedics starts from a totally different base in every instance. The strength of every country's health service is based on the graduated rungs of the scientific ladder.

The bulk of orthopaedic case-load is uncomplicated, but essential in that individuals, families and societies depend on physical health for prosperity, even survival. If socio-economic performance does not expand exponentially, prosperity falters. There is a comparison with international trade -- productivity needs not only inventiveness and investment, but a clientele capable of buying!

The world-wide dissemination of orthopaedic training and modes of management, imposes responsibility on those from the modern, developed world to convey their experience. Modern orthopaedics has developed through "trial and error". The mistakes of the West do not need to be repeated in the East, (and importantly, vice versa!)

The philosophy for SICOT concerns teaching and training of orthopaedics where facilities are few and the need great. Every nation owes a duty of care to its citizens "en bloc", as well as individually. For this reason there is a duty to develop a service of health-care for, by and from its own population. It is not best served by assisting the promotion and expertise of individual doctors,

encouraging a narrow field of training beyond the capacity of their own national facilities. Ultimately every country in the world should have the benefit from modern medicine's discoveries and invention, but they depend on the development in its own community, including the rural parts.

It is not possible for the simple doctor to have an impact on such momentous matters. Of its nature, the practice of medicine is intimate and personal. But there is a real responsibility to spread the benefits of our profession as widely and as realistically as possible. This is achieved less by lecturing than by "**showing**" in the course of performance; which takes more time, but with double the value - for both the trainee surgeon and his patient. .

Organisational matters:-

Following the WOC session within the SICOT program, the WOC Annual General Meeting will take the form of the following agenda, (with notes:-)

1. to record the proceedings of the 2014 AGM (Rio)
2. a report by the Interim President (ML).including comments on the Newsletter.
3. Election of Officers for the forthcoming three year period. The following proposals have been made from the committee;

President: from the position of President Elect, appointed in Hong Kong, Professor **John Paul Dormans** (US)

Hon Treasurer: Dr Antoon Schlösser, (Belgium and the Netherlands.) --to continue in this office.

Secretary General: Professor Deven Taneja; (Indore, India)

President Elect: (in sequence to Professor Dormans), **Prof Anil Jain** (India)

4. Report from the Hon Treasurer, Dr Antoon (Ton) Schlösser.

5. Regional reports from delegates able to attend; from India, Pakistan, Bangladesh, Britain, Myanmar, Malawi, Nepal, Ghana, Ethiopia, Bhutan, Cambodia, Philippines, Zimbabwe, et al, (*to be tabled on the day.*)
6. Future Projects, and Any Other Business.

Coincidental to the SICOT Annual Meeting, is the same of the British Orthopaedic Association, at which the UK Regional section of WOC will have a dedicated session. This Newsletter has not received information about this, nor the program, but it will be very much nearer for UK WOC members, and should be at least as entertaining. We shall do our best to learn all about it, hoping for a report...

Across the globe a huge amount of training work goes on unseen and unreported, in remote parts, never to reach the light of publicity. The duty of this Newsletter is to inform of the priceless contribution of many of our colleagues, far away, in an "old fashioned" intimate style. We shall describe as much as we are told about, better in the "third person". Essentially these should be anecdotes regarding practical performance, rather than bare lists, and are helpful for any who contemplate teaching visits. We rely upon descriptive prose which many are reticent personally to declare.

This message should be read as an encouragement to follow in the footsteps of our predecessors, but is also an encouragement for would-be host hospitals to call for help and support. Personal communication relies upon a sort of amateur journalism - the life blood of adventure. In short we need more news. The next Newsletter will report on the 36th Meeting in Guangzhou.

(M. L.)