



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.

Many and varied are the contributors to the general policy of WOC, in regard to the common interest in orthopaedic work in under-resourced areas. There is an equal number of different forms of support; differing according to the capabilities of the contributing volunteers and the differing capabilities and experience of the hosts. So every stage of surgical training requires a different type and grade of trainer.

The list of reports we publish on these pages cannot possibly cover every need. So if we describe on the one hand, simple first aid and on the other, complex neurovascular reconstruction, they are unlikely to be provided by the same surgical volunteer.

We have from the expertise at our disposal various viewpoints appropriate to differing specialties. WOC is able to offer to help to hospitals which "drain" a population of a million. For unusual cases, it is possible for an appropriate expert in a narrow specialty to visit to a host hospital with complex equipment, but **only** if there has been extensive information and preparation. For this reason our reports on

projects radically differ from place to place; no one must expect facilities he has “at home” to be available, nor case-mixes to be the same.

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The following report from **AMFA in Myanmar** records an exceptional service – not to be reliably reproduced in other situations; but Alain Patel has thirty-five years of experience and mutual trust. He presents an unique project, covering every aspect of orthopaedic endeavour for the LMICs. AMFA is now on the verge of providing a Health Service for the Country – a situation with inherent danger, in terms of responsibility and control. But Alain Patel is in no need of advice on that score.

A M F A (the Association Médicale Franco-Asiatique -- A message from the President of AMFA, Professor Alain Patel.. . .

Report on his recent visit to MYANMAR (Burma), between September 29th and October 22th 2015

“My second mission in 2015, had a very heavy schedule. Our first duty was to take part in the 47th Annual Meeting of the **Myanmar Orthopaedic Society**. **Professor Myint Thaung** presided, and **Professor Aung Myo** chaired the academic committee. More than three hundred orthopaedic surgeons attended; the presentations were very interesting and well delivered. Almost all “patrons” were present, and the younger generation, very energetic.

The newly elected President of the Myanmar Orthopaedic Society is **Professor Maung Mg Htwe** (Mandalay). The Asia Pacific Orthopaedic Association and Asean Orthopaedic Association were represented by their Presidents.

The **Myanmar Journal of Bone and Joint Surgery** was launched during meeting. The contents are of high quality with good illustration. Prof Myint Thaung is the chairman of publication.

I had the honour to give a talk on my 35 years of collaboration between AMFA (France) and the Myanmar Orthopaedic Association. For me it

was impressive to see the progress of the specialty throughout the country. I met almost all the surgeons in the country, and specially all whom we are training.

I visited the new Emergency department at Yangon General Hospital, well organized with 24hr cover, excellent equipment, reception, resuscitation, ICU, 4 operating rooms, X-Rays rooms, CT scan and MRI. The training centre is connected with the emergency room to assist the medical and nursing staff towards there Diplomata.

At the Orthopaedic Hospital the spinal unit (50 beds) has its own building - the project of **Prof Zaw Way Soe** (rector) - was formally inaugurated by the Minister. The 50 bed building is well equipped : OT, ICU, sterilization unit, all with safe air-conditioning, X- Rays rooms with conventional X-Rays, CT scan, MRI and rehabilitation department. This concept runs with trained surgeons, anesthetists and nurses, with periods of training in Paris.

In Myeick (south of the country) AMFA is helping the two hospitals, particularly the orthopaedic department, the 4 operating rooms, ICU and the emergency department.

The number of road traffic accidents increases; many external fixateurs are used for compound fractures. The orthopaedic cases are well treated and a rehabilitation doctor runs the department.

The progress in orthopaedic surgery is everywhere evident. The period of stay at hospital is reduced. The Government now provides free medicine, so every department is full. Children from the Mother and Child Hospital are treated at the General Hospital; and Orthopaedics is also practiced in the town's private hospitals.

We run 13 dispensaries on off-shore islands, and when complicated orthopaedic cases arise, they are sent to Myeick hospital for treatment. Poor patients are supported financially, by AMFA.

In Tandwe (Nagpali) the hospital has been enlarged to 200 beds. The

wards are old but OT, ICU and emergency are equipped by AMFA to a high standard. One young orthopaedist attends from Yangon, and is doing very good work assisted by an anesthetist, a radiologist and a theatre technician.

In all hospitals we visited we observed the influence of the Ministry of Health, doing good work with improving equipment and medicines. Everywhere the health budget is increasing, using cheap but fine quality implants from India and prostheses from Korea.

AMFA will continue to help in different medical fields including orthopaedics, by training and sending missions with items of special equipment.” *Professor Alain PATEL (President AMFA)*

The above report has the flavour of valediction. So much has been achieved by Alain over several decades that one worries about his succession - a matter very much in his mind, we are sure. But for everyone who embarks on a venture like that in Myanmar, needs to study the depth of the problems Alain faced - and overcame. The greatest of these has the confidence he inspired in both the local people of the country, but most importantly the government of Myanmar, which must take on the burden of healthcare into the future.

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NEPAL Quite different is a report in the current edition of the **Lancet**, on a subject we introduced in Issue number 177, of this Newsletter. (October 2015),

Recap; Professor **Rohan Rajan** (Derby, UK) reported on his recent visit to Kathmandu, Nepal. He described his surgical work and instruction delivered, but also detailed an appalling aspect of the aftermath of the earthquake in Nepal. Like so many dramatic disasters, they slip from the headlines of the world's press as they do from our daily consciousness. But Professor Rohan told us about the Blockade of the Indian/Nepali border imposed in September in response to a Constitutional edict from Kathmandu.

The details of this edict are not vouchsafed in Rohan's report to this Newsletter, nor are they described in the current alarming statement in the Lancet, but it emerges that Nepal is indeed in the grip of a stranglehold bringing to a standstill all the humanitarian efforts by the people of Nepal itself and every philanthropic gesture from without. Not only does this impede the treatment for the thousands still disabled, but the lack of motor fuel eliminates transportation creating an artificial starvation. This affects every aspect of existence, including present health and preventative medicine. Epidemics (like cholera and avian 'flu') have begun, and old controlled conditions (like polio and Tb) are spreading again.

The magnitude of the present crisis measured in monetary terms, more than doubles that of the earthquake.! But all the "acts of God", can seem tolerable compared with those imposed deliberately by a neighbour. Nor can all the "Charity" from distant affluence ever meet this tragedy.

Perhaps this comment will give publicity to something that must surely have an explanation, and therefore a possible solution.

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Recently several WOC Newsletters have made reference to one of the World's constant, very long term disabilities, which regularly follow large scale catastrophes. The management of Spinal Cord injury is long and commonly unsuccessful, leading to the destruction of both body and mind. Obviously the essence of "success" is prevention, but far too many are totally neglected and become a burden to themselves and their family.

A project has been launched from the office of **Dr Deven Taneka**, together with pre-eminent spinal surgeons among the officers of WOC (Professors **John Dormans, Anil Jain and Rajasekeran**), below the optimistic title:-

"PREVENTION OF SPINAL CORD INJURY."

The participating bodies include the following

Association of Spine Surgeons of India (ASSI)

International Spinal Cord Society (ISCoS)

Internat. Society of Orthopaedic Surgery and Traumatology (SICOT)

World Orthopaedic Concern (WOC)

Asian Spinal Cord Network (ASCoN)

From an operative point of view, the opportunities for beneficial surgical intervention are few, but conceivably very valuable, in the small group of carefully selected patients.

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This investigation will be long and will commence with a study of the size of the financial burden on all Nations. It has the support of international concerned bodies, with the most promising progress likely to be legislation, by individual countries, to create community mindfulness as to the “insanity” of modes of behavior at serious risk. Wherever explosives are in use, or buildings fall, paraplegia will occur.

Preventative measures would be beyond price.

One is reminded of the great work begun in Dhaka, Bangladesh, by **Professor Ron Garst**. for the paraplegic residue from the civil war in Pakistan, many decades ago. History shows how often the care of paraplegics emerges soon after a major natural catastrophe or full-scale war. But the world-wide numbers affected now, on the roads of modern cities, exceeds those of warfare.

More recently **Professor Rajasekeran**, from Coimbatore, had huge support from the medical profession and from public opinion for his denunciation of the carnage of the roads of New Dehli. He will be on the “steering committee” of this project, to draw up guide-lines, and doubtless will be involved in any conclusions reached and recommendations made.

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There have been many expressions of appreciation of those whose death was recently reported. **Professor Anil Jain** wrote to express

“shock to hear the sad demise of Mr **Frank Horan**. He and I co-chaired "Research and Publication" sessions in many IOACON meetings between 2007 and 2012, at the University College of Medical Sciences in Delhi, when I was the editor of Indian Journal of Orthopaedics. I recall the editorial meetings in London in 2010 at the JBJSb office, and in the evenings dinner. He was crystal clear as to editorial policies, and used to generate a questions-for-discussion session. He was always open to suggestions from everyone, and a great support for IJO when we were launching the new Indian Journal of Orthopaedics”. [Dr. Anil K Jain, \(president-elect, WOC\)](#)

From **James Waddell**. (Toronto)

“The last time I saw Frank Horan was with you in London.. I was always very fond of Frank as he was a great help to me in my relationship with the Journal. I didn't know Leslie Klenerman very well although I had met him when I was an ABC Traveling Fellow and enjoyed his incites into various parts of orthopaedic surgery, particularly the foot and ankle.

“In line with comments in Newsletter No 179, Bone and Joint Canada is attempting an initiative with people in Uganda on the subject of non-surgical treatment for hip and knee arthritis, and mechanical low back pain. These programs, - one developed in Scandinavia and one developing here in Ontario, - have been shown to be useful in the conservative management of these degenerative conditions. We feel there is a definite role for the adoption of this type of program in LMIC's. I will keep you abreast as these develop and hope that they will prove invaluable and widespread. (James Waddell).

From **Chris Walker**.(Maidstone) “I was so sorry to hear of the deaths of Leslie Klenerman & Frank Horan. Frank was a good friend & we both of course had the combined interests of Orthopaedics & Cricket. There were a number of times where I asked his advice on Orthopaedic matters & he always responded sympathetically & with a thoughtful considered opinion.”

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Redundant volumes of modern orthopaedic literature

In the cause of dissemination of current practice, many look back in gratitude to the instructional publications of the past. Regularly we receive offerings of bound sets of past Journals, which might be sent out to under-resourced parts of the world. Few such acts of generosity have been accepted and shamefully many fine sets have been pulped for recycling.

The problem is transportation. The weight is great and the cost of postage, huge. Secondly the appeal of the past is not universal. The same message applies to surgical instruments. And yet the experience of the past is beyond price.

If there is any request to receive such materiel, for and on behalf of a specific LMIC, please write to this office, and we shall try to help.

(M. Laurence)