



# Newsletter

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Website WOC: [www.worldorthopaedicconcern.org](http://www.worldorthopaedicconcern.org)

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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.*

As of Now, - the beginning of June 2016, - there are three months during which to finalise the details WOC's Contribution to the **37<sup>th</sup> Annual Meeting of SICOT, in Rome, September 7<sup>th</sup>- 10<sup>th</sup> 2016**. There is always a clash of important events in an Orthopaedic calendar, but this one has a special claim on our attention because for the first time the Organisational Executive, with the President himself, **Professor Keith Dip-Kei Luk**, has given prominence to the particular problems afflicting those parts of the World involved in serving the physically disabled with a paucity of surgical equipment and expertise. And remember these are the mass consumers of the future.

At the beginning of the SICOT Annual Meeting, WOC will be presenting a set of Instructional lectures aimed at the “GAP” which divides orthopaedic service on the basis of Economics. The progress of surgical science in the past decades has been nothing short of explosive. But it is in the nature of explosions, that the fragments fly off in every direction, each piece increasingly distant from all the others. Thus was formed the GAP, so frequently referred to as the cause for the loss of cohesion in orthopaedics. It is inevitable that the complexity of each specialty makes it more and more difficult for “Centres of Excellence” to provide training facilities for General Orthopaedics.

Below is a current draft program for the **WOC** sessions scheduled during the **Annual Conference in Rome** (September 7<sup>th</sup> - 10<sup>th</sup>, 2016) to give a flavour. We need to confirm some details for speakers, (with topics “TBA”); we await response from **Tania Bellon** at SICOT regarding dates, locations and times for the following sessions (and also dates, locations and times for the two proposed WOC Administrative annual general meetings):

**INSTRUCTIONAL LECTURES - SICOT** (Probably on September 7<sup>th</sup>)

1) 90 Mins: WOC Instructional Symposium; chaired by **Prof. John Dormans**

**Program**

“**The Prof. TKS Oration**”, (15 minutes) (pending appointment)

“Osteogenesis – Embryo to Fracture” **Mike Laurence**

“Services and Training , with limited resources” **Prof Anil Jain**

“Injury to Child’s Arm – Wrist to Elbow” **Prof Fergal Monsell**

“Problems confronting the Young Surgeon (with limited resources)”  
**Prof Vijay Khariwal**

“Plating vs. Nailing in Limb Fractures: Changes in Implant

design in relation to Surgical Infrastructure”

**Arindam Bannerjee**

2) **Orthopaedics in the Developing World**; a variety of 11 “free papers”, from the total group offered to SICOT, selected for their special relevance. (Moderator tba.)

3) **WOC and AO Alliance Foundation Joint Symposium: "Fracture Care in Low Income Countries"**, in collaboration with Dr **Claude Martin**, of the AO Alliance Foundation. (No free papers in this session).

JPDormans and Paul Demmer (cf NL 152) to moderate this session. (6 X 12 minute talks with 15 minutes for Questions and Answers)

### Part 3. **A Way Forward.**

#### Program

Introduction and “AO Alliance Perspective”

**Paul Demmer**

(Topic TBA)

**Dr Manjul**

The Globalization of Orthopedic Education.

**S. Rajasekaran**

Bridging the Gap Project: “Barriers to Provision of Essential Orthopaedic Care in Remote Places”

**Wilson Li**

(Topic TBA)

**Claude Martin**

to be followed by an impromptu discussion..

This detailed plan of the 37<sup>th</sup> SICOT Meeting is very incomplete, but the organizing committee (of SICOT) is firmly committed to the promotion of the

interests of the third world. The final program will be published soon.

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The so-called **GAP** has taken many forms, but the explosive developments in the science of orthopaedics have shown themselves to be hardly controllable, with (inevitably) the hindmost in terms of economic capacity, left further and further behind. The resultant (erroneous) impression is of “two-tier” standards of management – divided along monetary lines. But this is not only morally indefensible, but fails on the grounds of global Economics.

Of course our whole subject – Orthopedic Surgery – depends upon scrupulous review and technical improvement. Our Books and Journals are even now filling the “skips” of obsolescence; but improvement and progress depend on a profound understanding of the pathological process of healing and functional recovery.

The most important question to answer in response to a clinical presentation, is not what can be done, but what should be done – a question with many contrary points for discussion. Too often visiting surgeons do not fully understand the domestic and personal implications of major surgery and the true cost of rehabilitation, in terms of the interruption of family commitments.

The correction of technical error depends on an understanding of the cellular reaction to a complication, and that requires experience of managing fractures without surgical implants. That is why the AO Alliance Foundation sets such store by the teaching of non-operative methods. Only through the expert use of reduction and splintage, does the medical profession earn the confidence of patients for whom an operation is recommended. In this way

commercial confidence is built and instruments are purchased; -- never by the experience of things going wrong! It is never just a question of choosing which of two methods of management, but which is right for a particular clinical situation. Thus we improve.

World Orthopaedic Concern is indebted to the President of SICOT for providing much of the impetus in the program; we see this as a pivotal opportunity for the advancement of Global Surgery and the creation of links between training and trainers. Clearly the message is gaining ground to encourage Industry to serve the masses, rather than the wealthy.

**Dr Claude Martin**, writes to convey a word of appreciation for the mention in the WOC newsletter of the AO Foundation's education activities in LMICs. The AO Foundation has now created the **AO Alliance Foundation**, - of which Dr Martin is appointed the new Managing director. It- is dedicated entirely to the improvement of fracture care in LMICs in Africa and Asia. Claude was (is) a Canadian-trained orthopaedic Hand and Wrist surgeon. He held the post of executive director for AOTrauma at the AO Foundation, for the past five years.

On behalf of the AO Alliance Board, Claude and Dr **Jim Harrison**, (Malawi) the AOAF director for African activities, members of WOC are invited to the launch of AO Alliance Ethiopia Country Initiative on **June 20, 2016** in Addis Ababa. Some fifty guests and participants are expected, including (it is hoped) the Minister of Health. (Ethiopia).

June 4<sup>th</sup> 2016; **WOC (UK)** held their annual meeting at Sutton Coldfield. With the executive committee preceding the formal presentations of the Region's activities in Malawi, Ethiopia, Cambodia etc.

The following is extracted:-

Regular overseas visits from UK trainers continue, with funding from WOC (UK) and the Bone and Joint Journal, which has expressed an interest in establishing trainee exchanges between UK and Ethiopia. .

Short & long term fellowships & MTI scheme propose that Ethiopian trainees visit UK for specific courses such as open fracture and hand surgery. WOC (UK) is to offer the Black Lion Hospital faculties to help in Higher Surgical examinations.

**Tony Clayson & Henry Wynn-Jones** have been appointed by **AO Alliance Foundation** (AOAF) to offer support for Orthopaedics in Hawassa, in the rift valley of Ethiopia. Together with AOAF, the **Australian Doctors for Africa (ADFA)** have a detailed financial commitment to develop orthopaedics in Ethiopia as a whole, but especially with the Black Lion Hospital and Medical School in Addis.

Tony suggested fundraising for Ethiopia under the WOC (UK) banner, as WOC(UK) has made that country such a "flagship" He announces plans to form a North West ((UK) Orthopaedic & Trauma Alliance Group for Africa (NOTAA), with Rotary as a potential source of funding; and Manchester University, keen to establish a link with Ethiopia; -- in the same manner as Leicester University in Gondar (in the Northern Ethiopia). **Laurence Wicks** suggested a general administrator to link all parts of Ethiopia to support trauma services. There is no of doubt of the enthusiasm of the group with new projects funded locally.

## **UGANDA**

The next meeting of the **Uganda Orthopedic Association, 29<sup>th</sup> October 2016** to be held in Mbarara – Southwest Uganda (at a venue yet to be announced).

The meeting will be preceded by week-long FREE outpatient clinics and surgeries.

## **BURKINO FASO**

“**Ton**” **Schlösser** writes - The West African College of Surgeons (WACS) plans to hold its Teaching and Scientific Meeting in Burkina Faso, 26th Feb 2017 - 4th March 2017. They plan an ankle and foot symposium, together with a broad variety of general trauma.

The program will start on February 26th (instead of the originally announced, 14th February 2017.) Paul Ofori-Atta will be pushing for a WOC-UK team arriving Sunday evening 26th of Feb. 2017 and participating till Wednesday March 8<sup>th</sup>.

If possible an outreach for two days may be arranged through our WOC-International executive (from Belgium & Holland) who operate in that country.

Ton adds these notes: - “Burkina Faso, is distinctly West African, but essentially Francophone, covering both the patients and the doctors. (So *I suppose the presentations should also be given in French?*) Clearly the prospect of a 2-day outreach with collaboration between the UK and NL regions of WOC would be most productive. Normally WOC (NL) holds an orthopedic camp in February at our facility in Kaya (130 km from Ouagadougou). The date is not yet fixed but could of course be adapted to accommodate UK visitors. An option could be to tour and explain a little bit our setting “in action”. We could also organize a visit to the Western Provinces (Bobo-Dialasso & Banfora) where we had plans and contacts to start a new project together with the local orthopaedic surgeons. Our plans

to arrange that have been stalled until now, by lack of funds and sufficient French-speaking volunteers. To participate in the work would greatly authenticate the WACS Examination.

## **BANGLADESH.** (Report submitted for WOC UK Meeting June 2016.

From Geoffrey Walker and Iqbal Qavi (WOC Regional Representative)

GW's first visit to the late Dr Ron Garst's Orthopaedic Unit in Dhaka, Bangladesh was in 1972, a few months after the end of the War of Independence.

By that time, at the request of the newly formed Bangladesh Government had already established a 150 bed Orthopaedic Unit which then was largely occupied by wounded Freedom Fighters. Most importantly with the help of his wife, Ron established an Orthopaedic **Training** Project into which GW was able to insert a few elements of British Customs..

Herewith is a brief summary of the current situation:-

"More than 750 doctors have acquired either an Mastersip (MS) or Diploma or both. (It is difficult to give exact numbers because besides NITOR (National Institute for Trauma, Orthopaedics and Rehabilitation), seven other Medical Colleges offer admission, training and examination for post graduate degrees. Now all admissions and examinations are centrally controlled by the Bangobondhu Sheikh Mujib Medical University (BSMMU). The MS involves a five year course (two years in surgery and three years in orthopaedics). The Diploma is a two year course (six months in general surgery and 18 months in orthopaedics)

Currently. NITOR takes 20 MS students and 20 Diploma students every year. In addition many orthopaedic surgeons are being trained in other hospitals. At present NITOR has more than 50 Trainers, Professors, Associate Professors, Assistant Professors and Registrars.

Nearly all the graduates remain in Bangladesh following graduation. As NITOR is a mono-disciplinary hospital their trainees have to go to other hospitals for part of their 'general' training. At the moment NITOR has 500 beds and 10 Operating Theatres (OT's). However the current expansion of NITOR is expected to be completed in three years and the hospital will then have 1000 beds and 20

OT's; 80% of the beds are occupied by 'trauma and acute cases' (emergency admissions). The remaining 20% are occupied by 'elective patients'

In addition to this general work there are five "Special" departments, serving Hand surgery, Spine, Arthroplasty, Arthroscopy, and Adult deformity.

**The Training Staff of NITOR would be happy to receive a trainer from 'Outside' as has been done in the past.**

**Professor Iqbal Qavi** will continue as Director of NITOR for one more year before retiring from government service.

**Professor Ruhai Haque** who received a large proportion of his orthopaedic training in the UK has completed five years as Minister of Health. He has been responsible for the Unit's progress in the recent decades. (G. W.)

## **COSECSA**

The College of Surgeons East Central Southern Africa has learnt with deep regret of the untimely death of our long standing Council Member and Loyal fellow, **Professor Mohamed Labib**.

Friends will recall Prof. Labib as our Chair of the Education, Training and Research Committee from 2007 to 2013.

He was the Head of the Surgery Department, School of Medicine, University of Namibia and was recently appointed as the external examiner for COSECSA. He is remembered as a humble, hardworking committed fellow of COSECSA and was the pioneer for Namibian joining COSECSA.

Please extend your deepest sympathy for the loss through the secretary of the Namibian surgical society - Dr. A .Munika; email:- <[namibianss@gmail.com](mailto:namibianss@gmail.com)> May his soul rest in eternal peace.

{M. L.]