



Newsletter

No: 191

July 2016

Distributed from: laurence.woc@gmail.com

Website WOC: www.worldorthopaedicconcern.org

Linked with: www.worldortho.com (Australasia) www.wocuk.org (UK)

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.

The pressure of great projects is embarrassing the organisers of the next (37th) **SICOT Annual Meeting**, (Rome, September 2016). This Newsletter therefore carries an implicit apology and an appeal for patience. In previous Newsletters we have announced parts of the Program while it was still in the process of arrangement, and clearly subject to change.

The SICOT Executive has given much prominence to the subtitle of the current Presidency – to bridge the expanding gap between those lands, able and unable, to provide the “best” care for their damaged and disabled peoples. We did this in

order to *whet* the appetite, but inevitably we now have to announce alterations – mainly in the form of additions rather than cancellations.

One of the difficulties is the variation in facilities and the unevenness of requirements. Building improvement into a medical service has essentially to take into account the personnel and their capability to organise and to be organised. And then finally, the global economy. Without the former elements, the latter will fail. Those involved in the industry of “provision” are aware that the success of their business must be built on the sound foundation of basic principles of healing, without which the caring arts must fail. “R & D” depends on the secure lower rungs of the ladder of progress.

This meeting (SICOT’s 37th) will address the elementary services and skills of preventing (or later correction of) deformity and provides our best opportunity to present the philosophy of WOC.

Widespread information through various media, has made the world aware of the plight of the “have-nots”. Unless more is done currently comfortable countries will be inundated by the desperate and the deprived, driven to risk their lives in open boats, with poor prospect of survival. Forcefully to slam doors will not hold out for long. Every day a new defect in the wall will be found and through it will pour those who are willing to lose their puny lives. Whatever can be done in the cause of support for the caring professions of an impoverished society, will relieve some of this desperation.

ERRATA

Reference the 37th Annual Meeting of SICOT, in Rome. Our first duty is to relate the changes in the program for Rome. There are now to be three sessions dedicated to the WOC approach to Global improvement in the service of our

specialty – not a **sub**specialty; - to “General Orthopaedics” as a part of General Surgery.

Previous Newsletters (No 188 &190) have listed the Instructional session, covering basic pathology and elementary support for the difficult, the inoperable and the complicated case. None is untreatable. There must always be a “get out” plan, without which no operation should ever be attempted.

A **Second** session has been set up by the **AO Alliance Foundation**, stimulated by the experience of that organisation in setting up practical courses throughout subSaharan Africa (and elsewhere), designed specifically for those parts drastically short of surgical facilities. **Dr Claude Martin jr.** has convened the following items, with some recent alterations; but these too are subject to modification. . .

1. **Dr Quintero:** *“Laying the seed to sow”*: from AO Foundation Socioeconomic Committee.
2. **Dr. Demmer** *“Safe, timely and effective fracture care in LMICs: what's the problem?”*
3. **Dr Sylvain Terver; or Dr Lekina:** *“Fracture care education in French-speaking Africa: making a difference.”*
4. **Dr Sami Hailu:** *“Returning home after fellowship training in pelvic and acetabular surgery”*: the challenges faced by the newly trained.
5. **Dr. Addo:** *“Paediatric fractures; solutions for Ghana.”*
6. **Dr. Wilson Li:** *“The meaning of Bridging the Gap”* Project with SICOT
7. Questions: Dr Quintero and all speakers, followed by closing remarks.

This constructive session will address the fundamental problems from the point of view of the surgeon, the providers of healthcare equipment and each National Government in its duty to its citizens and its national economy. The

fourth item will be particularly interesting, in making the leap across “the Gap”.

And now a **THIRD** session is to be added, devoted to the special problems besetting the LMICs (Lands of Low and Moderate Income). This third session will consist of papers offered to the general meeting but selected for their special relevance to pure pathology, rather than “iatropathic” disease or Hi-Tech research. All three sessions have practical appeal to those where monetary funding is limited, but at the same time will identify areas where financial solutions are a reasonable possibility.

It becomes clear to all prepared to address these matters, that there are no simple solutions. But some support and assistance for the National Economy may be required if each country is able to invest in its own health, wherein orthopaedic considerations are intimately associated with progress.

The burden of this load is felt particularly by all colleagues concerned about musculo-skeletal disease. Everyone has observed the modern disaster of Mass Migration – not entirely connected with health, but to a great extent. No day passes without media reference to a breach in the national borders of affluent lands, by impoverished peoples, well aware that sheer numbers have their own power. Walls and fences cannot physically (nor morally) be defended forever.

-o0o-

On the SICOT-website, is published the "Program at a glance", for the 37th Meeting containing three scientific sessions, relevant to the basic practice of Orthopaedics.

1. Thursday, 8 September 2016 16:00-17:30 :
Free Papers – “*Orthopaedic service to the Developing World*”
2. Friday, 9 September 2016 14:00-15:30:

AO-Alliance Foundation Symposium – “Fracture Care in Low-Income Countries”

3. Friday, 9 September 2016 16:00-17:30:

WOC Instructional Course – “Musculoskeletal Pathology, Treatment with a Paucity of Modern Equipment.”

From this brief preliminary agenda, there is a clear intention to spread the practice of excellent orthopaedics to the under-resourced parts of the world (ref; WOC’s *raison d’etre*).

The dynamics of the program are given with the understanding that some details of the program are still subject to alteration; which will be announced through later Newsletters. To all concerned about these matters, this is an unique opportunity to be involved and to challenge our leaders in the field.

-o0o-

Every major Orthopaedic Society, conscious of the plight of those parts of the world which lack modern surgical equipment and surgical staff, have similar and equal frustrations, quoted in the specialist Journals. This inequality, demonstrated widely, becomes the cause of envious discontent. If no significant attempt is made to provide what the rest the world considers to be no more than “first aid”, then the ill-used masses will continue to suffer the accident of open boats.

The world is increasingly aware and convinced that this inequality is inhuman and intolerable. But simple Charity is quite inadequate. Earlier this year (15th April 2016) a major Meeting was held at the **Royal College of Surgeons (Eng)** to address the matter of **Global Frontiers in**

Surgery, adding a powerful voice to that of world-wide non-Governmental Organisations intent upon bridging this gap in Surgical Services. *Inter alia*, the Lancet Commission on the subject had aired the need for relatively elementary procedures (such as childbirth and skeletal injury).

One aim of the Global Surgical Frontiers Conference was to offer travelling grants to for UK-based surgeons, trainees and consultants, to address issues raised by surgeons and to identify opportunities to work overseas.

During this two-day conference, the RCS challenged an audience of practitioners, students, retirees, and educators to consider new paradigms of how high-income countries can and should engage in global surgery over the coming decade. It was well attended from all branches of surgery, and many charitable bodies. *(A video-recording was taken and is available through the College of Surgeons. <watch online>)*

Applicants from overseas should demonstrate that their experience in the UK relates directly to their home country's surgical needs and/or an opportunity to obtain relevant surgical knowledge, or contribute knowledge of surgical needs or practices in their own country. Applicants must have already identified and agreed their visit with a UK institution and an appropriate letter of invitation must be included with the application. Please contact <internationalteam@rcseng.ac.uk> closing Ookiideadline: **12 August 2016**.

The Visiting Fellow Grant is open only to applicants from DFID priority countries: Afghanistan, Bangladesh, Burma, Democratic Republic of Congo, Ethiopia, Ghana, India, Kenya, Kyrgyzstan, Liberia, Malawi, Mozambique, Nepal, Nigeria, Occupied Palestinian Territories, Pakistan, Rwanda, Sierra Leone, Somalia, South Africa, Sudan, South

Sudan, Tajikistan, Tanzania, Uganda, Yemen, Zambia, Zimbabwe.

-o0o-

A quotation from a letter to the Editor of the British Medical Journal, from THET.

“In his final piece for THET, as Chair of Trustees, **Professor Andy Haines** affirms his belief in the health partnership approach to improve health worker skills and strengthen health systems in low resource settings. Andy has dedicated six years of his life to advise, support and champion the work of THET and we are grateful for his commitment, guidance and professionalism during a period that saw THET awarded the DFID Health Partnership Scheme, expand our country presence, and forge ties with corporate partners such as **Johnson & Johnson**, (to name but a few highlights). From all our supporters and everyone at THET, we’d like to offer our sincerest thanks and best wishes to Andy.

-o0o-

A Message from Dr Siva Murugasampillay
(addressed to Dr Wazara, WHO, Geneva)

An update on planned support for Trauma and Orthopaedic care in Zimbabwe.

“We have been working with Mpilo Hospital since 2012 in support of the Maternal and Child Health Services, to upgrade the theatre and wards and to assist in the supply of equipment for the care and referral support for Matebeleland.

As follow-up we have forged links on order to support the Trauma and Orthopaedic services with Dr Yahya Malango, the MOHCC. Yahya has been attending “outreach clinics” in support of District Hospitals in Gwanda, Gweru and Masvingo, and has created excellent networks with the provincial general surgeons.

We have supported a professional link between Mpilo and the Belgium/Dutch

Orthopaedic surgeons and World Orthopaedic Concern (UK) who visited Zimbabwe in early 2015. The aim is to support the Orthopaedic Society of Zimbabwe as part of the Surgical Society of Zimbabwe, for which financial support for visiting surgeons is a priority.

We now have a follow-up from the Belgium/ Dutch team and WOC. They have a small seed fund to start the development of short to medium term proposal to help Trauma and Orthopaedic services in Zimbabwe, for which definite offers of financial support have been made by the Royal College of Surgeons (Eng), from the SICOT Foundation and the Board of the Bone and Joint Journal (BJJ).

The following proposals have been made:-

1. To facilitate professional exchange visits between Orthopaedic surgeons in Malawi, Zambia and Belgium/Holland.
2. To prepare a practical handbook for use by primary and district health care workers on trauma and orthopaedics, building on the experience of Malawi
3. To arrange for Zimbabwe Surgeons to attend the Annual General Meeting. of WOC (international), to be held during the 37th Meeting of **SICOT** in Rome, September 7th- 10th.2016

We seek guidance from Dr Yahya Malingo with regards to the above.
Shiva Murugasampillay, Geneva.

from Judith Andrew, COSECSA office (July 2016)

Dear COSECSA Fellows/ and supporters,

“The College of Surgeons East Central Southern Africa has learned with deep sadness the death of a young Fellow of the College - **Dr. Joel Mbute Namunguba**. Dr. Mbute was a COSECSA graduate in FCS Orthopedics in 2014; he was working at the MOI Teaching Hospital in Nairobi.

Dr. Mbute was involved in a fatal road traffic accident two weeks ago. It is poignant that this tragedy occurred to one currently engaged in the very

service of road traffic trauma. His funeral took place last weekend, in Kenya. R.I.P.

(M. Laurence)