



We are delighted to present to you the Spring Edition of the BFIRST Newsletter. As usual, this newsletter showcases the different projects that BFIRST is currently involved in. Behind every project, there is an amazing team of people who never cease to amaze me with their generosity, enthusiasm and passion to teach others so that one day they can teach their own.

BFIRST now has regular projects in Bangladesh, Cambodia, Nepal, Nigeria, Sri Lanka and Vietnam. In addition, we are excited to announce the 'first trip' to Harare, Zimbabwe in January 2018 led by Drew Fleming, Jason Wong and Adam Reid. These reports are contained in the bulletin and I hope you will enjoy reading about their contributions.

Our collaborations with other organisations remains one of the most important strategies of BFIRST. Other than Ethiopia, we have an ongoing partnership with BSSH in Sudan, where an orthoplastic team visited Khartoum in December to teach hand surgery but also to facilitate the National Plastic Surgery examinations as external examiners (David Bell and Tony Barabbas).

In April, we will be holding our second BSSH/BFIRST Overseas Day in Manchester, 13th April. The emphasis this year is very much on learning from our overseas friends, the 'recipients' of our efforts from Sudan, Vietnam, Ethiopia, to name a few. We really hope this event will continue on an annual basis to serve as an important platform for consultants, trainees and therapists to join in this shared journey of learning together.

Finally, we are having another BFIRST Ball! The date is the 29th of November, held in conjunction with the Winter BAPRAS meeting. Please do come and support the event at the Connaught Hotel, London. The evening will be packed with dinner, dance and auction all in the name of charity!

Have a wonderful summer everyone!



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# Hanoi, Vietnam

20.11.17 - 24.11.17

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In November 2017, Professor Simon Kay and the Leeds team visited the Viet Duc Hospital, Hanoi, Vietnam for their second trip. Sarah Taplin (physiotherapist) and Rob Bains (Consultant Plastic Surgeon) accompanied Professor Kay for the 5-day trip. As usual, the team in Hanoi continue to show an eagerness to upskill and address a very substantial healthcare issue (brachial plexus injury) in a society that has few resources, a high incidence of that injury, and poor health infrastructure but at the same time, are capable of developing sophisticated solutions.

In a new clinic, 120 patients were seen with mostly brachial plexus interspersed with children's hand anomalies and a few general plastic surgery cases. Over the next few days, the team operated on 6 adult brachial plexus cases, 4 children's hand surgery cases and 5 OBP cases. They also undertook one free tissue transfer as well as a wide range of primary repairs, nerve transfers and a range of tendon transfers.

The team was very impressed at the abilities of the local team, their eagerness to learn, and the surgical and nursing support. There remain challenges however, in terms of structure, the lack of physiotherapy and splinting, as well as the absence of detailed follow up and therapy support.



Professor Kay supervising Dr Huyen Tran, a local surgeon in a complex case.

Dr Rob Bains operating in Hanoi, Vietnam



# 1b

## Harare, Zimbabwe 15.01.18 - 21.01.18

Zimbabwe has a population of 12 million and two plastic surgeons, Dr Faith Muchemwa and Dr Kevin Nduku. In January, a BFIRST team visited the Plastic Surgery department: Drew Fleming and Wee Lam to teach upper limb surgery, Adam Reid and Jason Wong to teach lower limb surgery, and Megan Blakeway and Annie Capon, to teach hand occupational therapy.

On the first day, the team conducted a cadaveric workshop at the University of Zimbabwe Medical School with a focus on flaps for Lower Limb reconstruction. Informal feedback from the delegates included: 'This is the first time we had a cadaveric workshop and it was excellent!'

In the afternoon, the team was brought to the Parirenyatwa hospital where a total of approximately 40 paediatric patients with congenital hand conditions and burnt contracture were seen and around 10 patients were selected for surgery. In addition, Mr Reid and Mr Wong saw a few upper and lower trauma cases and scheduled these for flap reconstructions.

Over the next few days, the team operated on paediatric hand patients for congenital hand surgery, release of burnt contracture, syndactyly releases, first web reconstruction for an Apert's patient, a cleft

hand, as well as a few duplicate thumb corrections. The highlight of the trip included a free anterolateral free flap reconstruction for an open wrist defect with missing extensor tendons led by Mr Wong and Mr Reid. One of the aims of the trip was to teach and perform free tissue transfer, which if transfer of skills was successful, would represent a major step forward in Reconstructive Surgery in Harare. Halfway through the surgery, Mr Reid and Mr Wong, together with Mr Lam attended the lunchtime educational meeting where they jointly presented a guest lecture entitled: 'The Future of Extremity Reconstruction - From Development to Tissue Engineering to Regeneration'. The lecture was very well received, and several questions were asked.

On the final afternoon, the team departed for a short holiday at the Victoria Falls.

This was a 'first' trip for BFIRST to Zimbabwe and proved to be very promising in terms of an ongoing collaboration for education and training. The local hosts, Dr Faith Muchemwa and Dr Nduku are extremely supportive and in addition, Drew Fleming provided invaluable advice for the preparation of this trip. Future plans include sponsoring Dr Nduku for a BFIRST fellowship to Manchester and another trip next year.



# Dhaka, Bangladesh

01.12.17 - 08.12.17

1c

This was the third visit for Andy Williams, plastic and burns surgeon and Barbara Jemec, plastic and hand surgeon and the first for Zoe Clift, Hand Therapist.

Each day commenced with a handover and case presentation from the department, including their monthly audit, which highlighted a 10% mortality rate from burns and an overwhelming burden of work, followed by a presentation by the BFIRST team before we split up for ward rounds, theatres and hands-on training. At this visit the in-patient count was 497, still in the 100 bedded National Institute of Burn and Plastic Surgery (NIBP) building.

BFIRST donated a dermatome last year for harvesting skin grafts; this instrument is used only for special cases as they are running out of blades. Skin harvesting is therefore usually done by hand using a Watson or Humby knife, which the local surgeons are very skilled at. Limited availability of blood products and theatre time means that harvesting and grafting is usually done in stages, with a maximum of 20% body surface area at a time.

#### Educational programme

The BFIRST contributed both with lectures and with one-to-one training in theatres and on the wards. Lecture topics included infection control and advances in burns care among others. This was the first inclusion of a therapist on the BFIRST Bangladesh team, a reasonable amount of time was spent on location fact finding, relationship building, and scenario analysis.

There is a significant workload of 497 in-patients, mostly having suffered burns. The physiotherapy department is severely under-resourced. Splint material is a challenge with some access to in-country prefabricated splints (generally not suitable positions for burnt hands or other hand surgery), plastic guttering material (toxic when heated) and Plaster of Paris. POP appears scarce with the therapists donating their own money to buy it occasionally. There is no other rehabilitation equipment to promote exercise or function with no obvious access to walking aides and minimal space for any bedside rehab or mobility practice.

MDT teaching sessions were provided on "The Role of Early Splinting" and "Early Rehabilitation Following Tendon Transfer". In addition, sessions were provided to the therapists on assessment, documentation, how to plan a treatment session and a practical session on fabrication of POSI splints in POP. The remaining time was spent assessing and treating as many of the current inpatients as possible with focus on post-burn positioning to minimize contracture, the use of exercise and encouragement to start this early, splinting on the wards and planning of future treatment sessions.

#### ONGOING CHALLENGES:

- 1) The volume of patients, many of them burns, requiring high levels of therapy intervention with a small team; some of whom are not the most motivated.
- 2) A relatively low level of ability to assess a patient and subsequently plan an appropriate treatment with a knock-on inability to prioritise patients.
- 3) A severe lack of rehabilitation equipment and space for a caseload of patients that includes high numbers of patients who have been bedbound for long periods of time and high levels of paediatrics.
- 4) Lack of or poor provision of positional splinting post burn injury with limited early therapy intervention means significant contractures, returns to theatre and ultimately poor functional outcome.

# Colombo, Sri Lanka

## Occupational Therapy

Report by Catherine Miller, Great Ormond Street



It was an honour to be asked once again to join the multidisciplinary team travelling to Sri Lanka earlier this month to undertake hand surgery and hand therapy teaching. I travelled with a team led by Mr Branavan Sivakumar, Consultant Plastic and Reconstructive Surgeon at Great Ormond Street Hospital. We returned to the Plastic Surgery team at Lady Ridgeway Hospital in Colombo, hosted by Mr Romesh Gunasekera.

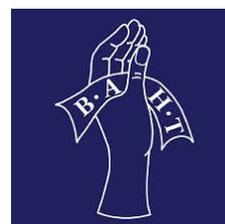
The model was very similar to last year's visit. We attended a multidisciplinary clinic assessing approximately 50 patients with congenital hand anomalies ranging from camptodactyly and thumb duplications to radial ray dysplasia (RRD). From this clinic, children identified as needing surgery were listed for theatre and children identified as needing more conservative treatment were asked to return for therapy. The following two days were dedicated to treating children in the Occupational Therapy suite with local therapists. These days served as workshops, where I led the teaching on stretching and splinting techniques and other therapeutic strategies. I supplemented this workshop with a presentation on Thumb Hypoplasia and Pollicisation. To finish the week, I gave a presentation to the wider medical team on Pollicisation Protocol and Outcomes.

Not only was it a great pleasure to build on the relationships made with my international colleagues one year ago, this follow up visit was hugely successful as I was able to recognise the impact of my visit last year. I observed improved splinting skills by local therapists who were able to apply and review splinting regimes according to my instruction last year. For one child

with RRD, after a year of stretching and splinting to prepare his soft tissue, this meant he was ready for a surgical procedure (radialisation) by our team this year.

With special thanks to the following for their support towards this international travel:

- Emirates Airlines
- BFIRST – British Foundation for International Reconstructive Surgery and Training
- BAHT – British Association of Hand Therapists
- Promedics



# Addis Ababa, Ethiopia

December 2017

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On 15 December 2017 Neil Choon and Matt Fell travelled to Addis Ababa in Ethiopia to investigate the need for a collaboration in hand surgery. The trip was sponsored jointly by BFIRST and BSSH. This visit, consisting of 5 hospitals was to investigate the current situation of hand surgery in Ethiopia and explore the need for a collaboration. Hand injuries from trauma are a major problem in Ethiopia. Most patients are seen in the primary healthcare setting and referred through to the tertiary hospitals for treatment. Hand surgery is being performed in Addis by both orthopaedic and plastic surgeons in all 5 units visited. There was enthusiasm, from both orthopaedic and plastic surgeons, for a collaboration in hand surgery to develop. An educational hand surgery course for surgical trainees in the tertiary hospital setting would not solve the problems faced but would be a feasible way to start a collaboration and would enhance an orthoplastic hand surgery platform for future development,

## Black Lion Hospital

Neil and Matt arrived at the orthopaedic department building to meet Dr Rick Gardner (Paediatric Orthopaedic surgeon at CURE) who introduced the head of the orthopaedic department Dr Biruk Wamisho. They attended the departmental trauma meeting then joined the team in theatre to get a feel for how things work. Dr Biruk gave a tour of the department before discussing the proposed hand surgery collaboration at length over traditional Ethiopian injera and coffee.

The Black Lion Hospital (BLH) is the largest hospital in Ethiopia, with 1500 patients seen per day and a bed capacity of 1000. The BLH is



closely associated with the Addis Ababa University and is the main teaching hospital in Ethiopia. Trauma accounts for 70% of the workload in the orthopaedic department. Hand injuries account for a significant proportion of the patient presentations but a small proportion of the operative caseload. Yekatit 12 and CURE Hospital Yekatit 12 is the centre for burns, cleft lip and palate in Ethiopia. Again, the caseload is dominated by trauma and 50% of that is hand trauma.

## ALERT Hospital

Neil and Matt visited the plastic surgery department at ALERT Hospital to meet Dr Atakiltie Baraki (President of the Ethiopian Plastic Surgery Society), and other senior plastic surgeons. The hand surgery collaboration was discussed at length with many creative ideas raised. Dr Abraham provided a tour of the department and we saw several post-operative patients on the wards, including two patients with posterior interosseous artery (PIA) pedicled flap reconstruction following release of 1st web burn contracture; and a patient undergoing hand therapy rehabilitation with the modified Kleinert Regime.

Teaching at Black Lion and COSECSA meeting  
Neil and Matt gave prepared lectures by request for the orthopaedic and general surgery residents years 1-4 (approx. 60 in attendance). Lecture topics included principles of soft tissue reconstruction in the upper limb, hand infections and tendon injuries.

## Reflections

Ethiopia is the second-most populous country in Sub-Saharan Africa with a population of 99.4 million. Ethiopia is one of the world's oldest civilisations but is also one of the world's poorest countries. It still needs considerable investment and improved policies to reach its development objectives. Having identified the need for hand surgery training, BFIRST and BSSH will be planning to send a team to conduct a training workshop sometime in the near future.



# Pakistan (BFIRST Affiliation Project)

Muhammed Riaz

October 2017

1f

Pakistan has a population of over 207 million, with a population increase of 57% since 1998. It is estimated that a third of the country lives in poverty with no access to healthcare and education. Healthcare in Pakistan is administered predominantly in the private sector. The public sector is led by provincial health departments and there are significant disparities in urban-rural healthcare delivery, with only 0.9% of GDP spent on healthcare.

## Challenges in Plastic Surgery in Pakistan

Cleft lip and palate is particularly common in Pakistan with an incidence of 1 in 500 live births. Currently there are 52 registered members of the Pakistan Association of Plastic Surgeons, with numerous overseas members. There are a limited number of cleft, lip and palate specialists and due to the lack of a welfare state, many patients cannot pay and go untreated.

## History

The Overseas Plastic Surgery Appeal (OPSA) is a registered charity that provides free plastic surgery procedures to underprivileged children and young adults.

Initially founded in 1998 but known as the Hull & East Riding Overseas Plastic Surgery Appeal – annual camps were held in a private hospital in Gujarat by a specialist team from Hull, with funding and support from the local Bashir family via the Decent Welfare Society. This Society evolved into the Pakistan Cleft Lip and Palate Association in 2002 with continued work of Dr Ijaz Bashir. In 2003 the charities name changed to OPSA from 2008-present, additional funds have allowed the camps to be held bi-annually, and additional specialists from the UK, Ireland and Turkey have joined the team.

2016 saw the move to the new purpose built cleft hospital on the outskirts of Gujarat, following funding from the Japanese government and Midland International Aid Trust. There are outpatient facilities for local Dentistry, Ear Nose and Throat and Speech and Language Therapy specialists. Locally trained surgeons work there

regularly – treating cleft and general plastic surgery conditions - with the service free at the point of care. All catering and accommodation are now provided on site, via the great hospitality of the Bashir family and local staff. Expansion and development continues.

## Expertise Provided

The surgical team for each camp includes a minimum of two consultant plastic surgeons, who specialize in cleft, lip and palate, a consultant maxillofacial surgeon, two consultant anaesthetists, a theatre sister and anaesthetist assistant / operating department practitioner.

To date, the team has collectively treated thousands of patients. but fundamentally, they have disseminated their knowledge and skills to train the core theatre, recovery and ward staff hospital staff.

In addition to cleft care, Dr Bashir now also provides a limb fitting service and Miss Penny McManus continues to improve breast cancer awareness with breast clinics offered on site, as well as educational events and live operating at hospitals across the country.

The camp ran from 13 – 22/10/17. A total of 70 cases were operated on performing a mixture of cleft lip and palate repairs – both primary and secondary revisions, cleft rhinoplasties and congenital malformations. Operating days lasted more than 10 hours per day. Each day began with a surgical ward round of pre-operative and postoperative cases. An outpatient clinic ran simultaneously with a high volume of cases assessed, with patients travelling from all over Pakistan.

The cases seen ranged across the breath of elective plastic surgical conditions, of varying complexities. Cases were triaged accordingly and treated as resources allowed. The clinical experience gained was incomparable with that from the UK. Many people harbour misconceptions about Pakistan, influenced by Western media, but the experience was truly memorable. The local hospital staff were admirable in their work ethic and organisational skills, allowing such a high volume of cases to pass safely through the hospital and the hospitality afforded by the local people was overwhelming.



# BFIRST DePuy Synthes Fellow's Report

# 2

Ganga Hospital 28.11.17 - 30.12.17

It has been a wonderful experience to have done my fellowship in Ganga hospital. I would like to thank to the Depuy Synthes Fellowship sponsors, Professor. Raja Sabapathy and Dr. Wee Leon Lam who gave me a chance to become the fellowship at the hospital. Ganga hospital is an excellent hospital with world-class expertise in plastics and reconstruction hand surgery.



## Interests and Background

I am a general plastic consultant in Viet duc university, Hanoi, Vietnam. I completed my studies at Hanoi Medical University in 2004 and then had 4 years of intern and residency training in Hanoi medical university. I have been working in Viet duc hospital as a plastic surgeon since 2009 within the Maxillofacial – plastic & reconstruction department. Following completion of my 4-year training, I went to Far Eastern Memorial hospital in Taipei, Taiwan for a 2-month observership in 2014. I joined the BFIRST Fellowship in 2016 and had 4 weeks training at plastic and reconstructive department at Leeds general infirmary hospital, my supervisor was professor Simon Kay. I also had 2 weeks in Edinburgh under the supervision of Dr Wee Lam, and Dr Ken Steward. I focused on free micro-vascular flap reconstruction, brachial plexus, hand surgery and ear reconstruction. My interest lies in microsurgical reconstruction of nerves and vessels.

Viet duc university hospital is the biggest surgical centre in Vietnam with around 2000 beds and 50 OTs. Every week, there are about 3-5 brachial plexus injury patients at our hospital due to a high number of motorbike riders. Together with the head of department - Dr Ha Hong Nguyen, we frequently encountered BPI patients. Prior to 2016, due to limitation of knowledge and experience in new brachial plexus injury treatment, we faced difficulties in finding suitable treatment for our patients. We had success in replantation of amputated parts, free flaps for reconstruction, and brachial plexus and hand surgery. Fortunately, the management of BPI began when Professor Simon Kay from BFIRST visited and operated on BPI reconstruction cases. I appointed to be involved in these operations to learn about Brachial

plexus injury, reconstruction surgery and hand surgery so that we can offer such treatments for our patients.

## Limitations of current settings

Initially, equipment needed for the microsurgery was often modest, post-operative physiotherapy for BPI was weak, and expertise to provide a guide during the operation were often limited. Dr Lam therefore recommended me to Professor Raja Sabapathy to obtain the DePuy Synthes Fellowship at Ganga hospital. Arriving at Ganga Hospital and first impressions I reached Ganga on 28th November and was amazed to see a hospital with 9 OTs for a plastic department which was always busy. During my first week I joined in the monthly regional plastics surgeons meeting and had a rough understanding of the kinds of operations being performed here.

## Action and Observations

A typical day begins at 7:30am with either lectures or trauma review, as I didn't have much knowledge on hand surgery, the lectures were very helpful. I also recognized about hand surgery that is not difficult to begin but very difficult to become master surgeon. I feel lucky that beside learning from professor SRS, I also have a chance to study with skillful hand and micro surgeons of Ganga hospital. Every case I encountered at the Ganga hospital was memorable. I did observation about procedures of surgeries and took note. The cases I have observed range from hand surgery "foundation" cases such as contracted scar, carpal tunnel syndrome, Cubital's Syndrome, syndactyly, polydactyly, hypoplasia, ganglion, and Dupuytren's contracture, to

reconstruction of traumatic hands and feet, ABP, OBP, and to emergency revascularization or replantation. Physiotherapy

I visited physiotherapy unit for hand therapy. The hospital had really good therapists. They can make fit splint for the patient by detail measuring directly. This unit had foot pressure measure for diabetic foot and then produce foot wear personal patients. Therapist had good skill to evaluation patients pre – post op, management follow up the patients. I attended a micro surgery course from 18th to 22nd Dec, Mr Ravi was technician in management of microsurgery lab. He helped all trainees in dissection and execution of anastomosis. The technique was well explained by R. Acland video. After completed micro course, our groups included 4 surgeons, we had the chance to meet hospital's chairman and received our certificates.

As previously mentioned, I have taken special interests in BPI reconstruction cases (primary surgery and secondary surgery). I was fortunate to observe many BPI reconstruction cases during my observership. In the past 5 weeks, I have learned many valuable lessons. I have learned to refine the technique of dissection, diversified solid problem. When there is a need for salvage operations in a failed nerve transfer, or late-presenting BPI patients, Ganga has shown me a clear protocol for such. I was fortunate to see and learn about different variations of FFMT, depending on the availability of donor nerves or pedicles.

#### Planning

I am now back working at my hospital. What I have learned from Ganga hospital over 5 weeks is very useful in my career. I hope I could apply to treatment for our patient better and with the model lab for microsurgery course of Ganga hospital, I hope we could organize one small microsurgery lab for Vietnamese surgeons at our hospital in near future. Lastly, I am deeply grateful to Professor Raja Sabapathy for giving me a great opportunity to study at Ganga and became a DePuy Synthes fellow. I would also like to thank to Dr Wee Leon Lam for profound guidance as well as great support in developments of my career.

Dr Huyen Thanh Thi Tran – Plastic Surgery Consultant. Vietduc University Hospital, Hanoi Vietnam

Dr Tran is the first BFIRST fellow to complete a UK fellowship and also a Depuy fellowship in Ganga hospital. This collaboration with Ganga hospital is a recent initiative between BFIRST and Professor Raja Sabapathy.



# Interview with a BFIRST Plastic Surgeon

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Mr Ken Stewart, Consultant Plastic Surgeon,  
Royal Hospital for Sick Children, Edinburgh

## 1. How did you first get involved in BFIRST?

Wee Lam was never at work, always on 'missions' and I was always having to cover for him! So, when he asked me to go to Vietnam I decided it was my turn.

## 2. Where and when was your last international trip with BFIRST?

I have been to the Viet duc Hospital in Hanoi twice in the last two years to help teach them on ear reconstruction.

## 3. What are your priorities when on a BFIRST visit abroad?

Teaching local doctors. The plastic surgery department at Viet Did are incredibly dedicated skilled plastic surgeons. They were keen to add ear reconstruction to their programme. They learned quickly, on each trip I also invited colleagues from other countries to diversify the workshop teaching. I have been involved in similar programmes in Oman and India.

## 4. Why are the BFIRST core values so important for global surgery?

When you retire you won't remember a normal Monday in your NHS hospital. But you will remember the Monday you turned up in an overseas hospital. You will make great friends for life. I have been truly inspired by the dedication of colleagues in India, Oman and Vietnam.

## 5. What tips would you give to trainees with an interest in global surgery and global health?

Do not hesitate to get involved. You will never regret.

## 6. What do you think future global surgery strategies should focus on?

The priorities depend on the country. Clearly in very poor countries where even feeding children is challenging then helping build infrastructure to care for emergencies such as Burns is a priority. (I have been hugely impressed by the work done by Howard Stephenson and his team in Malawi). Ear reconstruction is more of a luxury provision but for emerging economies it's an appropriate development.

## 7. What are the key challenges facing global surgery?

I guess they are the same as the challenges facing the world. We have the knowledge and skills but developing stable infrastructure depends on a stable non-corrupt political environment. Ultimately to quote "more can be achieved by the Strone of one legislators pen than the Lancets of 10,000 surgeons".

## 8. When travelling abroad what three items can't you live without?

My wife Jill, my dog Goldie and my kids. But not necessarily in that order.

# BFIRST Trainees Update

# 4

March 2018

BFIRST Trainees are riding a wave of enthusiasm. It is unavoidably obvious that UK plastic trainees have a strong desire to be involved in global surgery from an early stage in their career and develop skills to be able to help populations in need.

At the BAPRAS Winter Scientific Conference the BFIRST Trainees ran a breakout session around the theme 'Training to be a Global Reconstructive Surgeon'. The session attracted a crowd to hear trainees reporting on their involvement in field and research projects around the globe. This sparked a lively discussion as we learnt about how surgical trainees in different countries (USA and Canada) and different specialties (such as Orthopaedics) are encouraging trainee engagement in global surgery.

BFIRST Trainees launched their inaugural Trainee Essay Prize, focusing on the development of reconstructive training projects in a developing world context. We were ecstatic to receive an overwhelming response of extremely high quality submissions and are delighted to announce the winner ... who will present their essay at the BSSH/ BFIRST Overseas day.

As for the future for BFIRST Trainees... a busy year lies ahead. BFIRST Trainee representatives will be presenting at conferences in Manchester (BSSH / BFIRST Overseas Day), Edinburgh (PLASTA Day) and Toronto (Bethune Global Surgery Round Table). We remain passionate about increasing opportunities for trainees to be able to make a difference in the developing world during their training. If this is something you feel strongly about too – join us and get involved.

## Calendar of Events

# 5

- April:** 2nd BSSH/BFIRST Overseas Day in Manchester
- July:** Phnom Penh, Cambodia (Wee Lam and team)
- September:** Abduja, the Second Nigeria Burns Course (Manchester burns unit)
- Dhaka, Bangladesh (Barbara Jemec and team)
- November:** BFIRST Ball

## BFIRST Ball

We are having another BFIRST Ball! Similar to the last Ball in 2016, this year's event will be held in conjunction with the BAPRAS Winter Meeting in London. The venue is the Connaught Hotel in Holborn on 29 November. More details to follow...

## Dr Tran to attend Overseas Day

BFIRST were delighted that DePuy Synthes Fellowship consultant Huyen Tran of the Vietduc hospital in Hanoi, Vietnam, was able to attend the 2nd BFIRST BSSH Overseas Day in Manchester in April. Following this, she will spend time in Leeds for further training.

This visit has been made possible by the generosity of the Emirates Foundation who have kindly sponsored her flight to the UK.



The BFIRST and BSSH team at this year's Overseas Day on 13/04/18

## Donation

BFIRST have received a charitable donation in the form of a brand-new ECON Mesher with a ratchet handle from Euro Surgical! This will be taken by the team to Bangladesh where it will be put to good use by the local surgeons, benefitting the lives of countless communities who depend on the hard-working teams at our affiliate hospital.

If you would like to contribute any content for the next BFIRST newsletter, please contact [emma.brighton@bfirst.org.uk](mailto:emma.brighton@bfirst.org.uk)



Make sure you follow @BFIRSTraining on Twitter to keep up with all regular updates!



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10 - 14 September 2018 Oxford, UK



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