

Bulletin - Issue 4



Welcome to the Summer edition of the BFIRST newsletter! A lot has happened over the last 6-9 months, reflecting the generosity of our BAPRAS members in going to teach the local health professionals so that one day they can teach their own.

There were a few 'first' trips, including Ken Stewart teaching ear surgery in Hanoi, Vietnam; the 1st BSSH/BFIRST Functional Hand Reconstruction Conference in Khartoum, Sudan; a project led by Alex Barnacle, Consultant Radiologist teaching the management of vascular anomalies in Sri Lanka; a lower limb reconstruction trip led by Sarah Tucker in Nepal and an upper limb project led by Simon Kay and Rob Bains in Hanoi, Vietnam. In addition, there is the ongoing work by Barbara Jemec and Andy Williams in Bangladesh, Bran Sivakumar in Sri Lanka and Wee Lam in Cambodia.

At the last Committee meeting, we designated 2016 the 'Year of Exposure.' We've certainly felt that the past year has been an important one in raising the profile of BFIRST as the official charity of BAPRAS. Social media awareness through Facebook and Twitter has been excellent and importantly, the first ever BFIRST Ball in November allowed members, old and new, to come together and contribute money to a great cause!

2017 has been designated the 'Year of Collaboration.' We really hope to see concrete collaborations established during these 12 months that will allow the meaningful sharing of experiences and resources. One of our most important collaborations so far has been with the BSSH Overseas Committee. This has resulted in joint projects (Sudan and the upcoming Ethiopia trip) and also our first ever BSSH/BFIRST Overseas Day which was held in April at RCS, England. We have also started working with our BFIRST affiliated projects in Pakistan, led by Muhammed Riaz.

We hope you will enjoy reading some of the reports in this newsletter. Have a great Summer everyone!





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The First Annual BFIRST/BSSH Overseas Day - Mr Naveen Cavale

The inaugural BSSH/BFIRST Overseas Day Symposium was held at the Royal College of Surgeons in London, on 7th April. It proved to be a great success with excellent feedback.

This was the first chance for BFIRST (and BAPRAS) and the British Society for Surgery of the Hand (BSSH) to share their experiences of working overseas. Both organisations have always shared a long-standing commitment to global surgery, both in terms of providing funding as well as respective members giving up their time for many successful projects in low and middle-income countries (LMIC) worldwide.

Needless to say, the faculty was very impressive!

The day was divided into 5 sessions:

- 1. The situation Professor Chris Lavy kicked off by illustrating the economic issues faced in providing surgery abroad on the background of his extensive experience in Malawi. Professor Vivien Lees then presented the Royal College's current international strategy, followed by Steven Hodges and Wee Lam heading up presentations of current BSSH and BFIRST projects respectively, all remarkable stuff!
- 2. The challenges next up was a session on the practicalities of working abroad and the hurdles one faces, all from people with a wealth of experience in real world situations. Presentations included: how to prepare, lessons learned and how to think about education and training in a LMIC situation.
- 3. The solution capacity and sustainability were the main focuses of this session. Jon Compson gave his account of Gaza where capacity building has been the main focus of the Limb Reconstruction project there. Tom Potokar shared his experience with Interburns, providing basic burns management training in countries including Syria, West Bank and Afghanistan. Donald Sammut also spoke of his time in Nepal. The wealth of experience on display was truly astounding.
- 4. How to get involved delegates were then split into three groups: a. Consultants and Healthcare Professionals
- b. Trainees and Fellows
- c. Therapists

Each group focussed on practical challenges unique to them as a cohort. For example, the consultant group discussed the practicalities of negotiating time away from their home Trusts and obtaining life insurance and indemnity cover whilst away. Again all illustrated by colleagues who have 'been there'.

5. How we can work together – the final session concentrated on the use of modern technology in LMICs. For example, the ever impressive Nadine Haram demonstrated how the app 'Proximie' being used to allow 'virtual mentoring and assistance' from remote locations for undertaken locations such as Gaza. The day was eloquently summarised by Miriam Maimbo, BFIRST Fellow from Zambia, who said that if anyone in the room had any doubts of the validity of the work being done by the likes of BFIRST and BSSH abroad, they only had to look at her. She is proof of education and capacity building from the UK being translated into real-life application in her country. That is a legacy we can all be proud of!

And finally, it was unanimously agreed that this should not be a one-off meeting and that an annual meeting would be very much welcomed. So, see you there next year!



1st BSSH/BFIRST Overseas Day

BFIRST Ball and Trainees' Committee Ms Nadine Hachach-Haram

The Inaugural BFIRST Charity Masked Ball and BAPRAS' 70th Anniversary held on the 24th November 2016 proved to be a huge success, raising over £20,000. The occasion also saw the launch of the BFIRST Trainees' Committee. Since the launch, the Committee has gone from strength to strength, focusing its efforts on:

- Raising awareness
- Encouraging membership
- · Working with visiting fellows
- Collaborating with other trainee global surgery groups such as GASOC, WOC, and Medsin
- Creating educational material for future BFIRST trips
- Raising the overall profile of BFIRST through efforts such as the BFIRST Ball.

We are pleased to report that the BFIRST Trainees Group has grown 4-fold over the last 6 months. Trainees from across the country are supporting our efforts in promoting responsible trainee involvement in global surgery. Over the last 6 months, the BFIRST Trainees' Committee also took part in several events including:

- BSSH/BFIRST Overseas Day
- Global Surgical Frontiers 2017
- ASIT
- BAPRAS 2016 Winter Scientific meeting

We are also delighted to announce a number of annual Trainee Awards. The aim is to encourage plastic surgical trainees and aspiring plastic reconstructive surgeons from the medical student and pre-specialty trainee bodies to engage with global surgery. These awards will include the BAPRAS-BFIRST Medical Student Elective Prize, Ambroise Pare Trainee Surgical Essay Prize and Global Reconstructive Surgery Partnership Award, which will seek to encourage trainees to form international collaborations in the field of global reconstructive surgery. We are also privileged to announce the Barbara Jemec Travelling Prize, for trainees interested in joining the teams on their collaborative surgical trips. Our focus will remain on education, hostengagement, sustainability and the formation of longterm partnerships. Time frames for applications for each of these awards will be published on our website.

We would like to invite all plastic surgery trainees to join the BFIRST Trainees Group. Please email us at trainee@bfirst.org.uk or complete the online application at www.BFIRST.org.uk to join.



BFIRST Trainees' Committee



Ms Nadine Hachach-Haram, Chairperson, Trainee Subcommittee

Vietnam

Ear Reconstruction in Hanoi

Report by Ken Stewart, Edinburgh

'Surely planting acorns in fertile ground will always be more effective and more cost efficient than transplanting mature trees'



In October 2016, a team from Edinburgh consisting of Ken Stewart, Consultant Plastic Surgeon, Kerr Clapperton, Specialist Nurse and LI Yong, Plastic Surgery Research Fellow visited the Viet Duc University Surgery Hospital in Hanoi, Vietnam. The aim of the visit was to teach ear reconstruction surgery. They were warmly welcomed by Dr Ha Nguyen and his team. Viet Duc Hospital is dedicated to surgery (with no on-site medicine) and serves as the local trauma centre for miles around. 30 polytrauma cases were admitted per day with 5 emergency theatres catering for trauma 24/7 365 days per year. Every nook, cranny and corridor of the surgical wards are filled with patients.

Most of the caseload were un-operated, congenital ear deformities, and a minority were acquired post traumatic deformities. Ken and the team delivered a series of multidisciplinary lectures on various aspects of care, emphasising the need for auditory rehabilitation. Surgery was performed in parallel with a plastic surgery team from Koula Hospital in Muscat, Oman.

The Edinburgh team were struck by the experience and dedication of the local team. They asked challenging questions, challenged assumptions and quickly reached the ground of small nuanced discussions. This was exhausting but great fun! Ken even managed to learn the odd Vietnamese word such as Zao (knife) and Ciao (scissors). The local teams work under intense pressure but everybody was always cheerful; even the security guard always seem to give a beaming smile. By the end of the trip, there was no doubt that the dedicated team in Hanoi have all the skills and attributes necessary to go on and develop a world class ear reconstruction programme.

Another insight from this visit was that one cannot help but commend the BFIRST model of primarily focusing on training of local surgeons and teams. 'Surely planting acorns in fertile ground will always be more effective and more cost efficient than transplanting mature trees'. Plans were made for a second trip in September 2017, where Ken will be accompanied by Dr Jorma Rautio from the Helsinki Ear Reconstruction Team.





Ken Stewart teaching ear reconstruction in Hanoi

Upper Limb and Plexus Reconstruction in Hanoi Report by Professor Simon Kay

In November 2016, a team from Leeds, comprising of Professor Simon Kay, Professor of Hand Surgery, his consultant colleague, Mr Rob Bains and Ms Sarah Taplin, Consultant Specialist Physiotherapist arrived at the Viet Duc University Hospital in Hanoi, Vietnam. They were hosted by recent BFIRST fellow Dr Huyen Tran, who went to Leeds, and her chief, Dr Ha Nguyen. The team started their week by holding a clinic where they reviewed a total of 112 new cases in one day! This ranged from congenital hand differences, adult

and obstetrical brachial palsy and other traumatic deformities. From these cases, they were able to 'triage' and construct an operating list which involved four solid operating days, including brachial plexus explorations and repairs, free functioning gracilis transfer for OBP, free vascularised ulnar nerve grafting (adult infraclavicular plexus lesion), pollicisations, tumour excisions and peripheral nerve graftings. Overall, it was a very worthwhile and fulfilling trip. The plastic surgery unit is young and very enthusiastically

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built and bonded. It was started some ten years ago and there is certainly scope for further contact building. Dr Ha Nguyen has a loyal cadre of support doctors around him who put in long hours and were very rewarding to teach. The team saw obvious advances in health care, including 3-Tesla MRI imaging, which was superior to anything available in Leeds, and seems likely to usher in a new era of diagnosis and surgical indication on adult and children's brachial plexus injuries. To add to its contribution, the radiologist supervising these privately funded scans attended clinic and assisted in interpretation. The team were therefore able to request and receive new scans during the clinic, something unheard of in the NHS. On the other hand, there were areas which were clearly deficient, especially in the concept of microneural repair and its importance for hand function. This problem is especially compounded by the large number of limb injuries reflecting the agricultural and light-industrial hinterland of the city, and no doubt the frenetic and haphazard road use. Due to the huge numbers of mopeds and motorcycles in use, brachial plexus traction injuries are astoundingly common. Surgeons estimate that they see one case a day, or 150 cases a year. This implies both a huge need for well-directed, effective care but also represents a great opportunity for combined research with a UK unit.





Professor Simon Kay (above left) and Rob Bains (above right) in Hanoi

BFIRST Affiliate Project

Cleft Camp in Gujrat, Pakistan - Report by Mr Muhammad Riaz

The BFIRST Affiliate Scheme aims to collaborate with other Plastic Surgery projects that have been independently ongoing, in the hope of sharing experience and resources. Our first ever BFIRST Affiliate, is the Pakistan Project, led by Mr Muhammad Riaz, Consultant Plastic Surgeon with the Hull and East Yorkshire Hospitals Trust. As part of the OPSA (Overseas Plastic Surgery Appeal, www.opsacharity.com), the team has made multiple visits to the Cleft Hospital in Gujrat Pakistan during the last 12

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months. Mr Riaz has been offering his expertise since returning to East Yorkshire in 2004, when he joined the charity. He is the lead surgeon during these cleft camps, which offer free reconstructive treatment to impoverished and underprivileged children. During each camp of around 7 surgery days, approximately 90 patients recieve surgical treatment. On top of this, hundreds of patients are assessed and reviewed in the Out-Patients Department, many of whom are scheduled for surgery during future camps.

Mr Riaz is supported by a team of experts who travel with up over time, as and when funds and expertise allow. him to Gujrat. In March 2016, Professor Reha Kicnisci from Ankara, Turkey joined him. In October 2016, Mr Chris Hill, Cleft Surgeon from Northern Ireland joined the team for the 4th year, and in March 2017, Mr Chris Theopold, Cleft Surgeon from Dublin also offered his expertise during the camp. Consultant Anaesthetists from England and Northern Ireland support the team during every camp, and endlessly fund-raise between camps.

The Cleft Hospital (www.clefthospital.com) is a purpose-built facility which aspires to provide a multidisciplinary service. It is very well equipped, with much of the equipment sourced from the UK and transported. Currently some dental services and speech therapy are available, and it is expected that further services will be set

BFIRST looks forward to fruitful collaboration with Mr Riaz and his team in efforts for cleft education worldwide.

Nepal Lower Limb Reconstruction

Report by Ms Sarah Tucker

Our own BFIRST Committee Member Sarah Tucker has a Our team were shown cases and longstanding connection with Nepal, after being asked management with the local surgeons, the emphasis to help with lower limb trauma for earthquake victims. being on teaching and supporting them to reach This is an important area of work in a country like Nepal, their own conclusions. The highlight of the first where osteomyelitis is a common outcome of an open week was that Sarah and Bob were invited to fracture, there is no social care for the disabled, and an amputation can mean the difference between being able to work or not. Four Nepalese plastic surgeons (Kiran, Surendra, Krishna and Sunil) visited the UK in demonstrated it by giving a combined presentation October 2016 to learn specifically about microsurgery for lower limb injuries. This involved intense training with cadaveric dissection and microsurgical workshops.

In March 2017, Sarah, along with Mr Bob Handley, Consultant Orthopaedic Surgeon visited Kirtipur and Bir Hospitals in Nepal, as a follow-up visit. The latter is the oldest and largest government hospital in Kathmandu. It was a real delight to see the local surgeons taking on cases that they wouldn't have been able to do before. Their Head of Department said he saw a paradigm shift in the type of cases they were able to do on their return from the UK.

give a presentation to the orthopaedic and plastic surgeons at Bir Hospital, where trauma cases are generally taken. They spoke about collaboration and on orthoplastic surgery. It was well received and there was a very positive response to the concept of orthopaedics and plastics working together on acute open, fractures as well as osteomyelitis cases.



The Oncoplastic Team at Bir Hospital

Sudan A Functional Hand Reconstruction Course

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Report by Mr David Bell and Mr Wee Lam

On the 3rd of December 2016, David Bell, Wee Lam and Senior Occupational Therapist, Ms Janet Hunter made a visit to Khartoum, Sudan. Associate Professor Abdelsamie Abdalla Mohamed and Mohammed Abdelrahman (currently a Fellow in Glasgow) were instrumental in the execution of this trip.

The team in Sudan were overwhelmingly hospitable, from facilitating a VIP immigration to lavish dinners. In addition to teaching, Mr Bell and Mr Lam were both external examiners for five candidates sitting the board exam for plastic surgery and Ms Hunter conducted a physiotherapy teaching programme for about 100 Physiotherapists.

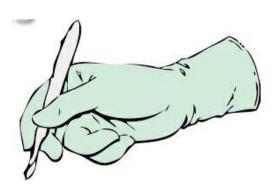
'Functional Hand Reconstruction' was the theme of the conference. The audience was comprised of 70% orthopaedic surgeons and the remainder plastic surgeons. The programme set out to address key topics in hand surgery and was followed by a rehabilitation talk. Topics included: the mangled hand, paediatric hand, deformed hand and the paralysed hand. The feedback was strongly positive and a desire for more practical/cadaveric based workshops was reportedly mentioned. This was the third visit by surgeons from

the UK (with two previous visits from the BSSH). As a result of these visits, the Sudanese Society for Surgery of the Hand (SdSSH) was finally formed! For future visits, the following recommednations were made:

- To continue forging a strong relationship between the Sudanese Plastic Surgery Association and BAPRAS, particularly with an aim to raise the standard of the examination to an Intercollegiate FRCS standard
- It was obvious the standard of training in Sudan is extremely high and following from this a hand curriculum should be created to encourage a standard national training programme.
- To support all future hand surgery training as part of supporting the SdSSH National Conference
- BFIRST/BSSH to support 6 week to 3-monthly hand fellowships within the UK for selected trainees or consultants.



Mr Dave Bell, Ms Janet Hunter and Mr Wee Lam in Sudan





Sudanese Society for Surgery of the Hand

Occupational Therapy

Report by Ms Janet Hunter

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Occupational Therapist Ms Janet Hunter was part of the BFIRST/BSSH team travelling to Khartoum, Sudan in December 2016. Before the trip, she was informed that the training day, which included basic functional anatomy, an introduction to hand therapy and a workshop on splinting, would not have more than a handful of attendees. However, on the day she lectured to an audience of 100 physiotherapists! Additional lectures were then added to the programme on the topics of tendon repairs and management of the stiff hand.

The therapists were well engaged and had an already good understanding of theoretical knowledge, anatomy and some assessment. The workshop was particularly successful and all were extremely keen to have more hands on practical elements incorporated into future programmes. One major difficulty with this was the sheer number of those attending. Therefore concentration on smaller group learning will need to be employed to make this method of teaching more beneficial.

Overall, the day was a success with positive feedback in terms of understanding, interest and clarity. It was apparent that there is very little focus on specialisation in hand therapy and therefore the physiotherapists practice comprises of a large mixture across multiple disciplines. Tackling this lack of specialisation is going to be key to improve hand rehabilitation in the region.



OT workshop, Ms Janet Hunter, Sudan

BFIRST Fellow Reports

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Ms Miriam Maimbo at St Andrew's Burns Centre

From the first day you step on to a burns unit, you realise there is no 'I' in burn care. The successful outcomes at St Andrew's burn unit are because of a comprehensive staff team who are all dedicated to the role they play. They indeed have the resources but what stood out to me was the attention to detail and constant monitoring of patients, as well as communication with each other about the burns patients. Surgeons, nurses, anaesthetist doctors, nutritionists, physiotherapists, occupational therapists, child play specialists and psychologists were all working as a team. This ensures each patient admitted to the unit is discussed and their treatment planned for as a team.

The BFIRST fellowship has been extremely beneficial to me and in time will improve burn care in Zambian institutions. For the opportunity to learn from pioneers in this field who have vast experience in setting up and running a unit with successful outcomes (Survival TBSA 90%), I am grateful.



Two BFIRST Fellows Miriam Maimbo and Farrukh Khalid with Fellowship

Coordinator Matt Fell at the BFIRST/BSSH Overseas Day



Miriam Maimbo with Jo Myers (Burns Matron) at Chelmsford

Mr Pedro Santos in Glasgow and Dublin

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In October 2016, I spent nearly three weeks in Glasgow, at the Canniesburn Unit, hosted by Mr Stuart Watson and colleagues. I then spent a similar period in Dublin, at the St James's Hospital Plastic Surgery Unit, hosted by Ms Patricia Eadie and colleagues. They were all very welcoming and the interaction with them was really important. Coming from a resource strapped environment, seeing what can be done to improve the health of patients when resources are available is quite impressive and a reminder of what we should aim for, even if it doesn't come in my lifetime. One should aim to keep on improving constantly. Seeing scientific work being applied is wonderful and many of the things I saw, I had only read about in books and articles. Seeing them being done allowed me to better understand them. I also saw a few procedures I had not seen before and different ways of doing some of the procedures I do at home. I'm referring specifically to hand and lower limb surgery, burn surgery and breast surgery. I also had the opportunity to accompany the ward rounds, outpatient clinics and physiotherapy clinic which is integral to plastic surgery.



Pedro Santos with Ms Patricia Eadie in Dublin