

BFIRST EAR RECONSTRUCTION IN HANOI 15-22nd OCTOBER 2016

Ken Stewart plastic surgeon, Kerr Clapperton specialist nurse and LI Yong plastic surgery research fellow visited the Vlet Duc Surgery Hospital in Hanoi Vietnam.

The team were invited to Hanoi by Dr Nguyen Ha and his team in the relatively new plastic surgery department. The express purpose of the visit was to teach on the nuances of ear reconstruction principally for congenital microtia. The local team had some early experience of ear reconstruction but were dissatisfied with their results and were looking to improve outcomes.

In order to maximise teaching opportunities a team from Oman also attended. Dr Siad Al-Busaidi and Dr Adel from the Plastic Surgery Department Koula Hospital Muscat Oman contributed offered parallel operating sessions and this increased exposure.

Following a long flight and a jet lagged nights sleep work started on Sunday 16th October. The local team gave up their day off to run a clinic of around 35 patients. Most of the patients had un-operated congenital deformities but a few secondary cases and a few acquired post traumatic deformities were presented. All patients were seen by the collected visiting team. Many were too young to contemplate reconstruction and some were not psychosocially ready for surgery at that time. A cohort of around 10 patient were selected.

Consent issues are always interesting when conducting discussions through medical colleagues acting as interpreters. Ultimately one trusts local colleagues, in this cases hugely experienced and dedicated team, to consent patients for surgery according to local norms and custom.

After a brief lunch and fantastic Vietnamese coffee we proceeded to deliver a series of lectures on the various aspects of care. These included multidisciplinary care, emphasising the need for auditory rehabilitation particularly for cases of bilateral atresia, reconstruction for microtia and reconstruction for acquired deformities.

The day finished with a cultural visit to a historic temple, coffee and a local fish restaurant.

Days 2,3,4 were devoted to surgical reconstructions in two adjacent theatres with the Edinburgh and Muscat teams operating in parallel. We were struck by the professionalism and experience and dedication of the local team. One isn't teaching neophyte specialty trainees but vastly experienced plastic surgeons. They ask challenging questions, they challenge assumptions and quickly reach the ground of small nuanced discussion. It's exhausting but great fun.

That evening the worlds best hosts took us all out for another fantastic meal.

Day 3 and 4 followed similar themes. Surgeon Stewart managed to crick his lower back. Never fear - pain killers and corset supplied we carried on. Drs Hughyen, Ha, Li et al were incredibly attentive, kind and great fun. Surgeon

Stewart even managed to learn the odd Vietnamese word. Zao (knife) and Ciao (scissors) were always at hand.

The Wednesday am began with our attendance at the morning "grand round". All major trauma cases are presented and discussed amongst all departments to facilitate interdisciplinary care. It's rapid but effective handover. Our NHS hospitals could learn much.

The hospital is dedicated to surgery (with no on site medicine) and serves as the local trauma centre for miles around. 30 polytrauma cases are admitted per day. 5 emergency theatres cater for trauma 24/7 366 days per year. Open fractures and panfacial fractures can wait up to 72 hours at peak times for surgical intervention. The pressure on intensive care is such that head injuries with raised ICP are restricted to 48 hours ventilation.

Every nook , cranny and corridor of the surgical wards is filled with patients. Teams work under intense pressure and yet even the security guard gives a beaming smile as you enter.

The elective operating complex is run entirely separately from emergencies. We were told that the hospitals precarious finances are such that a throughput of elective patients is essential to balance books. Sound like a hospital near you? Many patients are self funding for all aspects of care. The proportion of insured patients is limited and government funding is limited.

As we walked back to our nearby hotel each day we passed the dental hospital where operation smile had taken up temporary residence for a cleft mission. We were told that the majority of cleft care in Vietnam is delivered by operation Smile. Local surgeons attend when possible but it seems that the outsourcing of cleft care to the international charity sector has become defacto policy.

Our knowledge of operation Smile is very limited. Without doubt they do great work and without doubt they offer training and education to local healthcare professionals. But one cannot help but commend the BFirst model of primarily focusing on training of local surgeons and teams rather than having this as a secondary byproduct. Surely planting acorns in fertile ground will always be more effective and more cost efficient than transplanting mature trees.

Maturity was not widely evident in the local Karaoke bar we were kindly taken to after the final days operating. Nothing like a bit karaoke to regress a bunch of serious grown ups.

Our final morning in the hospital was taken up by reviewing all the post op patients, delivering lectures to medical students, nursing colleagues (Kerr Clapperton) and saying our goodbyes. Plans were made for a second trip in September 2017. This time we will accompanied by Dr Jorma Rautio from the Helsinki ear reconstruction team.

We are in 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. If BFirst were able to supply some educational resources in the form of a Françoise Firmin's book, video and ear trainer and Satoru Nagata's book it would help. We believe by the end of our second visit their competencies will be assured. It would however be fantastic if BFirst could consider sponsoring the attendance of 2 or 3 of the Hanoi team to attend the International Society for Auricular reconstruction triennial meeting that happens to be taking place in Beijing China in September 2017.

Ken Stewart