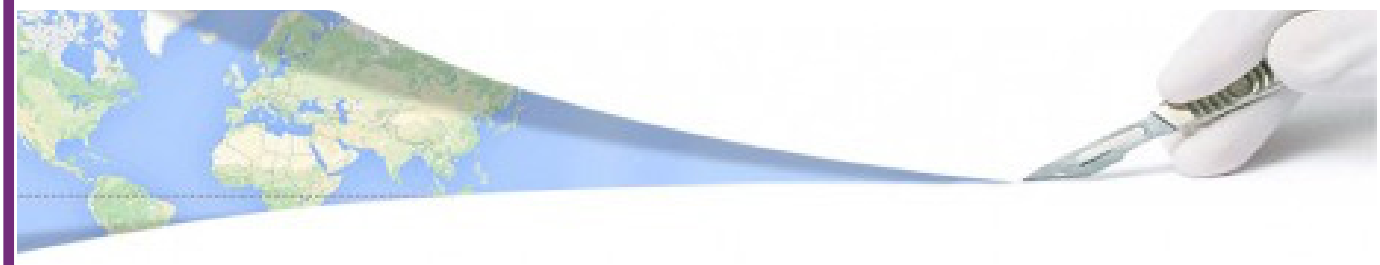
BFIRST TRAINEES FORUM

November 2017



Forum Debate Theme:

As a UK plastic surgery trainee, how can you train to be a global reconstructive surgeon?

Global surgery is now established as a legitimate player on the global health stage and as such, the appetite amongst trainees to get involved is growing. This is particularly evident amongst plastic surgery trainees as the specialty is rooted upon its tradition of involvement in global surgical endeavours.

If you have the desire to go to less privileged areas to help populations in need, how do you go about preparing yourself during post-graduate training in the UK? Despite our advanced surgical training schemes, we will inevitably be technically challenged and faced with unfamiliar decision-making problems when providing for the surgical needs of the developing world when the chance eventually comes. So what opportunities are available or could be available in the future? The following list includes ideas (some in existence and some not) for consideration and discussion (NB. BFIRST cannot endorse any of the following).

CONFERENCES & COURSES

Conferences offer theoretical insight into working in developing world settings and can offer the opportunity to meet global health partners. In the UK, the RCS Global Surgical Frontiers conference has been running for several years now and this year BFIRST / BSSH ran their first Overseas Day in Global Reconstructive Surgery. Courses are designed to teach practical skills but those acquired in a simulated environment will never be completely comparable to those gained in the field. The STAE (Surgical Training for Austere Environments) Course has been running for several years at the RCS and there are calls for similar courses tailored specifically for reconstructive surgery.

RESEARCH DEGREES

The most high-profile research program is the Paul Farmer Global Surgery Fellowship, which is a collaborative effort lead by Harvard Medical School in the USA. This is a two-year programme for those who are currently in surgical training and incorporates a Masters of Public Health. More recently in the UK, King's College London has established an MSc in Global Health with a specialist pathway in Global Surgery.

SHORT-TERM TRIPS

Many UK Trainees have been, and still are, involved with short-term (usually 1-2 week) reconstructive surgery trips to developing countries. Trainees may get this opportunity if they are invited by a consultant or an organisation but to our knowledge there is not a

formalised training programme set up in the UK to facilitate this. The advantages of this approach is the opportunity to get immersed in a culturally diverse setting and being exposed to a potentially large volume of challenging cases and decision making situations (Yao et al, 2016). This type of experience has been widely criticised by many due to ethical concerns of trainees operating without appropriate supervision, fears that local trainees would miss out on their training opportunities and the difficulty of performing long term follow-up for patients treated in short term projects.

MID-TRAINING LONGER-TERM FELLOWSHIPS

Once you have obtained your national training number, it is theoretically possible to take time out of training to work within the existing structure of a developing world hospital. This would most likely be counted as an OOPE (Time out of programme for clinical experience) and would not count towards CCT. Huang and Rhodes (2012) report a surgical resident going to spend a year in a rural Kenyan Hospital midway through his USA plastic surgery residncy and provide advice for trainees wishing to do this in the future. These longer-term experiences are advantageous in that they allow formation of relationships with the local team and patients and the provision of on-going care. The disadvantage is that it would be difficult to get these experiences accredited towards CCT and funding would have to be procured.

POST-CERTIFICATE TIG FELLOWSHIPS

How about a specialised TIG fellowship in global reconstructive surgery? Of course this does not exist… yet. New TIG fellowships have emerged in recent years aiming at developing broad and rounded surgical skills in Reconstructive Trauma and most recently Major Trauma. Ginwalla and Rustin (2015) argue that the formation of a 'Global Surgeon' is required in this current climate and that a formalised post-residency fellowship lasting for 2 years, spent within the country of origin and international sites, incorporating various surgical specialties is the best way to train such surgeons. Maybe a Global Reconstructive Surgery TIG could be a thing of the future?

Nayar et al (2015) performed a survey of plastic surgery training programmes in the USA and found that 41% had a formal global health educational component. The American Council of Academic Plastic Surgeons has created criteria for approved international rotations within the residency program. The culture of sending plastic surgery trainees off on short-term global surgery trips in the USA may be disputed and disagreed with. It cannot be disputed, however, that the USA are surging ahead of the UK in terms of addressing the integration of global reconstructive surgical training within their plastic surgery training programme. Arguably the establishment of educational standards, best-practice guidelines and accreditation of curricula are essential to legitimise the field of global surgery as a cornerstone of UK post-graduate medical education.

Traditionally, the pursuit of global surgery education has been informal, self-motivated and reliant upon personal contacts with individuals or organisations. The rising demand for global reconstructive surgery calls for new opportunities in surgical education. What is the best way forward to equip ourselves with the skills we need to be effective reconstructive surgeons in the global setting? Join the debate…

REFERENCES

Ginwalla RF, Rustin RB. The "Global Surgeon": Is it time for modifications in the American Surgical Training Paradigm? J Surg Educ 2015; 72(4):100-103

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Yao CA, Swanson J, McCullough M, Taro TB, Gutierrez R, Bradshaw A, Campbell A, Magee WP, Magee III WP. The medical mission and modern core competency training: A 10-year follow-up of resident experience in Global Plastic Surgery. Plast Reconstr Surg 2016; 138(3):531-538

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Forum Case Study: Noma*

Figure 1: Pre- and post-operative photographs of a patient with sequelea of Noma.

The first Forum Case Study is of a 42 year old female in Ethiopia who presented with a significant soft tissue defect and scarring of the left side of her face, involving the nose and mouth. The problems started when the patient was 20 years of age, with pain and swelling in her left cheek. She describes the swelling 'bursting', leaving a hole in her face, which she would go on to live with for the next 22 years. This patient admitted to being ashamed of her appearance and wore a sash to cover her face from view (note the lighter coloured band of skin over the right cheek and nasal tip where the wearing of the sash has obscured the sun). Staged reconstructive procedures were undertaken including a pedicled forehead flap to reconstruct the nose, upper and lower lip advancement and a pedicled submental flap to reconstruct the left cheek. This patient now has the confidence to walk within her community without the need to cover her face.

Noma is a gangrenous infection of the oral cavity, which causes widespread local destruction, disfigurement and disabilities. The associated mortality of the disease is reported to be 90% when left untreated. Noma became a WHO priority in 1994. The word is derived from the Greek meaning 'I pasture the cattle', as in a metaphorical sense it describes the continuing destructive process of a fire. The disease is also known as Cancrum Oris, Necrotising ulcerative stomatitis or orofacial gangrene. The disease used to be prevalent in Europe and the United Sates in previous centuries but is now only seen in East and West Africa, parts of Asia and Latin America.

Noma starts as inflammation invading the jaw, lip, cheek and nose which quickly leads to gangrene of the soft tissues and underlying bone. The principles of treatment in the acute phase are resuscitation, antibiotics and debridement of necrotic tissue. For the minority that do survive, the soft tissues of the face heal with scarring, leading to severe facial deformities. Once Noma becomes inactive, extensive reconstructive surgery is required in order to restore patients' normal form and function. Scar tissue must first be excised which can leave a larger defect than initially anticipated. Reconstruction of the oral and nasal cavities must take in to account the need to reconstruct the inner mucosal lining as well as the outer skin contour. It is perhaps not surprising that Noma deformities are some of the most challenging plastic surgery problems faced in global reconstructive surgery.

More information on this condition can be found on the website of the International Noma Federation (www.nonoma.org).

*Written consent gained from patient. Thanks to Project Harar Ethiopia and Professor Dominque Martin (principle operating surgeon) for permission to use images for the sole purpose of BFIRST Trainees Forum.

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Events and Resources in Global Reconstructive Surgery

BFIRST Trainees Breakout Session at BAPRAS Winter Scientific Meeting, London
12:4-13:40, Wednesday 29th November 2017
The Victoria Room, Victoria Park Plaza, London

COSECSA AGM and Scientific Conference in Maputo, Mozambique
6-8th December 2017
This meeting will coincide with the 7th WHO Global Initiative for Emergency and essential Surgical Care Biennial Meeting
http://www.cosecsa.org/news-events/cosecsa-2017-agm-scientific-conference

Global Surgery Implementation for Africa International Conference, Addis Ababa
2-4th February 2018
https://www.paasgsi.org/

BFIRST /BSSH Overseas day 2018 – watch this space!

RSM Global Surgery Day, London
Wednesday 7th March 2018
https://www.rsm.ac.uk/events/suk03

The Second International Scar Treatment Conference, Tel-Aviv
21-22nd March 2018
https://scars2018-il.kld-conf.com
Paul Farmer Research Fellowship Application Deadline
15th August 2018
https://www.pgssc.org/paul-farmer-global-surgery-fellowship

International Society for Burn Injuries 19th Congress in New Delhi, India
28th Novmeber – 2nd December 2018

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