



Welcome to our third bulletin! I am delighted to present this newsletter as the new Chair of BFIRST, building – along with my fellow trustees and volunteers – on the wonderful work of our founding Chair Barbara Jemec.

Why BFIRST? The Lancet Commission on Global Surgery recently estimated that around 5 billion people across the world have limited or no access to surgery. In the NHS, we know that plastic surgery change lives, especially in restoring the lives of those disabled or disfigured by trauma, cancer or congenital causes. If these skills can be taught to others in developing countries so that they can teach others, even more lives can be transformed.

This is where BFIRST comes in. Our uncompromising vision is to provide training for local surgeons in some of the world's poorest nations, teaching them skills that are relevant to their community. In other words, "Give a man a fish and you feed him for a day, teach a man how to fish and you feed him for a lifetime."

Our work of BFIRST has grown steadily and now includes partnerships in Nigeria, Cambodia, Sri Lanka and Vietnam. In addition, through our generous hosts, we have sponsored several overseas BFIRST fellows to come and learn from units in the UK.

In a broader sense, BFIRST represents the work contributed by all BAPRAS members throughout the years who regularly give of their time and energy to overseas work, through various organisations and charities.

BAPRAS and BFIRST believes in the next generation of plastic surgeons. I would like to congratulate our trainee members who have been most enthusiastic in helping set up new partnerships, keep us in the social media, help with BFIRST fellowships and of course, spreading the word at conferences and meetings. We would like to invite more trainees to come and join us on this exciting journey ahead!

Finally, we look forward to seeing you at our BFIRST Ball and Auction in November 2016. This takes on a Masked Ball theme and promises to be a fun-packed event and an opportunity to meet old friends and make new ones, all in the name of charity!

Have a wonderful second half of 2016 and we look forward to seeing you the Ball.



LAM

Wee L Lam, Chairman BFIRST



REPORTS FROM THE FIELD

Over the last 12 months we have worked in various places round the world, including:

- Running our first Nigerian burns course, working at a major trauma hospital in Abuja, a large city in central Nigeria (El Muttardi and David Barnes).
- Worked on burns and hand surgery in Bangladesh, at the Dhaka Medical College and Hospital, working with local surgeon: Tanveer Ahmed, a previous BFIRST fellow (Andy Williams, Barbara Jemec and Claudia Malic)
- Taught paediatric hand surgery in Colombo, Sri Lanka (Bran Sivakumar)
- Conducted first visit in Hanoi, Vietnam (Wee Lam)
- Taught hand surgery in Cambodia (Wee Lam and Greg O'Toole)
- Taught Plastic Surgery in Nepal (Sarah Tucker)

The BFIRST three stage approach:

1. Define the needs of the community
2. Design a targeted curriculum based on those needs
3. Deliver the curriculum with a strong practical and independent focus



BFIRST work in Bangladesh

Despite being the 10th most densely populated country on the planet, Bangladesh's GDP is around 18 times lower than the UK, and there are only 0.4 doctors for every 1000 people in 2011, compared to 2.8 for every 1000 in the UK.

BFIRST was invited to the Dhaka Medical College by previous BFIRST Fellow Assistant Professor Tanveer Ahmed.

What did we find? There were around 500 patients in about 100 beds, with about 10cm between each bed. Even in the intensive care unit, the monitoring or care was about the same, and maybe 25cm between beds.

The majority of patients presented with electrical burns, with many amputations necessary, but also many useless hands due to electrical burns. This is essentially because electricity travels along the nerves and hence "fries" them. Not only do they get an entry and exit wound, the nerves on the way don't work.

Barbara Jemec, a hand surgeon from the Royal Free, writes: "This was our first trip and we can now concentrate on providing targeted training in nerve and tendon transfers for electrical burns, the all-important therapy after these surgeries, enhanced burns treatment including instructions and templates for specialised pressure garments, which can be produced locally and an electrical dermatome - a specialised knife, which will lead to better healing donor scars for skin grafts, better take of skin grafts and quicker healing."

Developing a hand surgery curriculum

Bran Sivakumar reports on BFIRST work in Sri Lanka

In February this year, we visited the Lady Ridgeway Hospital in Colombo, Sri Lanka, for five days this year to deliver workshops, deliver lectures, and conduct surgical training on congenital hand surgery.

Hosted by Dr Romesh Gunasekera, there was excellent participation for our congenital hands workshop on day one, with over two thirds of the national consultants and trainees attending. This was followed by outpatient teaching where 54 patients were reviewed with treatment plans agreed, and we were able to have teach through case-based discussion.

On day two we delivered teaching lectures, with topics including assessment and treatment planning, embryology and classification and vascular anomalies.

Over the next three days, we ran two theatres, operating on complex congenital hands. Congenital hand differences remain an area of training need in Sri Lanka and through very positive written and verbal feedback, we are encouraged to know this had been a productive trip. We are now actively designing a curriculum based on this trip.



Bran Sivakumar teaching congenital hand surgery at the Lady Ridgeway Hospital, Colombo, Sri Lanka

Wee Lam reports on developments at the CSC, in Cambodia

What does it take to train a group of surgeons to perform hand surgery in a developing country? How long does it take? And when is the job finished?

These were some of the questions we faced upon arrival at CSC. The primary aim of BFIRST is to train the local surgeon to a point where they are self-sufficient or – even better – so that they can train others in their own community.

Cambodia has three main needs: deformities, nerve

injuries and congenital hand anomalies. So, we have developed an educational programme comprising four main modules: basic science, deformity, nerve, and paediatric hand surgery.

We deliver workshops, tutorials and lectures in styles that are appropriate to their level of understanding and background. When we could, we recorded them in their own Khmer language and uploaded them to their website. This is painstakingly hard work, on everyone's part, but the results are so rewarding. We are now beginning to see some fruits of our labour, and a glimpse of what can be left behind for future generations.

Most recently, we visited in May 2016. It was so heart-warming to see how the curriculum is being delivered over a three year period. We have finished a range of workshops, and we organised a hand anatomy workshop using 3D scanned models of hand dissections, which are so much more accessible.

And what's next? We are working on developing certification to mark the completion of training. This will allow them to have a sense of achievement. But also it will help us to know that our work is 'done' and it's time to leave. After all, that's what BFIRST has always been about.



Wee Lam and Barbara Jemec teaching local flap design at the Children Surgical Center, Phnom Penh, Cambodia

OUR MISSION? CALLING ALL BFIRST TRAINEES!

Who are BFIRST Trainees? We are plastic surgery trainees (medical students, foundation doctors, core trainees, registrars) with a passion for global reconstructive surgery.

Innovate

To be the leading platform for plastic surgery trainee involvement and development in global surgery in the UK, forming the next generation of consultants with a passion for global partnership in reconstructive surgical training

Educate

To help make a difference by providing educational resources and by supporting long term reconstructive surgical programmes in developing countries

Global Responsibility

To encourage exposure at all stages of training and raise awareness of the extensive challenges faced by health care professionals working with limited resources in developing countries

Collaborate

To explore potential partnerships and opportunities for collaboration between trainees, consultants other charitable bodies

Safety

To promote safe, responsible and professional involvement of trainees in activities relating to global reconstructive surgery

BFIRST trainee Membership benefits

Your membership not only makes you part of the team, supporting BFIRST partnerships across the world, but also includes the following benefits:

- A certificate of BFIRST Trainee Membership for your portfolio
- Eligibility for a wide range of BFIRST Trainee awards and prizes
- A copy of our educational BFIRST newsletter and e-communications
- Invitations and discounts for relevant conferences, courses and events.
- Access to networking events with surgeons and professionals working in the field of global reconstructive surgery and to educational resources

How can I join?

Please complete the online application form at www.bfirst.org.uk. Or email rebeccanicholas@gmail.com.

Fundraising

- Masked Ball "Save the date!" – 24th November 2016, 18.30, Church House, London
- Just one case – Please donate your surgical fee for one case. As Nigel Mercer put it, if all our members donate the fee for excision of just one mole, just once a year, the charity will benefit to the tune of over £50,000. That will make an enormous difference! **#justonecase**

If you would like to support us, or for more information, please visit our website or contact us:

www.bfirst.org.uk

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BFIRST



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