



BFIRST

BRITISH FOUNDATION FOR
INTERNATIONAL RECONSTRUCTIVE
SURGERY AND TRAINING

November 2018

Fundraising for BFIRST BALL

THURSDAY 29 NOVEMBER 2018,
DE VERE GRAND CONNAUGHT ROOMS, LONDON

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BFIRST
BRITISH FOUNDATION FOR
INTERNATIONAL RECONSTRUCTIVE
SURGERY AND TRAINING

Dear Friends and Colleagues,

It is with profound gratitude as we look back on 2018 to see how overseas work has grown among BAPRAS members. When BFIRST was set up, the aim was not just to start new projects but also to coordinate all the wonderful work that is already happening all over the world. The generosity, sacrifice and willingness of BAPRAS members to go and to teach, continue to be an inspiration to us all.

One of the biggest strengths of BFIRST is its members. When a request is presented to BAPRAS for help in teaching and training, we are able to tap into the enormous pool of consultants and trainees from all over the country. As a result, we can continue to say yes to new projects and in the process, involve an increasing number of colleagues from different units. The new projects (and colleagues) we have seen this year include Zimbabwe (Drew Fleming, Jason Wong, Adam Reid, Megan Blakeway and Annie Capon), Nigeria (Nadeem Khwaja, Zeeshan Sheikh, Rachel Johnson and Winston DeMello) and an upcoming trip to Tanzania, among others.

As networking increases, we anticipate more requests from different parts of the world. This is in line with our strategy to grow the number of projects as well as the number of colleagues involved. There is so much more that needs to be done, and so much more we can do.

We look forward to another BFIRST Ball at the Winter BAPRAS! Please do come and join us for a night of food, fun and auction. We look forward to your support in the coming years.

Yours,

Wee L Lam, Chairman BFIRST



1 *2nd* BFIRST/BSSH Overseas Meeting

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1 Second BFIRST/BSSH Overseas Meeting 2018

Surgeons, Trainees and Therapists attended this year's Overseas meeting held at the Manchester Conference Centre. It was a truly international meeting with visiting Surgeons from Ethiopia, Sudan, Vietnam and Malawi. This event is an ongoing joint venture between BSSH and BFIRST with a focus on Education, Training and Sustainability in Overseas work.

The aim is to improve health resources in LMICs (Low to Middle Income countries) but with a strong emphasis on partnership and collaboration. There was also a strong focus on the collaboration between the surgical specialties and respective societies in the U.K, linking with charities and other NGOs (Non Government Organisations) with experience in the field to help develop the projects. Such partnerships and collaboration are challenging but inspiring work and the potential benefits to the host country are enormous.

There was a session on Governance and Quality of Healthcare emphasizing that we are volunteers, not employees on these projects. We travel often on Tourist visas (not work permits) and our mission is education +/- demonstration +/- surgical care. Professor Vivien Lees set the scene with a update on Project Safe (RCS) and Rupert Eckersley guided us through the latest legislation on data protection.

One of the most inspirational sessions was to hear presentations from our overseas speakers. Mohamed Abdel Samie and Hatim Gamereldin reported on the newly formed Sudanese Society for the Surgery of the Hand (SSSH), followed by fascinating talks from Abdurezak Ali Mohammed from Ethiopia and Huyen Tran from Vietnam. Finally Noha Nyamulani a COSECSA (College of Surgeons of Eastern, Central and Southern Africa) accredited Orthopaedic surgeon from Malawi shared her current experience in the U.K (Peterborough and Cambridge) as an ISTP Trainee (International Surgical Training Placement) and also as one of several newly qualified Women in Surgery within COSECSA countries. Providing a focus on the impact of war with its legacy on civilians and the infrastructure, Wing Commander Gora Pathak (Military Hand Surgeon and celebrated War Artist) gave a talk on the Gulf Wars and the conflict in Afghanistan illustrated with slides of his paintings done from his sketches in the field.

Finally and by no means least, there was a Trainees forum, most ably chaired by Matt Fell with the highlight being a presentation by Terouz Pasha, a medical student and the winner of the BFIRST essay prize with her paper on What would your key considerations be when developing a successful reconstructive surgery training project in a developing world context? Trainees now have an established role on the BSSH and BFIRST projects as gifted Surgical Educators, who by taking part will gain valuable personal experience, enhance the team, broaden the scope of the projects and help to encourage others to take part whilst establishing links for future overseas work.

As co-organisers of the meeting, Wee Lam and I were delighted with the interest and the engagement at the event. It appears to have been a great success with new links established and ideas for further projects discussed. It was encouraging to see the enthusiasm and in fact several people who came for their first time are already team members on our Projects.



*Mr Jonathan Jones,
Consultant Orthopaedic and Hand Surgeon,
Peterborough and Stamford Hospitals NHS Trust,
Organiser for the BSSH/BFIRST Overseas Day 2018.*



*Dr Noha Nyamulani from Malawi speaking about her
fellowship experience in the UK.*

2 Project Updates

A) Nairobi, Kenya

Background

On June 28th-30th, BFIRST was invited to participate in the Kenyan Society of Plastic, Reconstructive and Aesthetic Surgery (KSPRAS) annual conference by Dr Joseph Wanjeri, the Chairman of the Scientific Committee for the conference. Mr Wee Lam, Chairman of BFIRST and Mr David Bell, Consultant Plastic Surgeon from Liverpool represented BFIRST on this trip.

Plastic Surgery Training in Kenya

We were both extremely impressed by the standard of Plastic Surgery in Kenya. There is a well-established training programme where trainees undergo 5 years of training before graduating as a consultant after passing the final exit examination. In addition to the surgical training, each trainee is required to complete a Research Project leading to a higher degree (Masters).

KSPRAS conference

As a result of this integrated research programme, there were several research projects presented at the KSPRAS meetings. These were very well-conducted and covered a wide range of sub specialties including craniofacial, limb trauma, burns and basic science research.

The conference also covered a wide-ranging field of surgical outcomes from the different sections of the department. There was a good mix of free papers and didactic lectures by both national and international speakers. Other than an introduction to BFIRST, we each gave a series of lectures covering upper limb (congenital hands, soft tissue cover, nerve transfer) and lower limb (BOA/BAPRAS guidelines).

Among the talks, there were a few personal highlights. We were particularly impressed by the charity work done by the Kenyans themselves among the poorer parts of rural Kenya, especially in cleft surgery. This shows a tremendous level of social awareness and desire to help the underprivileged; for those who cannot afford the trip to the National centre in Nairobi. Another highlight was the nation's first successful hand replant. The success of this case would surely mark the beginning of many replantations in the future.

The Future

After this visit, we both believe Kenya will play a very important part in the future of Plastic Surgery training in Africa. The hosts were very keen for a collaboration with BFIRST although this will be in very specific areas which require higher level of skills such as brachial plexus surgery (adult and paediatric) and possibly free tissue transfer. We would like to thank Dr Ferdinand Nangloe, Chairman of the organizing committee Professor Stanley Khainga, President of KSPRAS and Dr Joseph Wanjeri for their kind hospitality during our visit and look forward to a close partnership between BFIRST and the KSPRAS.

Mr Wee Lam,

BFIRST Chairman.



David Bell and Wee Lam, KSPRAS conference with some of the Kenyan trainees.

B) Abuja, Nigeria

In September 2018, a BFIRST team in collaboration with the Interburns charity visited the National Trauma Hospital in Abuja, Nigeria to run a comprehensive 3-day Burns Course.

This was the second time a course had been held here and was run mainly by the Manchester team with two burns surgeons (Zeeshan Sheikh and Nadeem Khwaja), a pain consultant with a background in anaesthesia who is also the chair of the British Burns Association specialist interest group in pre-hospital burn care (Winston de Mello), a Liverpool based senior burns physiotherapist (Rachel Johnson) and the chairman of BFIRST (Wee Lam) who happens to be a hand surgeon. Later on, we were joined by Augustine Akali (Consultant Breast and Plastic Surgeon from Hull) who supported the team being originally from Nigeria and regularly travelling back for charitable work. The course programme was organised with the help of Interburns (thanks to Sian Falder – paediatric burn surgeon at Alder Hey and Tom Potokar – Director of Interburns). The course was held at the National Trauma Centre, which is the main hospital in Abuja and has an 8 bedded burns unit where we had the opportunity to see some of their burn care facilities and practices which were good considering the limitations in funding and facilities. Unfortunately, as patients have to pay directly for treatment owing to the lack of a broad based health insurance scheme, access to advanced dressing care and regular surgery visits is not as accessible as it is in the UK causing significant morbidity and mortality. Standard hospital burn care is hampered by inadequate facilities, infrastructure and a paucity of adequately trained staff so this course was really well received by all.

The course consisted of lectures, small group discussions with practical sessions and input with a lecture from a Nigerian consultant discussing burn care in Nigeria. This allowed us to connect with the participants early on.

There were 43 participants consisting of consultants, registrars, nurses and physiotherapists all involved in burn care from various units all over Nigeria. They enjoyed the practical sessions especially splint fabrication, and small group discussion on psychology, nutrition, dressings, and learning how we work together as a team in an MDT.

On the final day, all participants were presented with an attendance certificate endorsed by BFIRST, Interburns and NAPRAS (the Nigerian equivalent of BAPRAS) and photographed. It was decided that another burns course should occur and to encourage the participants to make

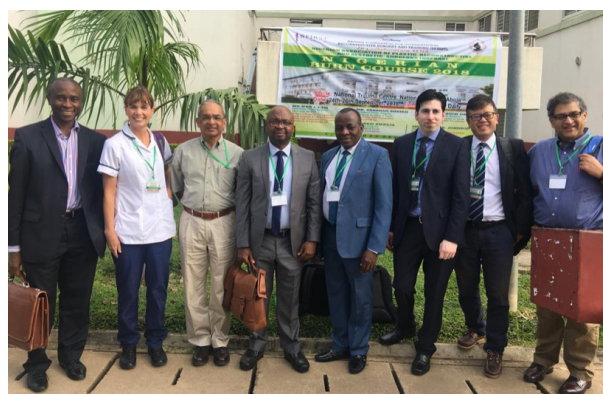


a positive change in their respective units, they would need to take an element from the course and implement a change in their unit, audit the change and present this at the next burns course. Prizes in 3 categories would be given for nurses, therapists and doctors. Also, in order to demonstrate nationally the difficulties the burns team work in, and the limited resources they have, they were considering inviting politicians to the next course.



On arrival in Abuja

From left to right - Rachel Johnson (Senior Physiotherapist), Winston de Mello (Pain/Anaesthetic Consultant), Wee Lam (BFIRST chairman), Abdulrasheed Ibrahim (Nigerian Consultant Plastic Surgeon and host), Zeeshan Sheikh (Burns & Plastics Consultant), Nadeem Khwaja (Burns & Plastics Consultant)



*Mr Zeeshan Sheikh.
Consultant Plastic Surgeon,
Manchester Burns Unit, UK*

3 Fellowship Reports

A) Dr Abdulrezak Ali, Ganga, India

GANGA-ETHICON ADVANCED FELLOWSHIP IN HAND AND RECONSTRUCTIVE MICROSURGERY 2018, GANGA HOSPITAL, INDIA.

Background

I am currently a consultant in a plastic surgery unit, which comprises of 4 plastic surgeons and 12 trainees. Nationally, there are 18 plastic surgeons in Ethiopia for a population of over 100 million. Our centre provides a comprehensive service for reconstruction, including trauma and head and neck oncology but at present, we are unable to perform routine microvascular reconstruction due to lack of facilities and training.

I was recommended by BFIRST for a fellowship at Ganga Hospital, Coimbatore, India for 6 weeks in July, fully sponsored by Johnson & Johnson called the Ganga-Ethicon Advanced Fellowship in Hand and Reconstructive Microsurgery.

My Fellowship Experience

My objectives were to integrate into the plastic surgery department's daily activities, to learn the principles of complex trauma assessment and management, and to complete the microsurgical skills course as part of preparations to introduce microsurgery to Ethiopia.

During my time in Ganga, I integrated with the clinical team and joined their activities during the routine working week of Monday to Saturday.

Morning meetings start at 7:30 am. These rotate through a comprehensive program of trauma review of recent cases, lectures by the consultants and seminars by the residents. These provide an excellent teaching and learning framework. After morning meeting, short ward rounds are conducted to assess and evaluate pre- and post-operative patients. The daily clinical work then consists of alternating days of outpatients followed by theater, or all-day theater.

Patients' clinical problems ranged from subacute to chronic cases of different organ systems: hand, upper limb, head and neck, and lower limb. The plastic and maxillofacial operation theatre complex had 5 theatres and on average 3 surgeries were done per day.

I saw hand surgeries from the fingertip injury repair to the most complex cases including fractures, dislocations, wrist instability, defects requiring

flap coverage, brachial plexus surgeries including nerve repair, nerve transfers and, tendon transfers.

In terms of lower limb trauma, I was exposed to local fasciocutaneous and muscle transfers. I also observed a number of latissimus dorsi, gracilis and anterolateral thigh free flaps.

I also observed maxillofacial surgeries, with varying soft tissue defects different fracture patterns



Performing microvascular anastomosis at Ganga hospital's microsurgical skills course.

Educational Support

I found all the consultants, residents and supporting staff very supportive during my stay, which made my fellowship even more fruitful. I am especially indebted to Dr Raja Sabapathy, who gave me unreserved support during my stay at Ganga Hospital. I learnt so much from his decision-making, especially in planning surgical techniques and patient evaluation which have allowed such excellent outcomes. More importantly, I learnt so much from his leadership skills, which I have come to appreciate as the main reasons why Ganga has achieved such a high level of quality and to become a world class centre of excellence in plastic surgery.

One of my highlights was the microsurgery course. My experience in the microsurgical skill lab was simply amazing. This was my first experience in microsurgery training using animal models, and also one of the main reasons for coming to Ganga, so that I could have some hands-on experience in microsurgery. I believe I am now better placed to establish a microsurgery service in my country. I look forward one day to fulfilling my dream of offering routine, safe and effective microsurgery to our patients in Ethiopia.

Dr Abdurrezak Ali Mohammed,

Plastic and Reconstructive Surgeon,

ALERT Center,

Addis Ababa, Ethiopia.

B) Dr Katusabe Josephine Linda, Devon, UK

FELLOWSHIP AT ROYAL EXETER AND DEVON NHS FOUNDATION TRUST, UNITED KINGDOM.

Background

My name is Dr. Katusabe Josephine Linda, a plastic surgeon trained and working in Uganda (East Africa) with special interest in hand and pediatric plastic surgery. I am 2018 BFIRST fellow. I work with Comprehensive Rehabilitation services of Uganda (CoRSU) which is a specialized orthopedic and plastic surgery hospital that primarily treats children with disabilities. It is also a training centre for plastic surgeons in Uganda. I learned about BFIRST during my plastic surgery residency at CoRSU, through Mr. Tim Goodacre who had come to Uganda as a visiting surgeon and external examiner.

My BFIRST Experience

Between August and September 2018, I had the privilege of spending 6 weeks in the UK observing and gaining experience in the management of hand and other plastic surgery conditions as practiced in the developing world, all thanks to BFIRST. I spent 5 weeks at Royal Devon and Exeter hospital hosted by Ms Anesti Katerina and colleagues and 1 week at Royal hospital for sick kids in Edinburgh hosted by Mr. Wee Lam. The experience was wonderful and absolutely amazing. It was an eye-opener to

the vast possibilities in plastic surgery and the treatment quality levels that my team in Uganda should aim for despite working in a resource limited settings. I had exposure to an array of hand and plastic surgery procedures including hand fracture fixation, finger re-implantations, tendon and nerve transfers, the critical role of hand therapy and the multidisciplinary approach to treatment of breast and skin cancers. The experience put many procedures that I had only read in literature into practical perspective and I also learned ways to modify and improve those procedures that I was already doing. While in Edinburgh, I was able to observe cutting edge surgical treatment of spasticity in children and also attended a symposium on spasticity where more high quality work was presented. It was inspiring to learn how much more could be done to improve the quality of life of these children that are a neglected group in Uganda.

During my visit, I was also given an opportunity to attend the Manchester hand surgery course and participate in the Canniesburn cadaveric flap course in Glasgow which were great learning opportunities. My sincere appreciation to Ms Anesti Katerina, Mr. Wee lam, Mr. Matt Fell and the plastic surgery teams at the units I visited for hosting me and making my stay seamlessly smooth. They all were warm, welcoming, patient and always willing to teach me.

Plastic surgery is a still budding field in Uganda with a huge backlog of untreated patients, a 1:5million surgeon to patient ratio and only one training centre for plastic surgery. We see a plethora of complex hand and plastic surgery cases that get treated late due to lack of specialized personnel and many often have to wait for visiting

surgeons to perform some of the surgeries. The BFIRST fellowship has been a wonderful opportunity for me to experience and learn both basic and advanced reconstructive interventions in a well-structured setting and the skills learnt will certainly be used to improve the quality of care I provide to my patients as well as training of my residents and rest of surgical team. I have also been able to make connections with consultant plastic surgeons interested in visiting Uganda for further teaching and training of our home team. My sincere appreciation goes to BFIRST and Royal College of Surgeons of Edinburgh for funding and making this wonderful opportunity possible.

*Dr Katusabe Josephine Linda,
Plastic and Reconstructive Surgeon,
Uganda, Africa.*



Above: First day at the Royal Devon and Exeter Hospital, welcomed by BFIRST's Mr Matt Fell



Right: A visit to the Royal College of Surgeons, Edinburgh.

Below: With the plastic surgery team at Exeter following morning teaching



4 Featured article

A) Frontiers: Innovations in Global Surgical Practice

“Innovation” has become one of the buzzwords of twenty-first century surgical practice, as we seek to improve our practice by deploying emerging technologies, finding creative uses for existing tools, and redesigning familiar pathways and processes. We look forward to using artificial intelligence and big data to improve western surgical practice, but an understanding of the opportunities for innovating in low and middle income countries (LMICs) is also crucial as we strive to deliver safe and effective global surgical missions.

Education

Cheap smartphones and mobile internet access have opened up the web to LMICs. Phenomena such as “free, open-access medication” (<https://twitter.com/hashtag/FOAMed>) encourage peer-to-peer learning, becoming increasingly popular among residents. App developers such as Touch Surgery are investing in content for those with limited access to training facilities, including elements such as virtual residency programmes^[1]. Open access titles from the major plastics journals^[2] permit sharing of research and knowledge more than ever before through free access and reduced authorship fees to authors in LMICs.

Collaboration

SMS remains a dependable method of communication in sub-Saharan Africa, especially where internet access is limited. The BFIRST Zimbabwe team have been impressed at the utility of SMS in facilitating organisation of a complex surgical camp. However, where internet infrastructure is stronger, WhatsApp provides secure, reliable messaging for groups. New apps specifically designed for clinical messaging (such as Forward^[3]) allow secure sharing of patient information including multimedia. And at the top of the tech tree are new augmented reality apps such as Proximie^[4], where surgeons in austere environments can use tablets or smartphones for support with operative decision making or make plans in clinic for later procedures.

Operative Surgery

The logistics of surgical camps tend to be more stressful than the surgery, but there is scope for

innovation in the operating theatre. Disposable instruments may be attractive, but there are cost, logistic and environmental issues. 3D printing, whilst still in its infancy, could produce durable, effective, lightweight and cheap instruments in the field^[5].

Our surgical teams are as essential as surgical instruments, and the introduction of human factors training to established teams, such as Non-Technical Skills for Surgeons^[6], could increase safety for patients in austere environments. Deliberate practice using simple, affordable simulation models provides experiential learning to LMIC trainees while reducing risk to patients.

Conclusion

While there is great potential for innovation, our host countries generally have smaller health budgets than the UK, and consequently resources are limited. Cutting-edge technology may have a role, but it is incumbent on us to foster innovation compatible with the resources available, and avoid seeing technology as a way to solve all problems.

Due diligence about what infrastructure exists is an essential part of pre-visit preparations. Some hosts with well developed, consistent setups may welcome the addition of advanced tools for longer term mentorship, such as Proximie augmented reality, collaborative messaging and 3D printing. Others may benefit from less technologically advanced but equally impactful interventions, such as non-technical skills, or simple simulation models.

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*Mr James Bedford,
Consultant Hand & Plastic Surgeon,
Manchester Hand Centre,
United Kingdom.*

5 Upcoming projects

November 2018 - Vietnam (Professor Simon Kay and Rob Bains)

December 2018 - Tanzania (Naveen Cavale, Wee Lam and Steve Hodgson)

January 2019 - Zimbabwe (Drew Fleming, Adam Reid and Jason Wong)

January 2019- Bangladesh (Barbara Jemec and team)

February 2019 - Sri Lanka (Bran Sivakumar and team)

March 2019 - Ethiopia (Neil Cahoon, Henk Giele and Rupert Eckersley)

April 2019 - Nepal (Sarah Tucker and team)



6 Trainee committee update

Trainee involvement in global surgery has been firmly established and is gaining momentum. In April 2018, BFIRST Trainees hosted the Trainees forum at the BSSH / BFIRST Overseas day where there was lively discussion regarding the meaningful impact trainees can have in the developing world setting.

In May 2018, Trainee Chair Matt Fell represented BFIRST at the Bethune Round Table in Toronto, Canada. The theme of this international global surgery conference was 'The Role Of The Trainee in Global Surgery'. At the conference there were numerous examples of the positive impact trainees were having on the global surgery stage and the ability of trainees to form global networks that can spread ideas and share information.

Looking forward, BFIRST Trainees are focusing their energy into three main areas:

1. Promotion of trainee involvement in global surgery through informative sections on our website and update opportunity links to our membership
2. Collaboration with international global surgery organisations via the zoom platform, which has enhanced our ability to interact and share ideas.
3. Research and guidance papers relating to the role of trainees in global surgery and ethical considerations.

We are looking to expand our BFIRST Trainees Committee so would welcome involvement of trainees who are passionate in this field!



BFIRST Trainee's Breakout session during winter BAPRAS conference, 2017



Ms Barbara Jemec and Mr Matt Fell attending the Bethune Round Table in Global Surgery Conference May 2018,, Womens College Hospital, Toronto, Canada



BFIRST BALL FUNDRAISER

THURSDAY 29 NOVEMBER 2018

**DE VERE GRAND CONNAUGHT ROOMS
COVENT GARDEN, LONDON**

www.bfirst.org.uk/bfirst-ball-2018

This year, we are organising a James Bond themed ball to raise funds for BFIRST. The event will be an evening to remember with a three course meal, entertainment, prizes, an auction and more!

Date

Thursday 29 November 2018

18:30- Drinks reception

19:30- Dinner

00:30- Carriages

Location

To be hosted at the iconic Grand II listed De Vere Grand Connaught Rooms in Covent Garden, London WC2B 5DA

Dress Code

Black tie

Tickets

£155 per single ticket

£1550 for a Table of 10

£1860 for a Table of 12

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