



Please help us to help those in need.
you can donate online or by post



Charity Fundraising Events -

The Great South Run 2012

This takes place on Sunday 28 October and a full report and photos will appear in our next newsletter. This year the SCT runners will be joined by members of the Char Bhanjyang Tamu Samaj (CBTS) to form a team of 16 who will aim to raise funds and awareness towards medical equipment, supplies and the continuing support of the "Centre for Health" medical clinic in Khalte, Nepal.

Please help us by donating to

www.justgiving.com/Swinfen-Telemedicine-cbts

Donate by text: TSCT11 followed by £donation to 70070

OR by sending a cheque to: The Swinfen Charitable Trust, FREEPOST NAT 18663, Canterbury, CT3 1BR

Charity Quiz Night 23rd November 2012.

This event will take place in Chilham Village Hall, Nr Canterbury, Kent. Tickets are £5 per person (age 14yrs+) teams of 6-8, Bring your own food and drink. Raffle tickets will be available with some fantastic prizes. All proceeds will go to the Charity. Join us for a fun filled evening and help us to help those in need.

To reserve your admission tickets to the charity Quiz Night, please send a cheque to: The Swinfen Charitable Trust, Dene House, Wingham, Canterbury, Kent. CT3 1NU. Or Contact Sharon on 01227 721024

Season's Greetings

As we approach our Christmas time we would like to wish all our readers the very best now and in the New Year.



snippets

Roger Swinfen attended the American Telemedicine Association annual meeting of the Board of Directors at the St. Regis Hotel, Washington DC in August as a member of the Board.

Please visit our Website www.swinfencharitabletrust.org from time to time to keep up to date with events. Here you will find, the latest list of all our referring hospitals around the world, Annual Reports, back copies of our newsletters, news and, a link to our facebook page for further news and photos. Don't forget to share with friends. Many thanks.



Roger Swinfen at the American Telemedicine Association Board of Director's Meeting, August 6th 2012, Washington DC

MSF reports....

MSF e-referral system based on the Swinfen Model is still running well with an average of 20 referrals per month. The specialist network gathers more than 250 experts and there are around 200 referrer logins.

Recent words of appreciation

'We very much admire the work that you do as an Organisation and wish you the very best in your present projects and the future. A Grant Making Trust.' Anonymous.

'This really is a wonderful idea and we hope that the Swinfen Charitable Trust goes from Strength to Strength.' Anonymous Consultant.

"The Trustees were very impressed with your charity aims particularly in the Developing World. But more importantly what strikes a chord is the ability to deliver such services in difficult locations away from medical facilities which we take for granted in the UK. What you are achieving is certainly an eye opener"- Grant Making Organisation.

"I'm always grateful to use your system, and will use it forever. I appreciate the hard work of the Consultants and I'm really thankful to all of you who do their best to help others in our world". Doctor in Iraq

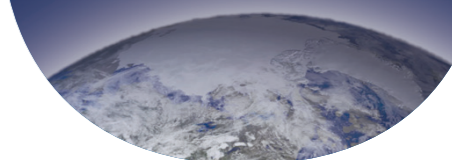


EDITORIAL

Welcome to the Autumn edition of our Swinfen Newsletter. This period has seen a continuing development of the Trust, the number of hospitals, referrals and increase in the number of consultants to serve those in need.

Examples of the impact of the Trust on those in need and the value of its work are featured.

We are pleased also to report on the development of the Centre for Health in Khalte, Nepal where the trust has assisted local people in building the clinic.



Khalte project update

The project is progressing extremely well, on budget and, despite monsoon and other difficulties, likely to be completed on schedule.

The Village Development Committee has been instrumental in raising additional funds and local support to enable the road to the clinic to

be properly surfaced, facilitating the movement of patients for diagnosis and then transfer as necessary to District Hospitals.

Increasing interest in the project is being shown by Government officials.

Acknowledgements: The Union Advertising Agency, for its continuing support of this newsletter.



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AIMS OF THE TRUST

To assist poor, sick and disabled people in the developing world by establishing Telemedicine links between hospitals in remote places and medical specialists around the globe

Clinic with High Potential

Our latest project is to raise funds for one of our very remote Telemedical Links in Zambales, Luzon in the Philippines. The Burns Unit for Zambales initially set up for children but will give help to all ages. This Unit operates from a Nurse's 2 roomed house, (Just the way that Valerie Taylor OBE started what became the Centre for the Rehabilitation of the Paralyzed in 1969 in Bangladesh, which is now a centre of excellence in South Asia) using the kitchen as an office and living area as a treatment room. Rent for the home and utility bills are all paid for by

the nurse. She has managed to raise some funds to build a small 1 bed outbuilding so she can extend her help. All treatment and care provided is free of charge for these very poor families.

There is no burns specialist in this province which makes the need for this small clinic paramount.

What the clinic needs: 2 hospital beds with guard rails, baby cots, Ventilator, Incubator, suction machine, swabs and dressings.

Examples of cases:

Two survivors of a high voltage burn, where an 8 year old died instantly, a 7 year old had to have his arm amputated and a 24 year old had a leg amputated due to lack of proper treatment. Amputation is a last resort in the Western World but in the developing World this is often not the case. So many children are left with their hand amputated due to infection and lack of good

antibiotics. Babies with shocking scalds and burns from hot oil, open fires, and coffee (which the babies drink there!) are treated every day. To call an ambulance will cost the families 5000 pesos (around £76) and if the child needs a ventilator this will cost 1500 pesos (around £23) per day. These are families that only earn 300 pesos a day and have to feed, clothe, and pay bills with that money.



From two of our referring hospitals

A Teaching Hospital in Iraq describes a recent case:

Eyelid and Eyeball reconstruction

A 32 year old female had an iatrogenic injection of formalin into her left upper eyelid in August of last year. She underwent many surgeries after that, as first was debridement of the necrotic tissue in the lid, and local flaps for the reconstruction, however her flap failed and she developed infection which ended up in the removal of her eyeball fearing to develop encephalitis, (as she was told by her surgeons), she later had an artificial eyeball, which was complicated by hematoma, and rejection. Now she has a contracted optic upper lid, reduced eye socket volume and irregular eyelash line. Her lower eyelid is normal and fully functional, however the posterior lamellar and the tarsal plate of the upper lid are scarred and distorted, a full thickness upper eyelid tissue loss. She covered her orbital cavity with a thin artificial eye lens, not a prosthetic ball, suggested to her a lower lid switch flap, but she is extremely concerned about further local scarring. This case was sent to a Consultant in Canada who was unfortunately unable to help. It was then passed to two specialists in the UK who also could not help with this case. The Doctor in Iraq finally got an answer via corresponding with a consultant plastic surgeon. "I'm

always grateful to use your system, and will use it forever. I understand the complexity of the case I have and how difficult it is. I appreciate the hard work of the Consultants involved and I'm really thankful to all of you who do their best to help others in our world".

And from Yemen:

A 6 month old baby girl born with congenital amputation of the thumb of the right hand. Primary opinion is that she will need delicate plastic surgery to implant a toe or one of the fingers, a process which is feasible. The suggestion was given by an Ortho surgeon. The mother noticed that the child started to use the index and middle finger in a way which was described in a surgical procedure to make a sort of distance to use the index finger as a thumb. The case was referred to a UK Consultant who suggested a toe to thumb transfer as standard procedure but it requires special expertise. There is also a high complication rate. An excellent alternative would be to pollicise the index finger. This is not a simple operation, but easier than a micro vascular transfer. There is no urgency and the surgery will be easier as the patient grows. If no surgery is carried out the function of the hand will probably be reasonable as children adapt well, but she will probably use her left hand for any fine tasks such as writing.

Annual Reception

Lord and Lady Swinfen hosted a reception in The House of Lords on 4 May 2012 for consultants, referring doctors, donors and friends of the Trust. It was a pleasure to have present, a number of Gurkha friends involved in the Khalte project and instrumental in raising significant funds. Jonathan Linkous, CEO of the American Telemedicine Association, responding to Roger's welcome speech, said that the Association continued to be impressed with the work of the Trust



Some of those attending