

## Minutes of World Orthopaedic Concern (UK) extended AGM weekend

11/12<sup>th</sup> May 2013

Brook Marston Farm Hotel

Saturday 11<sup>th</sup> May:

### 1. Apologies:

Lord Swinfen	Geoffrey Walker
Michael Laurence	Magdi Greiss
Alan Norrish	Charles Thacker
Julie Parker	David Stainsby
John Nixon	John Lourie
Andrew Wainwright	Gwyn Evans
Malcolm Swann	Chris Lavy

### 2. Present:

Steve Mannion	Dalton Boot
K. Rajaratnam	Deepa Bose
Paul Ofori-Atta	Rick Gardner
Laurence Wicks	Ashtin Doorgakant
Ton Schlosser	Sean Hughes
Louis Deliss	Jeanne Frossard
Judy Murray	Senbaga Needhirajan
Michael David	Tarek Boutefnouchet
Fintan Shannon	Bo Povlsen
Andrew Stevenson	Rish Parmar
James Beazley	Professor David Jones (Sunday only)

### 3. Chairman's report:

Global burden of disease: 38% of this orthopaedic injuries.

DFID/THET grant to support surgical capacity in Malawi, in conjunction with Feet First.

WOC (UK) links with College of Surgeons of East, Central & Southern Africa (COSECSA) and Global Clubfoot Initiative (GCI).

International Emergency Trauma Register (IETR) is an initiative by DFID to encourage a coordinated effort for UK medical personnel to provide aid in the initial stages of disasters or conflicts around the world.

WOC (UK) involvement in training & education – plan to develop a portfolio of courses – trauma, internal fixation, basic surgical skills,

Now WOC (UK) also has links with West African College of Surgeons (WACS)

#### **4. Country reports:**

##### **a. Malawi:**

Steve Mannion presented the Malawi report. Main activity centres on Kamuzu Central Hospital in Lilongwe, which serves Northern & Central Malawi.

Orthopaedic clinical officers (OCOs) are not medically trained, but provide the majority of orthopaedic care outside the main hospitals. There is an approved training programme for them, run by Professor Mkhandawire in Blantyre, but this is not universally accepted by surgeons in Malawi.

CBM/MACOHA (Malawi Council for the Handicapped) project focused on community based rehabilitation.

Large variety and volume of pathology

RTA – huge burden of trauma

SIGN nails have revolutionised the treatment of adult femoral fractures by allowing early mobilisation, decreased length of stay in hospital and decreased risk of malunions & non-unions.

Very large burden of club foot, treated by Ponseti method clinics.

Lilongwe now has 9 MCS candidates & 3 FCS (Orth) candidates

Lively discussion on OCO scheme – benefits, advisability

##### **b. Bangladesh:**

Written report provided by Geoffrey Walker distributed.

##### **c. Ethiopia**

Written report provided by Mike Laurence distributed. Fintan Shannon added his experience to this. Explanation of needs. Locally made external fixation.

##### **d. South Africa:**

Laurence Wicks spoke about his work at Ngwelezana Hospital in Empangeni.

Mr. Paul Rollinson is keen to receive young trainees for long term placements at this hospital. Africa Health Placements (AHP) is an organisation which encourage & promotes trainee placements, and Laurence encouraged trainees to be involved.

##### **e. Cambodia:**

Dalton Boot gave a brief overview of his 11 years' experience in Cambodia. He had to begin at a very basic level to improve the system, and made the point that teaching by itself is not very helpful unless the infrastructure is suitable. He has spent considerable time & energy in improving the infrastructure in Cambodia, as he strongly feels that this goes hand in hand with teaching & training.

##### **f. Ghana:**

Paul Ofori-Atta talked about the development of trauma care delivery in Ghana. Currently there are about 25 orthopaedic surgeons in the country. He established MOTEC-UK to encourage a more holistic approach to trauma care, including rehabilitation as well as surgery. Steve & Paul have recently been to Ghana to provide some training & to visit Korle-Bu and the military hospital.

Ethicon facilitated a donation of internal fixation instruments to ATOM Centre in Korle-Bu, and the plan is to begin to offer training courses there. Considering arranging short term trips to teach & run dry bone workshops. Accommodation & travel within Ghana will be provided. Plan to facilitate a training course in Kumasi in the near future.

Links have now also been facilitated with West African College of Surgeons (WACS) & WOC (UK), & WOC will aim to provide examiners for their exams. The next WACS meeting will be in Ghana in February 2014.

**g. Ukraine:**

Written report provided by Magdi Greiss distributed.

**h. Palawan (Philippines):**

Louis Deliss reported on the work of the British Palawan Trust. Brief history of the Trust. Request for a Ponseti course to be run there, which Steve Mannion will arrange. A new clinic has now been opened. Problem now with young surgeons who want to spend time treating private patients. Patients have to pay for implants even in government hospitals.

**5. Primary Trauma Care**

**Jeanne Frossard**

Jeanne Frossard gave us an excellent presentation on Primary Trauma Care (PTC) courses: 2 day course, followed by 1 day instructor's course.  
Primary Trauma Care manual & instructor manual available.  
Focus on using available local equipment.  
COSECSA Oxford Orthopaedic Link (COOL)/PTC project in COSECSA countries.  
2/1/2 format: 2 day course/1 day instructor course/2 day course  
A very sustainable course, which fits in with local environment.  
WOC (UK) members encouraged to get involved and help to spread the PTC ethos.

**6. WOC(UK) website**

**Rick Gardner**

WOC (UK) would like to offer hearty congratulations to Rick Gardner on securing a consultant job at the CURE hospital in Addis Ababa, Ethiopia.  
Website manager's job handed over to Michael David & Saqib Noor.

**7. Fellowships reports:**

**a. Andrew Stevenson (Malawi):**

12 month fellowship in Beit CURE hospital in Blantyre  
Description of hospital. Common pathologies.  
Clinical photographs of orthopaedic conditions. Large clubfoot burden.  
Chronic osteomyelitis  
Septic arthritis hip  
AVN of capital femoral epiphysis/femoral head  
Angular limb deformities  
Burn contractures

1<sup>st</sup> joint registry in Africa  
Congenital limb deformities  
Neglected trauma  
BSSC (ASGBI) in Botswana & Malawi  
Medical student teaching & exams  
Papers presented on chronic osteomyelitis & bone defects  
Encourage other trainees to go

**b. Laurence Wicks (South Africa):**

18 month fellowship at Ngwelezana Hospital in Empangeni  
Several research/audit projects:  
Use of topical negative pressure dressings in trauma wounds  
Distal femoral physis fractures  
Open ankle fractures  
Audit of management of open tibial fractures against BOA/BAPRAS standards –  
Ngwelezana vs Leicester. Ngwelezana better – maybe because orthopaedic surgeons  
also provide soft tissue cover.  
Masquelet technique in the treatment of severe open lower limb trauma.  
Long term follow up of HIV positive and HIV negative patients with surgical implants – no  
significant difference seen.

**c. Rish Parmar (Malawi):**

12 months as Honorary Lecturer in College of Medicine + clinical duties (consultant on  
call) at Queen Elizabeth Hospital, Blantyre  
Teaching hospital allied with College of Medicine  
Large burden of trauma  
No prehospital care  
Orthopaedic Clinical Officer (OCO) scheme  
Lots of high energy trauma  
Chronic osteomyelitis  
Tumours  
Frames & deformity correction  
Plastic surgery  
Traction  
Teaching  
Fundraising & procurement  
Leadership & judgement  
[www.charitygiving.co.uk/implantsformalawi](http://www.charitygiving.co.uk/implantsformalawi) is a charity which collects implants for  
Malawi

**Sunday 12<sup>th</sup> May:**

**1. Presentation of annual financial report**

**K. Rajaratnam**

Annual accounts: 6<sup>th</sup> April 2012 – 5<sup>th</sup> April 2013:

Total cumulative income: £27,949

Capital investment – good returns

Cumulative expenditure: £70,334.76

Net funds on 5<sup>th</sup> April 2013: £18,609.24

Cambodian funds now transferred to separate fund – WOC No. 2 Account:  
£16,541.08 on 5th April 2013

Finances approved.

There was a suggestion that WOC (UK) should consider the services of a professional fundraiser.

**2. “Bridging the gap”**

**Professor David Jones**

Professor Jones gave us a very inspiring talk about his work in resource poor environments. He has participated in several orthopaedic camps in Nepal, where he travelled to Janakpur, Nepalganj and Barganj among other places, in the company of Dr. Graham Bell, anaesthetist. His talk focused on bridging the gap between needs and resources, and cited several examples of this in developing countries, such as Ganga Hospital in Coimbatore, India, Narayan Hospital in Bangalore, India. He also mentioned the great benefit to be derived from short term focused visits from surgical teams, such as the visit to SPARSH Vachana Hospital by the Sheffield paediatric limb reconstruction team under the auspices of Dr. Sharan Patil, and visits to Sudan under the auspices of Mr. Shaheen.

Professor Jones’ recommendations for bridging the gap include:

Building relationships with surgeons in other countries

Local teaching & examinations

Fellowships abroad

Visiting surgeons/teams

Research & publications

Funding

**3. The Orthopaedic Resource Book Project**

**Ashtin Doorgakant**

Ashtin has produced a handbook of common orthopaedic conditions, primarily directed at Orthopaedic Clinical Officers, but useful to any junior doctor in trauma & orthopaedics. It is designed as a cookbook rather than an exhaustive textbook. He described the laborious process from the birth of an idea under the supervision of Professor Mkhandawire in Malawi, through writing the chapter templates, editing, and finally printing and binding. This project is partly funded by the fellowship WOC (UK) awarded to Ashtin.

WOC (UK) is proud to be associated with the production of this book, which will be a valuable resource for OCOs and junior trainees in Africa.

Ashtin has also produced a charter for trainees from the UK working in low/middle income countries, and WOC(UK) will be supporting the publication of this in the form of a booklet.

#### **4. Recycling external fixators**

**Laurence Wicks**

Laurence spoke about the need for a ready supply of external fixators in resource poor environments. In such situations internal fixation is expensive, and fraught with complications.

He encouraged WOC members to collect available fixators for transport to developing countries.

MedAid is a company which can make up complete sets of external fixators from discarded ones and transport them to countries where they are needed.

There is also an organisation called the Association of Medical Device Reprocessors (AMDR) in the USA which carries out a similar function.

It was suggested that WOC (UK) could organise a regional collection of external fixators for MedAid.

#### **5. Global Clubfoot Initiative**

**Steve Mannion**

Steve told us about the global burden of clubfoot. There are approximately 200,000 births with clubfoot born around the world each year. 80% of these are in resource poor countries.

The Ponseti technique has revolutionised the treatment of idiopathic clubfoot around the world. In 2009 6600 children were treated in 20 countries. In 2011 the number rose to 10,8000 in 18 countries.

Global Clubfoot Initiative (GCI) is an international project, comprising of many partner organisations, focusing on:

- a. Establishing national programmes, through partnerships with Ministries of Health, community-based rehabilitation networks and local NGOs.
- b. Building capacity to treat by training and ongoing support.
- c. Establishing clinics with NGOs & Ministries of Health.
- d. International NGO support.

Recent developments have included an accelerated Ponseti technique, which involves fewer clinic attendances in favour of increased compliance. This has been just as effective as traditional Ponseti treatment. GCI has also focused on cost effectiveness of treatment, measured in Disability Adjusted Life Years (DALYs).

The Ponseti technique has also been used in older children. Prolonged casting in this group can succeed, but has only limited application. Despite this, it may facilitate the use of less extensive surgical procedures.

GCI is currently trying to promote:

Data collection & sharing

Contact sharing

Quarterly meetings of partner organisations

Working groups to address specific issues

Curriculum development & distribution