



INTERNATIONAL HUMANITARIAN SURGERY

The Society of
International
Humanitarian Surgeons

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Hello from Headquarters

Dear SIHS Member,

As you will see in this newsletter, it has been a busy season for numerous SIHS members throughout the world. Also, this winter saw the first SIHS publication which describes surgical conditions in Sierra Leone (<http://archsurg.ama-assn.org/cgi/content/short/144/2/122>). The report documents the successful collaborative effort between SIHS, Sierra Leonean surgeons and the Ministry of Health, and WHO; and we hope to continue such efforts in our future work. In addition, our flagship program, Surgeons OverSeas (SOS) has been successfully assisting local surgeons in Sierra Leone build a surgical training program and increase capacity. Later this year, we plan to expand these programs in Sierra Leone and expand into additional countries shortly.

SIHS now has over 100 members, and we encourage you to share this newsletter with colleagues whom you think will be interested in joining. As we continue to grow, we aim to keep you, the membership, informed about work being done throughout the world by other members and encourage collaboration and prevent duplication of ideas and efforts. If you have an initiative that you would like the membership to know about, please email us for the next newsletter.

T. Peter Kingham, MD

Adam L. Kushner, MD, MPH

Surgeons OverSeas (SOS) is the flagship program for the Society of International Humanitarian Surgeons



Photo by Susan Braun

SOS
SURGEONS OVERSEAS

New SIHS Members

Philip Alexander, Lady Willingdon Hospital (India)

Simon Barr, Manchester Medical School (USA)

James Calland, University of Virginia (USA)

Mark Donovan, Albany Medical College (USA)

Adam Fox, Hospital of the University of Pennsylvania, (USA)

Sheri Golden, Memorial Sloan-Kettering Cancer Center (USA)

Gabriel Haas, SUNY Upstate Medical University (USA)

Mark Hardy, Columbia University (USA)

Jacob Jayakar Raju, Lady Willingdon Hospital (India)

Marcio Littleton, Hospital dos Servidores do Estado (Brazil)

Nollaig O'Donohoe, RCSI—Ireland (Ireland)

Nell Maloney Patel, UMDNJ (USA)

James Peck, Oregon Health Science Center (USA)

Brian Perry, Wilford Hall Medical Center (USA)

Robin Petroze, University of Virginia (USA)

PK Sachan, Himalayan Institute of Medical Science (India)

Ran Schwartzkopf, New York University (USA)

Glen Shapiro, Cornell University, (USA)

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For information on becoming a member or recommending a facility please refer to our website :

www.humanitariansurgery.org

Or email:

peter@humanitariansurgery.org



Surgical Opportunities

Facilities interested in surgical assistance include:

Asia:

- Afghanistan: General, Ortho
- Cambodia: General, Ortho
- China: Laparoscopic
- Nepal: Laparoscopic, Ortho
- India: (20 hospitals) General, Ortho, OB/GYN

Africa:

- East Africa: (120 hospitals) Plastics, Urology, Ortho

- Ghana: General, Trauma, Ortho
- Kenya: VVF, Pediatric, Urology, Ortho
- Liberia: General, OB/GYN
- Malawi: (3 hospitals) General, Urology, OB/GYN, Ortho, Neuro
- Nigeria: Endoscopic, Laparoscopic, Urology
- Sierra Leone: General, Ortho
- Tanzania: General, Ortho
- Uganda: General



For more information on surgical facilities and mission opportunities contact:

peter@humanitariansurgery.org

“SURGICAL FACILITY DATABASE” is now available

Safe Surgery Saves Lives: WHO Surgical Safety Checklist

The Safe Surgery Saves Lives initiative announced that the results of the WHO Surgical Safety Checklist Pilot Study were published online recently by the New England Journal of Medicine.

The WHO Surgical Safety Checklist reduced the rate of deaths and complications by more than one third in eight pilot hospitals (located in Toronto, Canada; New Delhi, India; Amman, Jordan; Auckland, New Zealand; Manila, Philippines; Ifakara, Tanzania; London, UK; Seattle, USA). The rate of major inpatient complications dropped from 11% to 7% and inpatient death rate following major operations fell from 1.5% to 0.8% after implementation of the checklist. The effect was of similar magnitude in both high and low/middle income country sites.

The full text of the paper is available free of charge as an Online First publication at www.nejm.org. It appeared in print in the 29 January 2009 issue of the New England Journal of Medicine.

To learn more about the Safe Surgery Saves Lives Project please visit www.who.int/safesurgery or www.safesurg.org.



SIHS endorses the use of the WHO Surgical Safety Checklist and recommends that all SIHS members, partner organizations, institutions and colleagues incorporate the checklist and principles into their practice.



Journal Club



The Surgery in Africa team at the University of Toronto, Office of International Surgery has released their monthly review for January 2009. The review, *Where Resources are Scarce: Optimal Management of Intestinal Obstruction and Similar Abdominal Emergencies* was authored by **Steven Untracht**. The review is available at <http://www.ptolemy.ca/members/current/Intestinal%20Obstruction/index.html#Top>

The current and archived reviews are available at www.ptolemy.ca/members. On this website you will find a CME process providing MOC credits from the Royal College of Physicians and Surgeons of Canada, archives of previous reviews since July 2005 and a Resource Library.

We encourage all SIHS members and anyone else interested in international surgery to become part of the Surgery in Africa discussions and apply for access to the Ptolemy project.

Nepal and Iran

David Spiegel participated in several international conferences, and has just returned from 3 weeks working in Nepal at the Hospital and Rehabilitation Centre for Disabled Children in Banepa. An international workshop on Ponseti Method of Club-foot Management was held in Kathmandu, from Jan 11-13, 2009, and was supported by the Ponseti International Association, CURE International, and Cristoffel Blindenmission (CBM). Faculty were from Iran (Mahzad Javid), India (Cherian Kavoov, Alaric Aroojis, Taral Nagda, and Deepak Sharan), and Nepal (Ashok Banskota and members of HRDC team). David was also a guest at the Iranian Orthopaedic Association Meeting in October 2008 in Tehran, presenting 7 lectures on topics including fractures, Ponseti method for clubfoot in older patients, and neglected septic arthritis of the hip.



The Gambia

Adam Fox spent two weeks in the Gambia. A short summary of his mission can be found out the SIHS blog at www.humanitariansurgery.org/blog

Niger

Reinou Groen is in Dakoro, Niger as part of a MSF emergency obstetrics mission.

Sudan and Philippines

Glenn Geelhoed was recently involved with missions to South Sudan and the Philippines.



Sierra Leone

Richard Gosselin and **Adam Kushner** joined **TB Kamara** at the Connaught Hospital in Freetown, Sierra Leone. Richard conducted an assessment to determine how best to improve orthopaedic care in the country and performed a limited number of operations. Adam traveled with the Sierra Leonean surgeons and attended the West African College of Surgeons Clinical Congress held in Conakry, Guinea and assisted with developing the framework for surgical post-graduate training in Sierra Leone. An update is available at www.humanitariansurgery.org/blog



Nigeria

Richard Gosselin was in Port Hartcourt, an oil city in the Niger delta in southeast Nigeria doing a surgical cost effectiveness analysis for MSF. He also did a similar mission in January in Port au Prince, Haiti.



India

Mark Hardy and **Adam Kushner** spent November at the Lady Willingdon Hospital in Manali, India. They covered clinical duties while **Philip Alexander** attended the Association of Rural Surgeons of India conference. Aside from the clinical responsibilities, lectures were given on trauma management, spinal and head trauma, and burns. A mission overview is available on the SIHS blog at:

www.humanitariansurgery.org/blog



Mongolia

Laparoscopy is expanding in Mongolia. For 3 years, as requested by Dr. Sergelen, Chief of Surgery at the Health Sciences University of Mongolia, the Swanson Family Foundation has taught laparoscopic courses in Mongolia. This year, training began at the government hospital in Ulaanbataar, the capitol. Dr. Victor Varela and David Earle taught the first four lectures of the SAGES Fundamentals of Laparoscopic Course that has been translated into Mongolian. Students were then able to practice their basic skills in a laparoscopic trainer and also participated at various levels during 60 laparoscopic cholecystectomies. Dr. Clark Rasmussen and **Raymond Price** returned to Erdenet, the northern Regional Diagnostic Referral Center, where they had taught the previous year, and continued the practical training for a week assisting the local surgeons improve their skills during 30 more laparoscopic cholecystectomies. They were please to find the surgeons continuing to do laparoscopic cholecystectomies. More importantly, with the data that was collected with their help, they were pleased to find a low complication rate. Meetings with local leaders, and now with the Minister of Health, are helping develop a 2 year plan to establish laparoscopy in all four of the Regional Diagnostic Referral Centers to help provided laparoscopy for most of the country.

Orthopedic surgical spine training also continued at the Trauma hospital led by Dr. Stephen Warner. Dr. David Ludlow led a team to establish the Basic Life Support Course in Mongolia. With the permission from the American Heart Association, the entire course had been translated by the Foundation during the 6 months prior to the expedition.



Malawi

Aram Harijan spoke with Dr. Clara Lee (a plastic surgeon at UNC-Chapel Hill) about her experiences in Malawi. She stated, "I have been to Malawi on two occasions, in order to operate and to develop an injury prevention program, in collaboration local surgeons and government officials. Malawi does not have a single plastic and reconstructive surgeon. At Kamuzu Central Hospital, in the capital city of Lilongwe, and at Queen Elizabeth Central Hospital in Blantyre, scores of patients with facial and extremity injuries, facial lesions, and congenital anomalies, await the services of visiting plastic surgeons, who only come rarely. Only a very few are lucky enough to be able to travel to South Africa for care by a plastic and reconstructive surgeon there. At both of these hospitals, I was very impressed with the staff, including the small number of general surgeons and orthopedic surgeons, as well as the nursing staff, and the clinical officers. The facilities are basic but certainly adequate for most of the surgical care that patients need. They do have great needs in terms of equipment and supplies, but I believe the greatest missing resource is surgeons themselves. Currently, there is no sustainable means of training Malawians to become surgeons, other than to send them abroad." She is working with colleagues in Malawi toward developing a surgical training program in Malawi.

**The Society of International
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www.humanitariansurgery.org

For additional information

E-mail:

peter@humanitariansurgery.org



The Society of International Humanitarian Surgeons (SIHS) saves lives in developing countries by improving surgical care. SIHS achieves this through collaborative training, funding, and research initiatives.

Download-able Surgery Texts:

Primary Surgery: Volume One - Non-Trauma

(www.meb.uni-bonn.de/dtc/primurg/index.html)

Primary Surgery: Volume Two - Trauma

(www.primary-surgery.org/ps/vol2/html/index.html)

WHO: Surgical Care at the District Hospital

(www.who.int/surgery/publications/scdh_manual/en/index.html)

Manual of Surgery

(www.gutenberg.org/files/17921/17921-h/17921-h.htm)

ICRC: Surgery for Victims of War

(www.icrc.org/web/eng/siteeng0.nsf/html/p0446)

Surgery and Healing in the Developing World

(<http://www.landesbioscience.com/handbooks/Geelhoed.pdf>)

Global-HEALTH Texts

(<http://www.global-help.org/>)

Combined IFRS/ARSI Conference: November 6-8, 2009

"Reaching the Unreached"

**Combined
3rd International Conference of
International Federation of Rural Surgeons (IFRS)
&
17th Annual Conference of
Association of Rural Surgeons of India (ARSI)
6th, 7th, 8th November, 2009**

**Nanesh PG Memorial Hospital,
Pipalia Kalan, District Pali, Rajasthan, INDIA**

Conference Secretariate

President: Dr. Swarn Arora | Organizing Secretary: Dr. Ram Prabhoo

Address: 403/C, Guru Krupa, Samarth Nagar,
Road No. 2, Andheri (W), Mumbai - 400053, INDIA

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+ 91 9820053583 (Dr. Ram Prabhoo)

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Email : ifrs.arsi.con2009@gmail.com

Dear Colleagues and friends,

The Association of Rural Surgeons of India was formed in 1992 with the main objective of delivering healthcare to needy rural poor, hence "reaching the unreached". Primary health centers conceived after the independence, as a pillar of the system providing medical care in the countryside, have become totally defunct in majority of the places.

The supreme court recently remarked (comprising CJI K.G. Balakrishnan, Justice Ashok Bhan & P.S. Athsivan) " in rural areas, there are no doctors, PHCs are functioning only on paper. There are no facilities at the PHCs.". It is heartening to learn that some members of ARSI have made inroads into rural health care and have succeeded in delivering quality health care at affordable cost to rural poor. Even in far flung places, difficult to reach tribal areas, our members have set up health centers with a consideration to total approach towards health - preventive, curative and even advising for better agriculture and overall improvement in living conditions.

Our friends from other developing countries, face similar problems hence this year's combined meeting of the 17th Annual Conference of ARSI and the 3rd IFRS (International Federation of Rural Surgeons). IFRS is a federation of rural surgeons' associations of different countries. If any country not having an association of rural surgeons and yet the surgeons of that country wish to participate in the activities of IFRS, they may do so as associate members of IFRS. The primary aim of the IFRS is to promote good, affordable and safe rural health care in each country by sharing knowledge. It aims to encourage exchange of information by networking, and by participation in meetings and conferences in other countries. We hope to work together to achieve the goal in taking us nearer to the Alma Ata declaration "Health for all".

The combined IFRS/ARSI meeting will be held in the historic state of Rajasthan in true rural surroundings at Pali District, an appropriate venue for rural surgeons. We intend to keep the tradition of scientific deliberations high, opportunity to renew friendships, make new ones and exchange our experiences in a memorable setting. Such an exchange will benefit both our societies.

I assure you of an unforgettable, memorable experience full of academic, cultural and social activities. A live operative session on day one followed by enriching symposia and interactive sessions. Your evenings will be filled with cultural activities with true rural Indian spirit.

I humbly request you to not only participate yourself in the Combined IFRS ARSI Meeting, but to persuade by emotionally bribing your colleagues, members and non members of the association from all corners of the world to come in large numbers. It will be an experience that you will not forget, a chance you will not like to miss!

Dr. Swarn Arora
President Organising Committee