



INTERNATIONAL HUMANITARIAN SURGERY

The Society of
International
Humanitarian Surgeons

Volume 2, Issue 4
Fall 2008

Hello from Headquarters

Dear Members,

Over the past several months, many exciting changes have occurred. Most significantly, due in part to the overwhelming interest from surgeons throughout the world, we have amended our name to reflect our global focus and will now be known as the **Society of International Humanitarian Surgeons (SIHS)**. Our newly updated website can be viewed at www.humanitariansurgery.org.

We have also begun improving the surgical facilities database and interested members can request a pdf document with a detailed listing of hospitals and contact information.

In addition, in light of the enormous interest by surgeons and the public surrounding the issues of international humanitarian surgery, and the expertise and commitment of many of our members, we have organized an operational arm of the Society. Surgical programs, training workshops, missions and assistance will be administered under that name of **Surgeons OverSeas (SOS)**. We have already initiated activities in Sierra Leone, providing a 40 foot container of surgical supplies and equipment to Connaught Hospital in Sierra Leone, coordinating surgical training courses and undertaking surgical missions.

In the future we look to broaden the number and scope of missions and look to support attending-resident teams. Currently, we are concentrating on Sierra Leone, and if you are interested in working towards our goal of building surgical capacity by going on a mission, you can view a job description on the website at www.humanitariansurgery.org.

As always we look forward to hearing from you.

Peter Kingham, MD
Adam L. Kushner, MD, MPH

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



New SIHS Members

Lawrence Danto: UC Davis (USA)

Helge Fasting: Viborg Hospital (Norway)

Wayne Frederick: Howard Univ. (USA)

Prakash Gatta: Univ Cincinnati (USA)

David Knight: Waterbury Hosp. (USA)

Jason London: UC Davis (USA)

Pierre Ngueumachi: MSF (Cameroon)

Nitin Peters: CMC-Ludhiana (India)



Inside this issue:

<i>Hello from Headquarters</i>	1
<i>New Members</i>	1
<i>Facilities</i>	2
<i>GIEESC Update</i>	2
<i>Journal Club</i>	3
<i>Research</i>	3
<i>Member news</i>	4
<i>Downloadable Texts</i>	5

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

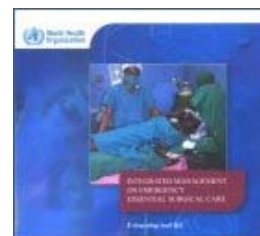
WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC) Update



- GIEESC coordinator Dr. Meena Cherian at the invitation of the ministry of health and local WHO representative recently introduced the Integrated Management of Emergency and Essential Surgical Care (IMEESC) tool kit in Liberia, Sierra Leone, and the People’s Republic of China.
- Workshops based on the IMEESC tool kits were conducted in Freetown and Bo in Sierra Leone.
- Preliminary results from the Situational Analysis of Emergency and Essential Surgical Care is being analyzed and results are expected to be published shortly. Data was submitted from multiple facilities throughout Afghanistan, Gambia, Mongolia, Sierra Leone, Sri Lanka, and Tanzania.



GIEESC Resources: Surgical Care at the District Hospital manual and the Integrated Management of Emergency and Essential Surgical Care e-tool kit. (both available online at www.who.int/surgery)





Journal Club

Surgery and Global Health: A View from Beyond the OR

Paul E. Farmer and Jim Y. Kim, *World J Surgery*, 2008 April; 32 (4): 533-536.

The neglected stepchild of global health

In Africa, surgery may be thought of as the neglected stepchild of global public health. There are fewer physicians per population on this continent than on any other; surgeons are rarer still, and almost all of them work in the urban enclaves of what remains a rural region. The story is the same in the poorer parts of Asia and Latin America (with a few exceptions, such as Cuba). Although disease treatable by surgery remains a ranking killer of the world's poor, major financiers of public health have shown that they do not regard surgical disease as a priority even though, for example, more than 500,000 women die each year in childbirth; these deaths are largely attributable to an absence of surgical services and other means of stopping post-partum hemorrhage [1]. Equally unattended, among the very poor, are motor-vehicle and farm accidents, peritonitis, long-bone fractures, and even blindness [2-4]. Cardiac disease, congenital or the sequela of infection, is a death sentence for most people—many of them children—so afflicted in the poorest parts of the world [5, 6]. In some settings, surveys reveal that surgical disease is among the top 15 causes of disability [7], and surgical conditions account for up to 15% of total disability adjusted life years (DALYs) lost worldwide [8].

If it is true that surgery is the neglected stepchild of global health, does it follow that there are no surgical services available in the poor world? The truth is even more unpleasant: within poor countries, surgical services are concentrated almost wholly in cities and reserved largely for those who can pay for them. In Haiti, for example, a community-based survey conducted in the 1980s suggested that rates of caesarian section in a large area of southern Haiti were close to zero; maternal mortality was pegged at 1,400 per 100,000 live births [9]. Yet among the affluent of that same country, rates of caesarian section do not vary much from those registered in the United States. Careful scrutiny of local inequalities of risk and access to care reveals that in poor countries, even minor surgical pathologies are often transformed through time and inattention into lethal conditions. Congenital abnormalities such as cleft palate remain life-long afflictions rather than pediatric surgical disease. In addition to surgical abdomens, severe trauma (from road accidents more often than from intentional violence) and other potentially fatal pathologies remain a massive burden of untreated disease that weighs on the lives, and productivity, of the world's bottom billion.

For more, click here: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2267857>

Research

American College of Surgeons: 94th Clinical Congress

The 94th annual clinical congress of the American College of Surgeons was held in San Francisco, USA from October 11-16th. **Kathleen Casey**, Director, Operation Giving Back (www.operationgivingback.facs.org) moderated sessions on ACS Volunteerism and Humanitarianism, Preparing for International Humanitarian Outreach, and hosted an evening networking reception at the University Club. As part of the session where fellows were honored for their international contributions, Drs. Skip Burkle and **Adam Kushner** addressed issues on the future of international surgical endeavors. A sessions on undertaking surgery in difficult situations, and women in surgery had presentations relating to international topics and two sessions were devoted to international trauma initiatives and developing international surgery resident rotations. The International Society of Surgery hosted a breakfast session where Dr. Selwyn Rogers presented on disparities in international surgical care, and later Dr. Ken Boffard, gave the Distinguished Lecture of the ISS. SIHS members who attended the ACS included: **Charles Adisa, Kathleen Casey, Michael Corneille, Alex Gurrero, David Knight, Adam Kushner, Thomas McIntyre, Susannah Nicholson, Fiemu Nwariaku, Colette Pameijer, Ray Price and Randy Zuckerman.**

Bellagio Essential Surgery Group

A meeting of the Bellagio Essential Surgery Group took place on 22-24 July at the Africana Hotel in Kampala, Uganda. The conference, a follow-up to an initial meeting in June 2007 looked at the issue of access to essential surgical care in sub-Saharan Africa. Experts from 12 African nations attended the meeting and working groups, listened to presentations on diverse trauma systems, methods of improving surgical training, improving surgery at district hospitals and research. All participants agreed that more data on the burden of surgical disease was required. Additional information is available on the website:

www.essentialsurgery.org



Sudan and Afghanistan

Glen Geelhoed has continued to participate in multiple surgical missions around the world. Recently he returned to south Sudan and also spent several weeks operating and teaching in Afghanistan.



Haiti and Sierra Leone

In September 2008, **Thomas McIntyre** worked at the Beladere District Hospital in the central plateau of Haiti with the organization Partners in Health (PIH). The trip was successful, however heavy rains from Hurricanes Ike and Hanna limited the number of patient visits. The Haitian government and PIH jointly administer the hospital in Beladere. It is relatively well equipped and staffed but lacks a full time general surgeon. The case mix consists mostly of hernias, hydroceles and excisions of soft tissue masses. More complex cases are sent to PIH's largest facility in Cange.

In June of 2008 Dr. McIntyre also participated in a project with a team of medical volunteers from the non-governmental organization Women for Women of Sierra Leone (WWSL). During the mission they established a small surgical facility in the village of Yele in central Sierra Leone to perform hernia surgery. Over a six day period the team screened more than 75 patients and performed 27 hernia surgeries.

Sierra Leone

TB Kamara was joined by **Reinou Groen, Adam Kushner, Steve Mannion** and Jim Ryan in conducting Emergency and Essential Surgical Care (E2SC) workshops. Two 3-day courses were held in Freetown and Bo and were attended by over 40 physicians, clinical officers, and nurses, and taught by a mixed international and local faculty. Reinou and Adam also spent time assisting with clinical work, ward rounds and teaching at Connaught Hospital, in Freetown.



Beladere District Hospital, Haiti



Sandro Contini and **Richard Gosselin** spent time at the Emergency Surgery Centre in Goderich.

Free Health Care Texts for Developing Countries

Global-HELP (Health Education using Low-cost Publications) provides free health-care texts for developing countries, and is devoted to making medical knowledge accessible worldwide. By using a network of donors, authors, producers, health-care workers, and volunteers, our publications can be made available without charge. <http://www.global-help.org/>

John D. Constable Traveling Fellowship Award

The American Association of Plastic Surgeons is pleased to announce the **John D. Constable International Traveling Fellowship in Plastic Surgery** is available for its second year. Dr. Constable has made significant contributions to plastic surgery education in India, Egypt, Vietnam and Newfoundland, and the Association is proud to establish an endowment supporting an international plastic surgery fellowship in his honor. The fellowship is intended to provide an opportunity for international plastic surgeons to come to America under the auspices of the American Association of Plastic Surgeons. The goal of the fellowship is to improve the fellow's understanding of American plastic surgery, and to promote good will and academic interchange among surgeons of the international and American surgical communities. The chosen fellow will be in the United States as an observer for a period of 6-12 weeks under the sponsorship of members of the American Association of Plastic Surgeons.

For more information see: <http://www.aaps1921.org/awards-John-D-Constable.cgi>

The Society of International Humanitarian Surgeons

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/primsurg/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>)

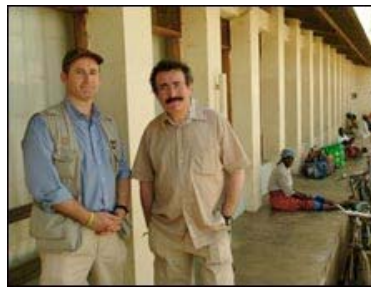
Global-HEALTH Texts

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

Superdoctors

In August, **Steve Mannion** was featured in the BBC series "Superdoctors." More about Mr. Mannion, "the Indiana Jones of Surgery" is available on the BBC website at:

<http://news.bbc.co.uk/1/hi/health/7572792.stm>



Loupes Around the World

Loupes are magnifying telescopes which allow a surgeon to see and repair delicate structures more accurately; they are commonly used by plastic surgeons, pediatric surgeons, neurosurgeons, cardiovascular surgeons and urologists among others. They are advanced technology which can be easily transferred to developing countries because they are durable, uncomplicated to use, and require minimal maintenance. They are, however, expensive and beyond the means of many surgeons in developing countries. Loupes Around The World is a 501(c)3 charitable organization set up to provide loupes to



surgeons in developing countries who need them; since starting in March 2007, nearly 40 pairs of loupes have been provided to surgeons in 14 countries. Both fixed and adjustable loupes are provided depending on the circumstances and needs. Many pairs of loupes have been obtained through the "Recoup The Loupes" program, in which old loupes no longer being used are donated for reuse after refurbishing. You are invited to donate old loupes, or to refer potential recipient surgeons for whom a pair of loupes could make a difference in the lives of their patients. For more information, please see the website :

www.loupesaroundtheworld.org or write to : David C. Knight, M.D., Loupes Around The World, 1211 West Main St., Waterbury, CT 06708.