



# INTERNATIONAL HUMANITARIAN SURGERY

NY Society of  
International  
Humanitarian Surgeons

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## Hello from Headquarters

Much has happened over the last few months. NYSIHS now has almost 80 members and we are well on our way in creating a global network of surgeons working in and wishing to work in resource poor settings.

We continue to strive to be a vehicle for cooperation in burden of surgical disease research, surgical missions, and enhancing local surgical capacity. The results of the WHO surgical capacity situational analysis we conducted in Sierra Leone will be posted on the website shortly. This example of a partnership between NYSIHS and local surgeons, ministries of health, and WHO exemplifies our ideal framework for programs and interventions.

In June, NYSIHS initiated a partnership with the Afya Foundation and packed a 40' container of surgical supplies and equipment destined for Connaught Hospital in Sierra Leone. These supplies will arrive in mid-July to coincide with our Surgeons OverSeas (SOS) mission and Emergency and Essential Surgical Care (E2SC) workshops based on WHO protocols.

We look forward to an active summer and wish you all well. We truly appreciate all the suggestions and support we receive from members and friends and look forward to involving more members in missions in the near future.

We encourage you to tell other surgeons and interested persons about our work.

T. Peter Kingham, MD

Adam L. Kushner, MD, MPH



## New NYSIHS Members

**Mohamed Barry:** New York University (USA)

**Mark Bernstein:** University of Toronto (Canada)

**Kathleen Casey:** ACS-Operation Giving Back (USA)

**Mitra Dhanaraj:** Herbertpur Christian Hospital (India)

**Rula Geha:** Columbia University (USA)

**Reinou Groen:** Meander Medisch Centrum (Netherlands)

**Aram Harijan:** UNC-Chapel Hill (USA)

**Edgar Housepian:** Columbia University (USA)

**David Luu:** EMILE Humanitary (Martinique)

**Thomas McIntyre:** Kings County-SUNY Downstate (USA)

**John Meara:** Boston Children's Hospital (USA)

**Uttam Mohapatra:** Jiwan Jyoti Christian Hospital (India)

**Benedict Nwomeh:** Ohio State University (USA)

**Colette Pameijer:** SUNY Stony Brook (USA)

**Serene Perkins:** Oregon Health & Sciences Univ. (USA)

**Niels Secher:** Copenhagen University Hospital (Denmark)

**Jeffrey Sherman:** White Plains Hospital (USA)

**Michael Sinclair:** Allentown (USA)

**Randy Zuckerman:** Bassett Healthcare (USA)

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

[www.humanitariansurgery.org](http://www.humanitariansurgery.org)

Or email:

[peter@humanitariansurgery.org](mailto: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

### Of Note:

**Steve Mannion** after recently returning from another mission to Papua New Guinea wrote, *"Just back from the Highlands of PNG. Would be a good place for you to go to...Kundiawa. One surgeon there...a Polish surgeon ...Jan Jaworski.....keen to have assistance. Well equipped hospital, well motivated staff...quite a bit of pathology."*

Let us know if anyone is interested and we will put you in touch with Steve.



For more information on surgical facilities and mission opportunities contact:

[peter@humanitariansurgery.org](mailto:peter@humanitariansurgery.org)

**COMING SOON:  
NEW ANNOTATED  
"SURGICAL FACILITIES  
MENU"**

## Surgical Supplies and Equipment for Sierra Leone

A 40-foot container crammed with an operating room table, vital sign monitors, a medical refrigerator, centrifuge, computer, hundreds of medical textbooks, adult mannequins for CPR training, and hundreds of boxes of consumable supplies including sutures, gauze, syringes and other desperately needed material is currently en route to Sierra Leone. Of note, the most important items maybe the 300 specialty light bulbs which will now illuminate all the operating theatres in the government hospitals throughout the country.

The equipment and supplies were part of a wish list created by the surgeons at Connaught Hospital and the Sierra Leonean Ministry of Health. NYSIHS members **TB Kamara** and **Peter Kingham** highlighted the massive need after conducting a country assessment based on the WHO surgical capacity situational analysis tool.

Back in New York, NYSIHS collaborated with the Afya Foundation ([www.afyafoundation.org](http://www.afyafoundation.org)); a New York based non-profit organization specializing in recovering and shipping surplus medical supplies and equipment from New York hospitals. On June 9<sup>th</sup> in near 100 degree (32 degree C) heat, a team of Afya staff and NYSIHS volunteers met at the Afya warehouse and packed the container. The scheduled arrival is for mid-July to coincide with the Surgeons OverSeas (SOS) mission and the Emergency and Essential Surgical Care (E2SC) workshops.

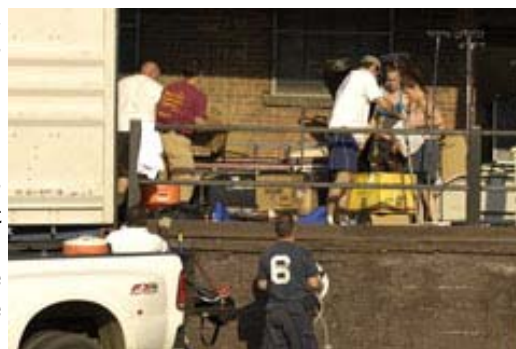


Photo by: Jim Metzger



## Journal Club

### Surgery in developing countries: essential training in residency

**Ozgediz D, Roayaie K, Debas H, Schecter W, Farmer D. Arch Surg. 2005 Aug;140(8):795-800.**

**HYPOTHESIS:** A surgical elective in a developing country setting is an essential new component in academic residency training. **DESIGN:** A survey of residents and faculty within the Department of Surgery at the University of California-San Francisco, and a collaborative program piloted between the Department of Surgery at the University of California-San Francisco and Makerere University in Kampala, Uganda, including a 6-week clinical elective. **SETTING:** Mulago and Nsambya hospitals in Kampala, Uganda. **PARTICIPANTS:** Two residents and three faculty advisors at the University of California-San Francisco. **INTERVENTION:** Development of a 6-week pilot clinical surgical elective. **MAIN OUTCOME MEASURES:** Assessment of the level of interest in international health in an academic surgery program; pathology and case variety, diagnostic methods, and surgical and anesthetic resources and techniques in a pilot developing country. **RESULTS:** Forty percent of residents enter residency with prior international health experience whereas 90% express interest in a developing country elective. Twenty-five percent of faculty participate in voluntary international surgical service and research projects. As a result of the survey and the level of interest in our program, two visits to Uganda were made and a residency elective rotation was successfully created. This resulted in exposure of residents to the educational benefits of learning in a resource-constrained setting: a broader scope of surgical conditions and pathology, greater reliance on history-taking and physical examination skills in a low-technology environment, and sociocultural aspects of care provision. Greater questions about global health equity, access to information, and the role of surgery in public health are raised along with potential challenges in international collaboration. **CONCLUSIONS:** A developing country surgical experience complements the academic mission of service, training, and research, and should be an essential component of surgical training programs. There is interest among residents and faculty in such a program as well as a need for greater commitment to north-south collaborations among academic surgical institutions and societies, as has been successfully implemented abroad. More generally, surgery is an integral part of public health and health systems development worldwide. Click here for full text: <http://archsurg.ama-assn.org/cgi/content/full/140/8/795>

## Research

### Bellagio Essential Surgery Group to meet in Uganda

A working meeting to develop strategies to increase access to surgical services in resource-constrained settings in sub-Saharan Africa will take place in Kampala, Uganda on July 22-23, 2008. There will also be a workshop on July 24 to set up an Essential Surgery Research Network.

This meeting is a follow-up to a meeting that was hosted at the Rockefeller Foundation's Bellagio Conference Center in June 2007 that brought together leaders in surgery, anesthesia, obstetrics, health policy and health economics from Eritrea, Kenya, Ghana, Mozambique, Sudan, Tanzania, Uganda, the Netherlands, Sweden, the USA and WHO. At that meeting, the Bellagio Essential Surgery Group (BESG) was formed and the group developed a plan of action to begin to reduce the surgical burden of disease in Africa by:

- 1) Collecting evidence about the incidence and prevalence of surgical conditions and the gap in service provision;
- 2) increasing advocacy and dissemination of information, and
- 3) building demonstration projects to improve access to surgical services particularly at the district hospital level in the region.

The goal of this follow-up meeting, supported by the Bill and Melinda Gates Foundation, is to create country specific action plans that address the surgical training and service needs at the district hospital level. Participants will examine the current status of surgical services in sub-Saharan Africa and present models for possible country demonstration projects during plenary sessions and workshops. Further information is available at [www.essentialurgery.org](http://www.essentialurgery.org).

### Esophageal Cancer in Malawi

**Leo Vigna** is spearheading an effort to train local surgeons in stenting techniques for esophageal cancer patients. Tom Crofts from Scotland spent 4 months in Queen Elizabeth Hospital in Blantyre and his report, "[Oesophageal Cancer – A Tale of Two Cities – The Plight of the Cancer Sufferer in Malawi](#)," on the dire situation is available on-line. Donors are actively being sought to help procure stents and fund training workshops, all inquiries should be address to: [peter@humanitariansurgery.org](mailto:peter@humanitariansurgery.org).



## Haiti

**Debbie Abraham** spent the month of April at Hôpital Albert Schweitzer (HAS) located in central Haiti in the rural town of Deschapelles. Situated approximately 70 miles northeast of Port Au Prince, HAS is a district-type hospital that provides medical, surgical, pediatric, women's health care, and community health to more than 300,000 people of the lush Artibonite Valley. There are 7 district dispensaries (clinics) as well. In addition to providing patient care on the medical surgical wards, Debbie facilitated a nursing leadership workshop, and provided staff development classes. As a consultant, Debbie is working with the nursing leaders to develop a retention plan. Her mission report and pictures are available on the SIHS blog at [www.nysihs.org/blog](http://www.nysihs.org/blog)



## Sierra Leone



**Richard Gosselin** spent six weeks during May and June and will be returning during July and August to the Emergency Surgical Hospital in Goderich, Sierra Leone. He is pictured above with a child who presented to the hospital with a c1/c2 fracture/dislocation and quadriplegia. The boy ultimately regained full neurologic function after placement of a halo jacket.

**GREAT CASE RICHARD!** Thanks for sharing.

**Thomas McIntyre** was also in Salone (as the locals call it), on a mission in Yele to create a hernia center. He met with **TB Kamara** (Chief of Surgery at Connaught Hospital in Freetown) and Dr. Soccia Kabia, the Minister of Health. His over all impression, "As for health care in Sierra Leone - where to start?. They have essen-

## Liberia



**Niels Secher** spent 6 weeks at Phebe Hospital and School of Nursing in rural Liberia as part of a mission with the Scandinavian Doctor's Bank. As a OB/GYN his presence was a great relief to the local staff due to the high case load of patients referred for c-section and other gynecologic emergencies. **Adam Kushner** also spent 6 weeks at Phebe Hospital training interns in emergency obstetric and surgical care. His mission was with Médecins du Monde-France which has been based in Gbanga since 2003. The Liberian Ministry of Health plans for interns to rotate through Phebe to learn how to perform c-sections, emergency surgery and trauma management. A mission report is available at [www.adamkushnermd.com/liberia.html](http://www.adamkushnermd.com/liberia.html)



## Papua New Guinea



UK based orthopaedic surgeon **Steve Mannion** recently returned to Kundiawa in the Simbu region of the Highlands of Papua New Guinea for an orthopaedic surgical project. The Community Based Rehabilitation (CBR) project in the region, run by the local NGO Callan Services with support from Christoffel-Blindenmission (CBM) gathered over 100 patients with physical disabilities for assessment. Kundiawa District Hospital was able to offer a dedicated theatre & staff for the two week visit, resulting in over 70 operations being performed. The majority of operative cases were of neglected clubfoot, but there were also significant numbers of burn contractures and neglected traumatic injuries. Since the inception of the PNG Clubfoot Project in February 2008, babies born with clubfeet in PNG have been successfully treated by the Ponseti method, avoiding the need for extensive surgical correction.

## NY Society of International Humanitarian Surgeons

[www.humanitariansurgery.org](http://www.humanitariansurgery.org)

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The NY Society of International Humanitarian Surgeons (NYSIHS) saves lives in developing countries by improving surgical care. NYSIHS 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](http://www.meb.uni-bonn.de/dtc/primsurg/index.html))

**Primary Surgery: Volume Two - Trauma**

([www.primary-surgery.org/ps/vol2/html/index.html](http://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](http://www.who.int/surgery/publications/scdh_manual/en/index.html))

**Manual of Surgery**

([www.gutenberg.org/files/17921/17921-h/17921-h.htm](http://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](http://www.icrc.org/web/eng/siteeng0.nsf/html/p0446))

**Surgery and Healing in the Developing World**

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



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

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

The WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC) has developed a surgical capacity assessment tool. Piloting of this instrument began in Afghanistan, the Gambia, Sierra Leone, Sri Lanka, and Tanzania. Preliminary results were shared with the Global Burden of Surgical Disease Working Group, during the April 16-17 meeting in Seattle, Washington, USA.

The preliminary results of a full country survey from Sierra Leone will be presented at the Bellagio Essential Surgery meeting in Kampala, Uganda, July 22-24, 2008. For more information on the assessment tool and to request a copy, contact Dr. Meena Nathan Cherian, at WHO in Geneva ([cherianm@who.int](mailto:cherianm@who.int)).

## Oregon Health & Sciences University (OHSU) announces International Surgery Fellowship Opportunity:

In 2007, the Surgery Department at Oregon Health & Sciences University (OHSU) launched their "International Surgery Research Fellowship," a pilot program for residents and medical students who wish to learn about surgery in the developing world. The fellowship consists of a 9-month experience in India (Lucknow, Hyderabad and Mussoorie) to be completed during the research year (or as otherwise approved by the residency program director). The resident or student will spend 3 months at the Sanjay Gandhi Postgraduate Institute of Medical Sciences, as an observer in an advanced GI and laparoscopic surgical unit; 3 months in a laparoscopic training center affiliated with the Association of Minimal-Access Surgeons of India; and 3 months of rural surgery experience in a developing district hospital setting. A shorter 3-month track is also available.

The goal of the fellowship is to expose surgeons and residents to a large spectrum of surgical disease in environments of limited resources, emphasizing critical thinking with basic diagnostic tools, cost effectiveness, and cultural sensitivity. Dr. Serene Perkins, Assistant Professor of Surgery at OHSU and the Director of the International Surgery Program, hopes that this type of educational program will be the benchmark for the newly developing field of International Surgery while inspiring surgical trainees to lifelong humanitarianism and service. The first medical student, Tyler Mittelstaedt, will be participating beginning in July 2008. He will be researching implementation of the Harvard University/WHO initiative, "Safe Surgery Saves Lives" during his visit. The fellowship is open to all U.S. medical students and residents. The deadline for application is April 1<sup>st</sup> for programs beginning in August, 2009. For more information, please contact **Serene Perkins, M.D.** ([sperkins429@gmail.com](mailto:sperkins429@gmail.com)), or visit the program's [website](#).