Newsletter

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This Newsletter is circulated through the internet, and through all WOC Regional Secretaries in the hope that they will be able to download and distribute it to those "concerned" who may not be connected through the "Net."

It is addressed to all interested in orthopaedic surgery, particularly those who work in areas of the world with great need, and very limited resources

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The Executive of WOC**(UK)** will hold its annual planning meeting at the Royal College of Surgeons (Nuffield Building), London, at 1800 hrs on Friday January 13th (2017). The Agenda will cover all areas of WOC(uk) activity in the countries with limited income (LMIC), both currently and in prospect. Principally these are Malawi, Ethiopia, Nigeria, Tanzania, Guyana and Ukraine. Any member of WOC(uk) – or prospective member - with plans or suggestions would be very welcome to attend, but please be in touch with the Secretary Ms Deepa Bose, deepabose@yahoo.com as soon as possible.

SICOT 2017

The program for the forthcoming International meeting of **S.I.C.O.T**. in December 2017, to be held in Cape Town, is in the process of compilation. As is now established, there will be a major contribution by WOC towards economic orthopaedic work in countries with restricted resources, with emphasis on economic support. At present the planning stage is yet to be confirmed, but it will include most of the following:-

Draft agenda:

1. Brief introduction into the current status of WOC, its leadership, and current efforts.
Chaired by John Dormans - President of WOC, (President-Elect. of SICOT)

2. "Bridging the Gap" project; how it relates to WOC - Keith Luk, Past President SICOT

3. Rajasekean Shanmuganathan (President SICOT). Follow-up of his analysis of Road Traffic safety, and the consequencies of its failure. and how this would involve both SICOT, WOC (and potentially other organizations) in relation to National duty and International Law.

4. AO Alliance - Claude Martin, Managing Director (or Jaime Quintero or Rolf Jeker) to present the contribution of the Alliance to the care for victims of Trauma.

5. Tentative – Michael Held/Maritz Laubscher: Orthopaedics - HIV/TB Sepsis in LMICs (or Violence and Ballistic injuries in LMICs, not at war.)

6. ***Conjecture Debate***. The case for Non-operative Management, by one (tbc) who is keen to operate; and the **Reverse**, by one keen to avoid surgery.!

Alternative Debate, 1

Topic: How can Organizations/NGOs help?

1. **Shiva Murugasampillay-(WHO)** Trauma (including road, civilian, even war..)
2. **Dr Wilson Lee (MSF)** front-line Emergency Management.
3. **Deven Taneja**. (President, **OASAC**) – contribution of the SAARC countries.

4. A**SEAN** Orthopaedic Association- (Lee/Keith. *tbc* -)

Alternative Debate, 2

Topic: What is happening in Sub-Saharan Africa?

1. Prof. **Milliard Derbrew**, (President COSECSA. College of Surgeons of East Central and South Africa, to present a summary of the activities of that group and how it can interface with both of WOC and SICOT-)
2. **Mr Laurence Wicks** – The place & value of Western trainees in Southern Africa.
3. **Dr Oheneba,** to review how the FOCOS hospitals (Spinal) work for Africa.

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This present “New Year” invites us to reconsider and make resolutions. No previous year has presented so many radically altered views of the globe and what we were beginning to view as implacable and established politics. The apparent failure of collaboration between the world’s continents seems to threaten the commonwealth and common-health ! If the prosperity of the more affluent is not disseminated through the others, the prosperity of all falters. Commercial success (i.e. trade) depends absolutely on the mobility of money – or the spread of wealth.

TRAUMOTOLOGY

There are of course numerous schools of traumatology, each presenting a variation on the theme of immediate management of skeletal fracture. The choice between them rests on the pattern of fracture and on the availability of sterile operating rooms. The human body can suffer a multitude of

injuries, each of which has its own priority, and each is a potential complication of every other injury. Not even the most richly equipped hospital has every conceivable piece of equipment for every imaginable injury. So It follows, once respiration and the circulation have been attended to, that every doctor involved in the management of trauma must have available a number of types of tool and the knowledge and experience of their use. Of these, first in the list are the links, cords and pulleys to set up traction by means of which immediate relief if pain is provided. and deformity corrected. Time is thereby bought, for careful consideration of other elective modes.

GLOBAL INEQUALITY.

Health is expensive. It has always been so, and currently it is exaggerated by the inventions and discoveries of medical science. But it must not be considered as a luxury item, equivalent to beauty or possessions. Although those may be the spice of life, spices do not contain the calories essential for health.

Medical staffing numbers - poor at the best of times in the low-income countries (LIC),- are abysmal for several reasons. 1. The lack of places for medical education; 2. The lack of medical teachers, 3, inadequate financial reward for the years of study – (those who cannot work, cannot pay!) 4. Low social status, and 5, competition from the “bone setters.” There are others. . . domestic institutions and community traditions.

This chain of requirements forms a chain, each link of which is essential for the integrity of the whole. WOC and similar philanthropic organisations can do a great deal, towards the training of those by passing on the benefits of

experience which cannot be conveyed through books, nor even though lectures, but by clinical example.

First Aid Course

Professor Deven Taneja announces a PG course on **Road Traffic Accidents**, to be held at the Arihant Hosptal and Research Centre, Indore. on January 12-15th 2017, under the auspices of WOC, the Indian Orthopaedic Association and the Orthopaedic Societies of the SAARC countries. There will with contributions to and from the local Fire Brigade and Police Department, by the Medical Faculty. This new venture introduces the importance of collaboration of all community services in the preventative approach to traumatology. It comprises a form of “lay ATLS”. Lectures and demonstration will include life-saving action, divided between shock - its manifestations and management,- the control of bleeding, bandaging and splintage, transportation, and cardiopulmonary resuscitation. Social and legal aspects will include the expectations of the citizen.

This three-day course introduces the immediacy of catastrophes and the fact that in the first minutes of a disaster, the totally untrained neighbour is the only possible saver of lives.

IOACON 2016

A WOC session was held on 17th December during the **IOACON 2016** meeting at Kochi. India. The session was chaired by **Dr Antoon Schlösser**. In the

beginning **Dr DevenTaneja**, Secretary general, presented a brief history of WOC, followed by **Professor N S Laud** the eminent Orthopaedic surgeon from Mumbai. He gave an overview of neglected trauma commonly encountered in the developing world. Dr **D D Tanna**, senior consultant from Mumbai, presented two very interesting cases of neglected trauma. One case of proximal humerus fracture and another a neglected injury of the elbow. The clear message was that however bad a case may appear, every effort should be made to save the limb and as much of its function as possible. With good planning, satisfactory results can be achieved. **Dr Magu** from Rohtak presented a case of neglected fracture of the femoral neck, treated with a well planned valgus osteotomy. The fracture united with an acceptable functional outcome. This was followed by a talk by **Dr Antoon Schlösser** on the Girdlestone excision arthroplasty as a tenable alternative to hip-prosthesis in a low resource setting. He described his experience of more than 170 cases and detailed the vital program of rehabilitation. His message was clear that where we have limited resources, such proven procedures present a satisfactory option. This yet another example of what is not to be preferred, but “the good” is much to be preferred to the “failed excellent”.

(Ed M. Laurence)