

## Report Plastic Surgery Camp February 3<sup>d</sup> – 16<sup>th</sup> 2018 Mugda General Hospital Dhaka, Bangladesh

The 15<sup>th</sup> mission, initiated and organised by Faridpur Welfare Foundation (President Mr. Shamim Haque), Stichting Faridpur Nederland and Interplast Holland as the umbrella organisation was held not in Faridpur but in Dhaka because of security reasons.

### Team members:

Prof. Paul Spauwen, plastic surgeon, FA Austrian Medical Chamber, Team leader  
Wouter van der Pot, plastic surgeon, incoming Team leader  
Kalam Ahmed, plastic surgeon  
Kees Punt, senior anaesthesiologist  
Appy Schmull, senior OT assistant  
Olga Ducker, OT assistant  
Rita Witteveen, senior anaesthesiology assistant  
Karin Plantinga-Dijkstra, anaesthesiology assistant

Elisabeth Spauwen-Micka joined the team at her own expenses.  
Stefan Haque was in Dhaka already three weeks to prepare the mission together with Mr. Ali Asgor Manik and Board members of the hospital.

For the first time, the team consisted of two OT assistants and two anaesthesiology assistants in order to improve quality of support and patient surveillance, also involving local assistants.

The flight von Amsterdam/Vienna to Dhaka was without problems. We arrived on Sunday, February 4<sup>th</sup> and after passing the immigration, we were transferred to the Dutch Club. A safe and very comfortable location in the Gulshan area. (Host: Mr. Shamim Haque).

### The hospital

In the afternoon, we visited the 500 bed Mugda General Hospital. Depending on the traffic, 25 minutes up to 1.5 hours of travel time. The last mostly in the evening, presumably rather tiring after a day of hard work.

First, we were invited by the Director Dr. Md. Faruk Ahmed Bhuiyan, a very friendly colleague, who really wanted to be a partner in establishing a succesful mission. He promised us to facilitate our actions as much as possible. And this proved to be true throughout the whole mission. Deputy Director Dr. Amin Ahmed Khan engaged himself to accompany us on a daily basis.

The hospital was relatively new. We got one operation room at our disposal with two operation tables. Kees enjoyed the N2O and O2 outlets from the wall, not being

dependent on cylinders. Anesthesiology machines, two monitors, suction apparatus, diathermy and autoclaves were at a good level. Appy and Olga prepared the surgical instruments, which we brought with us. There was plenty of space for preoperative photography, dressing change and a large room for medical staff to take rest and lunch. A well staffed recovery could guarantee good postoperative care.

## Patients

Monday, February 5<sup>th</sup>, was the intake of the patients. Very well organized in a large room. There were two tables, one for Wouter and Kalam, mainly checking the patients with burn contractures and one for Paul, mainly indicating patients with clefts. There was support from two young doctors (in training) for every table. From 260 patients, we listed 165 for 9 operation days.

Tuesday February 9<sup>th</sup>, was our first operation day. In advance, a list with local doctors to assist was prepared, mostly two per operation table. Apart from that some consultants of general surgery, gynaecology, ENT and anaesthesiology were irregularly present. The young doctors were very eager to learn and some of them assisted in suturing donorsites. To perform Z-plasties was instructed as well. Overall, the operation programmes went smoothly. We were aware of the burden for the local assistants related to the high numbers of patients per day. But mostly, we could end at six pm, so keeping a good mood. With regard to the type of operations, some big procedures were performed, which was very instructive for the local doctors, i.e. a radical neck release with large full thickness grafts, a neck release, covering the defect using two perforator flaps from the shoulder (epaulette-flaps) and repair of a large upper lip defect in a cleft patient using an Abbe-flap.

Friday was a free day for shopping at Aarons and Gulshan Market.

During the nine operation days, we saw many patients in between. Most of them were accepted, but in order to prevent overflow, we agreed on a 'time out' enabling all parties to accept or not. At the end we had 184 patients on the list. Subtracting 10 'no shows' and one patient cancelled because of airway problems to be expected, 173 patients were operated.

## List of operations and patient characteristics

Patients operated:	173 (Table 1: 84; Table 2: 89)
Male / Female:	87 / 86
Age: 0–5 yrs.	44
6–15 yrs.	51
16 and older	78
Type of pathology:	
Burn contractures	72
Clefts	49
Others	52

Pre- and postoperative rounds were very intensive: we had many patients to see in a short time with different medical officers of the ward. Dr. Kollol, senior resident, was meant to take care of continuity. It was good luck, that we had Kalam with us, native speaker and used to the cultural differences. Patients need extensive information and say frequently to suffer from pain. For the future a local doctor should be appointed as a medical officer in charge for explanation and pain surveillance including aftercare. Apart from that we instructed Dr. Muzharraf to take care of bandages, tie-overs and woundcare, to be continued after our departure.

There were no life-threatening complications. In one patient a tip necrosis was treated the last day using skin grafting.

**Teaching and training** was given on the spot.

On February, 14<sup>th</sup> a Scientific Meeting was organised by the Board of the hospital.

Topics and Speakers:

Prof. Dr. Paul Spauwen: Basic principles in plastic surgery as related to wound healing.

Dr. Md. Ashrafuzzaman: Burns in Bangladesh

Dr. Wouter v.d. Pot and Dr. Kalam Ahmed: Burns in the Netherlands

Dr. Cornelis Punt: Anaesthesia in difficult situations

There were some prominent guests, who at last gave their kind address to the audience. Prof. Amal Chandra Paul, our friend and co-worker for years came from Faridpur to attend the meeting. Dr. Samanta Lal Sen, plastic surgeon, mentioned the initiative to build a 500 bed Burn Hospital in Dhaka. He invited us to visit him next year,

At the –informal– Closing Ceremony, our team and the colleagues at all levels got the opportunity to comment on the mission. Overall, they were very positive and wish to continue next year. 40 Certificates were signed and handed over to the persons who deserved these.

**In summary**, the team agreed unanimously that our Dhaka mission was one of the best ever, related to successful patient outcome, teaching, (improving) communication and participation of local nurses and doctors. Most important for the future is providing continuity in patient care during and after the mission by an appointed medical officer.

2018, February 20th,

Prof. Paul H.M. Spauwen

Team leader