



Nepal VE Jan/Feb 2012

TS

Toronto, Ontario, Canada

EXECUTIVE SUMMARY

Objective

The objective of this unique visiting educator trip was 2 fold. First, I was asked by Scott Corlew to represent our organization at a 4 day long international "burn consensus" meeting that was held in Kathmandu. The meeting was put on by an organization called Interburns, which was founded several years ago by Welsh, Indian and Pakistani burn surgeons, and has since then grown to include many other surgeons in both the developed and developing world. Their main focus is the improvement in acute burn care in low to middle income countries.

The second objective, piggybacked on because I would already be in Kathmandu, was to work with S.M.R.'s team, attempting to provide some teaching and support to complement what they already have had, and to try to do some fact finding regarding the progress of some of the programs that Resurge has been supporting there over the years. Dr. R in particular was interested in getting some exposure to acute burn care if possible.

Activity

The burn consensus meeting hammered out a "burn consensus statement" after several days of intense presentations and workshops. The participants represented a broad collection of interested parties from 10 different countries. The organizers hand-picked all of the participants (with the possible exception of myself!), so the group really can't really be said to truly represent a legitimate world wide cross section of burn care providers, but still it was an interesting attempt. The CV's of the participants and the document that was produced I attach as addendums. Also, I enclose the reading material that was provided to us as preparation to participation in the meeting.

I really enjoyed meeting up and working with these people, all of whom are dedicated to the treatment of burns in low and middle income countries, and brought a huge level of expertise and experience to the exercise. The reasons for holding the meeting in chilly Kathmandu in January were apparently related to wanting to support a government of Nepal initiative to provide much improved burn care throughout Nepal.

During the conference, we toured through a couple of Kathmandu burn units that looked like they could provide very good care, although according to Dr. R, they often do not. The directors of those units were attendees.

After the meeting was over, I started working with Dr. R and his team, and performed 3 to 4 operations a day over 8 days, including simple and complex clefts, burn scar contracture releases with both grafts and complex flaps, a microsurgery case (acute nerve repair), and some cosmetic surgery (post traumatic rhinoplasty and a blepharoplasty). Of most interest perhaps was a big excision and grafting of a severe acute burn (30%TBSA IN A 70 yr. old woman).

Outcomes

The outcome of the meeting is the “consensus document” which I attach. I will leave it to the readers to speculate as to the potential ramifications of this document. I believe the lofty ambition of Interburns is to set the standards for burn care and in particular the standards for teaching burn care throughout the developing world.

The further work with Dr. R's team was quite successful overall. I was able to demonstrate some innovations in surgical technique in several areas that were appreciated by them, but it is humbling to attempt to teach anything about especially clefts to a team that routinely does over 800 year!!!

In terms of complications, there was one takeback of a pharyngeal flap in a 22 yr old woman. It was particularly exciting because M., one of S's trainees came over and took me on a wild ride on the back of a motorcycle in the middle of the night to get to the hospital!!! We took down the flap totally and found a pumping artery on the backside of the flap, and then reconstructed it again. She had no other problems.

The outcome of the acute burn was frustrating. After we successfully performed acute excision and almost complete autografting of her burns, the woman started to struggle while in the intensive care unit, and the family decided to have her expeditiously discharged so that they could prepare her appropriately for last rites, etc, before we had an opportunity to properly resuscitate her. This is apparently common in the Nepalese culture. S. had left for Vietnam by this point, and so we may not have had as much influence as we might have had without him to keep her in hospital. In addition, the woman had at least 2 physicians in her immediate family who were very influential in making decisions. She had very severe burns, and would have certainly died without intervention. We gave her a chance, but even in a North American burn unit she would have a substantial mortality with her advanced age and co-morbidity.

One interesting aspect to her care was the use of "collagen" which is a prepared bovine dermis material backed with a light plastic mesh material which was obtained from India by the woman's family. For practical purposes it is almost identical to Integra. I didn't find out the cost of it. Dr. R was pleased with the way his team rallied around the attempt to save her as a good illustration of how aggressive one has to be to give a severe burn a chance. He stated that he wouldn't have even accepted her as a patient if I had not been there, and that such aggressive care is never done in Nepal presently...

Dr. R also took me on a tour of the new hospital complex, which is going to be amazing if it can be completed, but it still has a long way to go. He has been intimately involved in its construction, and has modified design based on well thought out principles. It will have a large acute care burn unit. Very impressive vision.

On the subject of obtaining data pertaining to retention of nurses, etc, as asked for by Fran, I have to admit failure. I was pretty insistent with Shankar that he give me some of this information, but he was just too busy to provide it himself. He said he would delegate this to some of his nurses, but I never heard more about it although I asked him several times. It didn't help that he was getting ready to go to Vietnam on a Resurge trip: He left on Wednesday, and he had been a major organizer of the Interburns conference as well.

Daily Activity Photojournal



Kathmandu Airport



Park Village Resort, Kathmandu



Conference Opened by Minister of Health, Interburns Founder, looking on Nepal VE



Workshop by the pool



Scenes from the Kanti Childrens Burn Unit, Kathmandu



Adult Burn Unit, Bir Hospital
originally founded by Dr. J



The Burn Consensus Group



Examining patients



a stressful cleft lip repair, with a surgeon who has done more than 5000 watching my every move!!!



An Unusual Cleft Nose Deformity



Mitten Hand Burn Contracture in a Young Child



Using the operating microscope



Treatment photos of the management of the big burn



Shankar taking me on a tour of the new hospital



Painting in the Hotel Tibet