Nepal, November 2017 – Rebecca Shirley

I travelled to Lalgadh Leprosy Hospital with Donald Sammut's Working Hands charity in November.

Throughout my career I have been interested in taking part in charity work abroad and have also felt very anxious about actually doing so. I wanted to be culturally sensitive and genuinely helpful. I didn't know how to actually embark on such a trip. Donald Sammut at Lalgadgh Hospital gave me this insight.

We travelled on 15th November in a group with four surgeons: Donald Sammut, Nola Mackie and Marc Bransby-Zachary as well as a Nepalese hand therapist who Donald had sponsored to spend six weeks in Bristol and was returning home. Donald had organised a meal a few weeks before we left, which was very useful to prepare for the trip and also to get a chance to meet the hand therapist who gave me a little more general information about Nepal.

The regular anaesthetist for the trip who works in Bristol and has gained considerable experience operating in Lalgadgh hospital and performing brachial blocks as well as ketamine sedation had to drop out of the trip at short notice when his mother died; Donald had to organise alternative anaesthetic cover at short notice, which worked very well because of the links he has with Nepalese plastic surgeons in a number of units and an alternative plan was hatched, an anaesthetist from Kirtipur joined us in Kathmandu and travelled with us to Janatpur and Lalgadh Leprosy Hospital. An ultrasound machine was located in the hospital to facilitate the safe administration of blocks. The loss of team members also had impact on the weight of medical supplies we were able to take with us and Donald had to make a last-minute adjustment for this including leaving some equipment behind and making multiple calls to the airline.

In preparation, I also visited Sarah Tucker who worked for two years in Good Pastures Hospital in Pokhra and is involved in on-going work in Nepal. A few days before we left we had communication that some cases of Dengue fever had been reported in Lalgadgh. We were fortunate to have the expertise of Marc who advised there is a trial vaccine available but felt overall it was not advisable to have it; we did go well prepared with mosquito nets and 50% Deet.

During our one-night stop-over it was useful to meet Prof Shankar Rai who is the head of department at Kirtipur Hospital in Kathmandu, who is striving to improve burns care in one of the largest burns centre in the country. The challenges faced there are different that our own, infection is a huge cause of morbidity for burns patient and I got the impression there were many limitations related to resources. I also met other surgeons from the team, including Dr Bishal Karkhi who too had been a Fellow of Donald's in Bristol, subsequently joined us in Lalgadgh to learn tendon transfer surgery from Donald. We were also joined in Lalgadgh by Dr Suraj Maharjan from Good Pastures Hospital. I got a sense of Donald's vision over many years to provide the hospital with the means to perform tendon transfer surgery for Leprosy and train surgeons to become self-sufficient in providing it. I also really got an

impression of the obstacles to doing this. The surgery is technically difficult and not appropriate for all surgeons to be performing, I was told there are about ten plastic surgeons in Nepal and ten general surgeons with some plastic surgery training. Donald has sought out surgeons who are enthusiastic, who want to learn, have the motivation to do so and would be suitable surgeons to carry on providing the service independently. Suraj and Bishal will be exposed to many Leprosy patients and have learnt the skills to perform tendon transfers. I performed an oppononsplasty on a spinal patient the very week I returned from Nepal and have used a number of the concepts since I returned to my job in Stoke Mandeville. The trip laid down indelible knowledge, not just in the Nepalese surgeons and in a number of the British surgeons, most recently me. The education also extended to the anaesthetists and theatre staff as well as the hand therapist who made beautiful thermoplastic splints.

The two young surgeons: Bishal and Suraj were clearly very able, well trained and highly motivated. Suraj trained in China and it was interesting to compare the training we both had. He is well read and had met many of the world leaders in plastic surgery at conferences. He does not have access to an operating microscope in Good Pastures Hospital and did not own a pair of loupes. Bishal was wearing loupes, which I noticed from the box had come from Donald. Lalgadh Leprosy Hospital has 100 beds and provides treatment for Leprosy free of charge, it also serves other patients who pay for their treatment. On the first day we arrived Donald saw and assessed 27 patients, the majority of whom were listed for surgery. The hospital advertises this clinic on the radio and the majority of patients made it on time for the clinic but every day there were a few more stragglers who turned up at the door of the operating theatre. One thing I felt was very useful was the laminated operation notes that every patient was given after their surgery. A further copy of the operation notes was filed in the hospital and overall it seemed the patient was more reliable at keeping hold of their operation than the hospital. A number of patients who had previously been operated on by the Working Hands team came clutching their operation note. This was extremely useful for us and also lead me to wonder where those notes had been stored so carefully by these people.

The initial clinic was an amazing experience for me; I understand that over the years the volume of patients operated on has got less as the emphasis has moved onto training other surgeons who can eventually become independent. To me, with nothing to compare it to, it seemed huge and I got an impression of multiple intrinsic minus hands, thenar wasting and in addition often other injuries relating to poor sensation. Burns are common as the population cook on a mud stove and other injuries such as laceration from a sickle and electrical burns were also seen. I learnt so much from this clinic, it was a very tight operation with somebody organising the patients outside, one of the doctors translating, Donald examining the patients and Nola writing down all the details to put the lists together later. Also present was a hand therapist, who subsequently joined us in theatre and made all the thermoplastic splints. The Leprosy patients were seen first - they were prioritised, this was also the case when it came to putting patients on the operating lists, we only had so many days so if we were to run out of time, it was crucial that the Leprosy patients got their surgery. We saw a

number of patients with other conditions including arthrogryphosis, other benign conditions of the hand and other body parts and a young boy with a severe burn contracture of his right arm, severely limiting abduction. The burn was suitable for a significant contracture release with a large full thickness skin graft from the groin. The anaesthetist we had at that stage, who normally worked in Kirtipur was not happy to anaesthetise the boy in Lalgadgh and plans were made to transfer the patient to Kathmandu where he could have surgery under a general anaesthetic, particularly since Donald was moving on to Kirtipur after Lalgadh. The boy seemed very frightened and wary and gave an impression of having undergone many painful dressing changes during the time his burn slowly healed. The links Donald has made have also resulted in new relationships between the hospitals, which are useful when it comes to training and situations such as these where a patient may be better managed in another unit and communication is easily made.

The days in theatre were amazing and I will remember them for the rest of my life. The day always started with a home cooked curry in the canteen, followed by a lecture projected onto a breeze block wall, after this we would hastily make our way to the operating block, to get some scrubs from the cupboard in the coffee room, quickly before it became the male changing room. Donald took the lead on all cases, which I was glad of because I saw the potential to do real harm to this already vulnerable group of patients. It was such a useful learning experience to be one of a group of dedicated students watching and learning from each other. For me, it was also a welcome change from teaching others, I also used the opportunities to ask Donald many other questions about hand surgery, including some of my current dilemmas. Whilst this trip may look as if I travelled to Nepal to help patients, I felt pretty useless at times and think that this is a necessary step towards trying to achieve something in the future that will benefit others. What I learnt is also helpful to me in my NHS practise where I am in my first year of treating the tetraplegic upper limb. I returned to London on the weekend and that Wednesday did an opponensplasty on a spinal patient, I utilised a lot of the techniques I learnt in Nepal.

The Leprosy patients all stayed in the hospital for several days which meant on the day we left were able to do a big ward round and Donald gave out the newly laminated operation notes and gave final instructions to the hand physiotherapists. What was very satisfying was to see the patients walking around the hospital wearing their splints, with lollipop sticks to encourage full extension of the IP joints, smiling widely. I was surprised that they were a young population - there seemed to be an element of uncertainty about all of the declared ages, but it was very nice to look through the window of the male ward and see five men and a boy, probably about 12, all sitting on a bed together with their operated arms elevated.

Whilst I was there it was interesting to talk to the other surgeons and learn from them about their experiences. This was genuinely fun, and I felt we were working together as a team to provide a service. That is the model that I would like to emulate in the future. I learnt a great deal about funding such a trip as this one and could see that by supporting a charity such as this all the money went

directly to the cause, I also got an impression that a number of friends has contributed or raised money for the trip and that it was sometimes difficult to secure the necessary funds. The annual contribution from BSSH has been gratefully received and vital to the charity's on-going work.

I am wondering whether the overseas committee would retrospectively contribute to my expenses on the trip.