

Sierra Leone Project Update

Sierra Leone was BSSH's first overseas project. We are now 8 years into the project to establish the first reconstructive surgical unit in Sierra Leone. We have worked in collaboration with ReSurge Africa aiming to replicate a successful ReSurge project in Ghana. ReSurge committed to supporting the 6 year surgical training of two Sierra Leonean doctors in Ghana. BSSH committed to undertake regular multidisciplinary surgical visits to Holy Spirit Hospital, Makeni primarily aimed at training and equipping the local staff to be ready to support the 2 surgeons on their return. To date 18 BSSH supported surgical visits have made great progress. The hospital now has a well-equipped theatre with committed and competent theatre, anaesthetic, ward and therapy staff and a good local reputation.



Holy Spirit Hospital Makeni Staff Training

We have reduced the frequency of BSSH supported visits to 1 -2 a year. (see Mike Waldram report from 2017) with the next visit scheduled for November 2018 – team leaders on behalf of BSSH are Sahan Rannan-Eliya and David Dickson. Phase 1 of the project preparing for the surgeons return will be successfully completed by the early 2019 when the two surgeons, Abdullai Jalloh and Eric Wongo are scheduled to begin their return

We will then move into phase 2 of the project in spring 2019. The first Sierra Leonean surgeon, Abdullai, will return as the country's first reconstructive surgeon. BSSH will then have a key role of mentoring the surgeons in order to continue to develop their hand surgery skills and knowledge and a continued need to train the support staff.

Our experience in Sierra Leone has provided a strong foundation for our overseas work confirming the appetite of BSSH membership for overseas work, the importance of educating local staff and the benefits of collaboration. It has confirmed the great need for hand surgery in that country and the opportunity for BSSH to influence the development of hand surgery services for the benefit of the whole population. Our work has attracted the interest of and financial support from Rotary International

In order to build on the good work so far I was privileged to join representatives from ReSurge Africa and Rotary International on a visit to Sierra Leone in April 2018. The visit was aimed at developing a plan to improve the initial care of hand trauma in the country with the following objectives:-

1. Scope a programme for the training of the countries Surgical Community Health Officers in the management of hand trauma and burns
2. Visit the Sierra Leonean Ministry of Health and the Kings College Sierra Leone Project to identify how BSSH and our two Sierra Leonean surgeons can contribute to the newly created national surgical residency programme
3. Identify the training needs for the Holy Spirit Hospital surgical support staff during Phase 2 of the project



BSSH, ReSurge and Rotary members in rural African setting of Masanga Hospital

The first two days were based in Freetown on meetings with Kings College Sierra Leone Project, the Ministry of Health and Dr Bundu the countries only state employed Orthopaedic Surgeon. This confirmed that a Surgical Residency Programme has been successfully established with the first three years based in Sierra Leone and the final three years in Ghana or Nigeria. During surgical visits it was confirmed that Holy Spirit Hospital will become part of the Surgical Residency Programme once the Sierra Leonean Surgeons return. The benefit of residents being exposed to BSSH expertise during visits was recognised

The next three days were based at Holy Spirit Hospital, Makeni and Masanga Hospital. Masanga is an old rural leprosy hospital 45 minutes' drive from Makeni. It is now the training centre for the countries Surgical Community Health Officers. The Surgical Community Health Officers deliver much of the emergency surgical cover in a country lacking medically trained surgeons. I was able to speak to the countries 40 Surgical Community Health Officers at their annual 2 day conference.

Agreement has been reached with CapaCare (a Dutch charity that coordinates the training of the CHO's) to deliver the hand trauma module successfully piloted by Jonathan Jones in Malawi and tendon repair workshop developed by David Bell. This training will be run in tandem with the delivery of training in primary burns management by InterBurns. We will also explore the delivery of a Royal College of Surgeons Safer Surgery Course. Rotary International was sufficiently impressed by the potential of these plans to commit a significant sum of money to support delivery of this training.



Surgical Community Health Officers Annual Conference

A follow up meeting between BSSH, Resurge and Interburns in Glasgow in July has finalised plans for 2019 and beyond. In summary, during phase 2 of the project BSSH will:-

1. Continue to support the development and delivery of hand surgery at Holy Spirit Hospital by mentoring the local surgeons and their teams both remotely and providing at least 2 surgical visits a year.
2. Influence the delivery of initial hand trauma care by training of the countries Surgical Community Health Officers. In collaboration with Rotary international, Interburns and the University of Makeni we will support a survey to identify the current incidence, management and outcomes of hand/upper limb trauma.
3. Continue to support the development of Holy Spirit Hospital as the country's main Reconstructive Surgical Unit supporting surgical training and providing a sustainable model for the development of a surgical trauma service for the rest of the country to replicate.

In conclusion, our Sierra Leone Project is making good progress and is close to delivering the ambitious long-term goal. This success demonstrates the importance of perseverance and collaboration and is testimony to the efforts of the 34 different BSSH members and 14 BAHT members who have contributed over the last 8 years. Phase 2 offers a real opportunity for BSSH to play a key role in the development of hand surgery for the whole country with continued opportunities for BSSH and BAHT members to contribute.