



Stichting  
INTERPLAST  
HOLLAND



ANNUAL REVIEW

2020

# STICHTING INTERPLAST HOLLAND

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annual review 2020

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## From the new chairman

*There is no passion to be found playing small,  
in settling for a life that is less than  
the one we are capable of living*

~ Nelson Mandela ~

It is a great pleasure to present you with the 2020 Annual Review of Interplast Holland. This is a year we will not forget. The impact of the corona pandemic on our daily lives has been much more than ever anticipated. When Rein Zeeman asked some while ago if I would be willing to take over the reins of Interplast, I needed some time to think this over. Interplast had a 30-year history and has really developed itself through Rein and others in all those years. And with my presidency of the European Cleft Palate Craniofacial Association, things were busy. However, after the 2019 ECPCA meeting, Rein assured me he would still be available behind the screens for advice. Nobody could have imagined how different it would be.

In 2019 we had a good year with team missions to Guinea-Bissau, Kenya, Morocco, Burundi, Zanzibar, Nigeria and two teams visiting Bangladesh. However, in 2020 we could only visit Nigeria and Zanzibar before the corona tsunami raced over our planet. Nor was it an option to have a dinner and festivities to celebrate the 30-year anniversary of Interplast Holland. However, it was possible for Rein to “officially” hand over the Interplast hammer to me, just before he went back to Uganda in October.

Rein returned to the Netherlands in December, and it soon became clear he was ill. His illness progressed and without ever having a clear diagnosis Rein died on April 19. In this year’s overview we have an In Memoriam for Rein as well as an interview which was held just before he went back to Uganda.

In 2020 a new board with a new vision was elected for Interplast. The new members will always be grateful for Rein for his vision, enthusiasm and dedication to Interplast. I am proud to introduce the new board. Besides myself, it consists of Markus Stevens (anaesthesiologist and secretary), Ton Hofstede (treasurer), Dorien Vermaak and Charles Agyemang.

Interplast Holland wants to create a positive impact by performing surgery in low-income countries. This has always been paramount for the organization. To improve local healthcare, we perform this surgery for free and where possible with local surgeons. Our aim is to teach the local doctors. Training has always been a major part of what Interplast does, however, the new board will focus on creating even more commitment and ownership among the local medical personnel with whom we work. We will try to create better objective measures on how to assess Interplast’s impact and how we could be even more successful. This means that in certain areas Interplast will start working with local doctors doing research to evaluate the results obtained. Moreover, the new board wants to improve the way we record our surgery and teaching work in more objective ways, for example through ‘entrustable professional activities’ and by creating a digital database.

My vision is for Interplast to be involved in true partnerships with other hospitals. I believe we can learn from each other. It is paramount that we look at the healthcare situation as a whole and try to improve and create comprehensive care. In other words, that we also improve nutrition issues among burns patients and make sure anaesthetic care and postoperative rehabilitation is performed in an excellent way. We are in the process of rewriting our vision statement. Interplast Holland is looking at ways of obtaining special teaching glasses for remote proctoring and advice to improve cooperation from a clinical viewpoint but also from a teaching perspective. This would enable a surgeon in Burundi or Uganda to be assisted during surgery by a surgeon in the Netherlands.

The Uganda Burns and Plastic Surgery Institute is still going strong. The new Board has had contact with the head of the Burns Unit, Dr Kalanzi and his team, and we will keep on supporting them. The board also introduced the Interplast



Corstiaan in 2010 in Burundi

Scholarship with the surgeon Dr Juma being the first recipient.

We are living in special, uncertain and unprecedented times. I would like to thank all our volunteers for their continuous support to Interplast. I know many cannot wait to go on medical missions later this year, Covid willing. Annemarie, this has been a very special time that we have had together. I am grateful for your support and knowledge.

Moreover, on behalf of the board I would like to give a special thank you to all our sponsors. It is good to know that nearly all your money goes directly to help those in low-income countries. Without your support we would not be able to exist nor help so many patients. Our aim is to make ourselves obsolete. You’re helping us to do so!

Best wishes,  
**Corstiaan Breugem**  
President Interplast Holland  
On behalf of the Board



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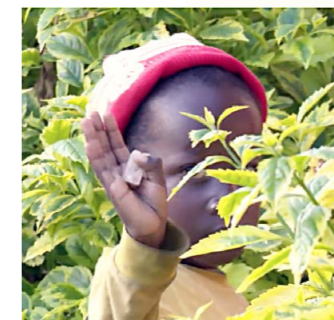


## IN MEMORIAM Rein Zeeman

Op maandag 19 april 2021 overleed tot ons groot verdriet onze erevoorzitter en oprichter van Interplast Holland Rein Zeeman. Rein was als plastisch reconstructief chirurg werkzaam in het Leids Universitair Medisch Centrum (in die tijd nog AZL genaamd) toen hij voor het eerst naar Oeganda afreisde. Dit was in 1989 nog onder de vlag van Interplast Duitsland en op uitnodiging van de Rotary Club of Rubaga, maar al snel daarna volgde in 1990 de oprichting van Stichting Interplast Holland. In de jaren die daarop volgden kwamen er steeds meer landen bij: Ghana, Jemen, Indonesië, Guinee-Bissau, Burundi en vele anderen. Rein heeft in totaal 67 uitzendingen geleid waarbij duizenden operaties uitgevoerd en artsen opgeleid werden. Zijn laatste missie vond plaats in Burundi in 2019. Zijn geliefde Oeganda werd zijn tweede thuisland, waar hij tot kort voordat hij ziek werd nog werkte in het brandwondencentrum. Een centrum dat door zijn enorme doorzettingsvermogen na jaren van de grond kwam en in 2004 haar opening beleefde. Rein was een begenadigd plastisch chirurg en een alleskunner en dacht altijd in oplossingen. Hij had als motto: *Keep It Safe, Keep It Simple...*

Rein zal door velen gemist worden, maar laat ontelbare 'glimlachen' na en zijn patiënten zullen hem nooit vergeten. Zijn bevoegenheid, passie, respect voor zijn medemens en niet te vergeten zijn toelooze energie heeft velen geïnspireerd om ook plastisch chirurg te worden. Hij heeft in Oeganda artsen opgeleid uit diverse andere Afrikaanse landen die zijn werk nu in hun eigen land kunnen voortzetten. Ook in Nederland zijn velen geïnspireerd geraakt door Rein en gemotiveerd om het werk van Interplast Holland voort te zetten. Rein had er vertrouwen in dat zijn 'kindje' in goede handen is overgegaan.

To our great grief, Rein Zeeman, our honorary chairman and founder of Interplast Holland, died on Monday 19 April 2021. Rein worked as a plastic reconstructive surgeon at the Leids Universitair Medisch Centrum (called AZL at the time) when he first travelled to Uganda. The year was 1989 and he went with Interplast Germany at the invitation of the Rotary Club of Rubaga. The founding of Stichting Interplast Holland quickly followed in 1990. More and more countries were added to the list in subsequent years: Ghana, Yemen, Indonesia, Guinea-Bissau, Burundi and many more. Rein headed a total of 67 missions during which thousands of operations were performed and doctors were trained. His last mission was to Burundi in 2019.



▶ Play video

His beloved Uganda became his second home. He worked there in the burns centre until recently just before he became ill.

The centre opened its doors in 2004 after years of immense perseverance on his part. Rein was a gifted plastic surgeon and could turn his hand to anything that was needed to resolve a problem. His motto was: *Keep It Safe, Keep It Simple...*

Rein will be missed by a great many people but he leaves countless smiles behind, and his patients, who will never forget him. His inspiring presence, his passion, respect for his fellow human beings and, not to be forgotten, his inexhaustible energy have inspired many to become plastic surgeons too. In Uganda he trained doctors from various places in Africa who are now continuing their work in their own countries. In the Netherlands as well many were inspired by Rein and motivated to continue with the work of Interplast. Rein had every confidence that his 'baby' would be in good hands.





## Introduction

Stichting (Foundation) Interplast Holland is a charitable organisation that performs reconstructive surgery on children and (young) adults in developing countries. Each year the organisation sends teams of experienced plastic and reconstructive surgeons, anaesthetists and theatre assistants on missions to developing countries.

The doctors and assistants, who are assisted by local doctors and nurses, work during their holidays and provide their services free of charge. Their assistance includes:

- performing reconstructive operations free of charge for children and adults with cleft lips and palates, disfigurements caused by burns, tumours and other congenital deformities
- training local medical personnel in reconstructive surgery, anaesthesia and nursing techniques
- helping to set up burns and reconstructive surgery units in hospitals and assist in setting up burn prevention programmes

To secure lasting results Interplast Holland works intensively with local hospitals, doctors, nurses, universities and NGOs. In order not to burden local hospitals unduly, almost all materials required to perform around 100 – 120 operations are brought from the Netherlands or bought locally if available.

Interplast is an international organisation which was founded in the United States in 1969. Stichting Interplast Holland was founded in 1990. By now Interplast is represented in several other Western countries. As a foundation, Interplast Holland is fully independent from its fellow Interplast organisations. They are regarded as sister organisations.

Interplast Holland currently concentrates its activities in Nigeria, Zanzibar, Uganda, Bangladesh, Kenya, Morocco, Burundi and Guinea-Bissau. Missions to these countries take place every year. In the past teams have also been to Indonesia, Yemen, Vietnam, Rwanda, Pakistan, India, Bhutan and Lebanon.

### Two missions

Due to the worldwide Corona pandemic only two missions were possible in 2020: one to Zanzibar and one to Nigeria.

### Visionary goals

Interplast Holland has a vision to help improve healthcare in low-income countries in which children and adults with physical disabilities are given medical treatment so that they can fully participate physically, mentally and socially in their community. Our mission is to improve local healthcare, while performing surgery for free and where possible with local surgeons. Our aim is to teach the local doctors and personnel to be able to give medical care without us in the future. This includes objective measures and research on how we assess Interplast's impact and how we could be even more successful together. Our vision is for Interplast Holland to be involved in true partnerships with other hospitals, and giving advice and collaborating about medical problems in a digital way. This will include regular digital meetings. Moreover, to improve healthcare, Interplast Holland is involved in organizing medical congresses, and also provides scholarships to help local doctors reach their full potential and make the durable change necessary to achieve long term change and progress.

### Mission

Interplast Holland is a charitable organisation that seeks to give help in low-income countries in the field of reconstructive surgery and treatment in developing countries by participating to achieve the self-reliance of local doctors, nurses and other staff. The organisation works towards this goal by carrying out operations and providing training and courses during team missions, by founding and supporting plastic and reconstructive surgery units and burn centres, and by setting up burns prevention programmes. Cooperation with other organisations in

The Netherlands and abroad is high on the agenda of Interplast Holland. In the Netherlands the organisation aims to run its office with the structured, administrative and policy support of mainly volunteers.

## 1990 FOUNDATION OF INTERPLAST HOLLAND

175 team missions

22 countries

14,553 operations

## A word from Erica Terpstra

In verband met het 30-jarig jubileum van Interplast Holland werd mij gevraagd om als lid van het comité van aanbeveling een stukje te schrijven voor het Jaaroverzicht 2020.

Ik heb geen moment geaarzeld. Ik volg het werk van deze geweldig mooie stichting al jaren met heel veel belangstelling. Ik ben trots op jullie! Ik vind het werkelijk prachtig om te zien dat er zoveel specialisten zijn die zich in hun vrije tijd en "om niet", dus op eigen kosten, inzetten om het leven van velen, in ontwikkelingslanden, door een of meerdere operaties te verbeteren. Tijdens mijn vele reizen heb ik met eigen ogen het lijden kunnen zien van kinderen en volwassenen met diverse aandoeningen, die geen toegang hadden tot deze medische zorg. Ieder die geholpen wordt door Interplast Holland krijgt echt een beter leven! Daarom blijf ik heel graag lid van het comité van aanbeveling. Ik wens Interplast Holland en al haar vrijwilligers heel veel succes met dit belangrijk werk.

**Dus van harte gefeliciteerd met het 30-jarig bestaan**

**en ik zou zeggen: op naar nog eens minstens 30 nieuwe prachtige jaren!**



In connection with the 30th anniversary of Interplast Holland, I was asked to write a piece for the Annual Review 2020 as a member of the recommendation

committee. I did not hesitate for a moment. I have been following the work of this beautiful foundation for years with a lot of interest. I am proud of you all! I think it is really wonderful to see that there are so many specialists who, in their spare time and "free of charge", so at their own expense, dedicate themselves to improving the lives of many, especially in developing countries, through one or more operations. During my many travels, I have seen with my own eyes the suffering of children and adults with various conditions, who did not have access to this medical care. Everyone who is helped by Interplast Holland really gets a better life! That is why I would very much like to remain a member of the recommendation committee. I wish Interplast Holland and all its volunteers the best of luck with this important work.

**So congratulations on the 30th anniversary and I would say: on to at least another 30 wonderful years!**

**Erica Terpstra**

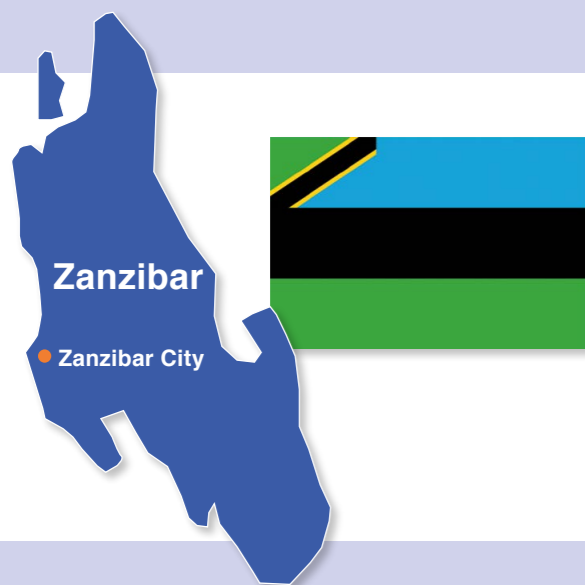
# ZANZIBAR

Official name	Zanzibar
Capital	Zanzibar City
Location	Island in the Indian Ocean, east of Tanzania
Surface area	1554 km <sup>2</sup>
Number of inhabitants	1.2 million
Climate	Tropical

28 Februari – 14 March

## Team

Plastic surgeon and team leader	Tallechien Tempelman
Paediatric Urologist	Liam McCarthy (UK)
Anaesthetist	Jurjen Oosterhuis
Anaesthetic nurse	Maura Neervoort
Theatre nurse	Jolanda Eskes
Visited hospital	Mnazi Mmoja Hospital



The island of Zanzibar lies off the east coast of Africa and is a semi-autonomous part of Tanzania. The island of Pemba close by is often considered to be part of Zanzibar.

As in the greater part of the African continent there is no plastic reconstructive surgery here. Before the arrival of Interplast Holland patients were sometimes referred to a clinic for reconstructive surgery in Dar es Salaam on the mainland, which was a very expensive exercise. So the Interplast teams are very welcome on Zanzibar, where they have been working since 2008 in the Mnazi Mmoja Hospital, a government hospital with 430 beds and a range of specialists.



The team with the local colleagues

## A happy return

This was already the thirteenth Interplast mission to the beautiful island of Zanzibar since 2009! For the team it is always a bit like coming home. Unfortunately plastic surgeon Ed Hartman was unable to join us this time due to personal circumstances. Corona had already arrived in the Netherlands but had not yet taken on such forms as it would later. The team had their temperature checked at Nairobi Airport but this was still entirely voluntary. What turned out to be different was the silence at the airport in Zanzibar, team leader Tallechien Tempelman writes in her report. This made obtaining the visa a lot easier and, above all, it went much faster. In fact, so much faster that when the team was outside there was no one from the hospital to pick them up yet!

As always we had to wait and see which doctors would be present this time. It is nice when they are acquaintances. Fortunately, that turned out to be the case so that the team could pick up where it left off last time in terms of training, except Dr Juma who was in Uganda starting his Masters of Medicine in Surgery, a three-year course. Dr Baiya Abdulla Rashid (Dr Baiya for short), paediatric urologist and



Akhfar one year before surgery



Akhfar after surgery

Liam's colleague, was still in India but was due to be there for the second week

## International cooperation

The screening was exceedingly well organized by the local doctors and almost everyone who was seen could be approved for surgery. The program was soon filled and there were also patients in the hospital itself to be seen. For Tallechien (plastic surgery) there were once again many patients with burn contractures of the hands and some came for a second operation. Tallechien was also asked to perform a few surgeries with the orthopaedic surgeon on three trauma patients and later she also operated on a baby with a large myelomeningocele (Spina Bifida) with a neurosurgeon from Spain.

For Liam (paediatric urology) there were so many patients that he could easily have stayed another week! What was striking was that the number of boys with fistulas after circumcision had decreased, but that is probably because Dr Baiya can now operate on the less complex cases himself and not because the method of circumcision has improved. This was also discussed during the annual meeting with



Jolanda is happy the boxes arrived

hospital staff. It was proposed to request media attention for this again during the next mission and if necessary to organize another workshop as was done in 2014.

(Urogenital cases are still a big problem in Zanzibar, certainly in comparison with our other host countries, so since 2010 a surgeon specialising in these has been part of the team.



Liam operating and teaching

For the last five years this has been Liam McCarthy, a paediatric urologist from Birmingham with whom Interplast has an excellent working relationship.)

**Better next time**

The operation complex, consisting of two rooms, was in a deplorable condition; it has been due for renovation for years but no one knows exactly when that will happen and in the meantime it is not being used or cleaned much.

The surgery days went well after getting used to each other a bit. 8 to 10 operations were performed per day. The local doctors were very eager to cooperate and learn a lot. Unfortunately, they lack good equipment to work with after the team is gone, especially the suture materials. Something that can be taken into account for the next mission...

Ultimately, no fewer than 81 children and 8 adults were operated on. Thanks to excellent aftercare by physiotherapist and hand therapist Abdul, success for the operated hands is guaranteed.



▶ Play video

**OPERATIONS ZANZIBAR**

- 36 hypospadias**
- 11 urethral fistula post circumcision**
- 16 post burn contractures**
- 17 other**
- 5 trauma**
- 4 congenital**

# NIGERIA

Official name	The Federal Republic of Nigeria
Capital	Abuja
Location	West Africa
Surface area	923,768 km <sup>2</sup>
Number of inhabitants	190 million
Climate	Tropical to sub-tropical

**7 – 18 March**

**Team**

Plastic surgeon NP	Sibrand Schepel
Paediatric Urologist	Tom de Jong
Anaesthetist and team leader	Rob Niemeijer
Theatre nurses	Wiebrig Rusticus Hillie Posthumus
Anaesthetic nurses	Rian Gerritsen Astrid Wijma - Lamsma
Stichting Faridpur	Jennifer Niemeijer - Heaton
Visited hospital	COCIN Hospital & Rehabilitation Centre, Mangu



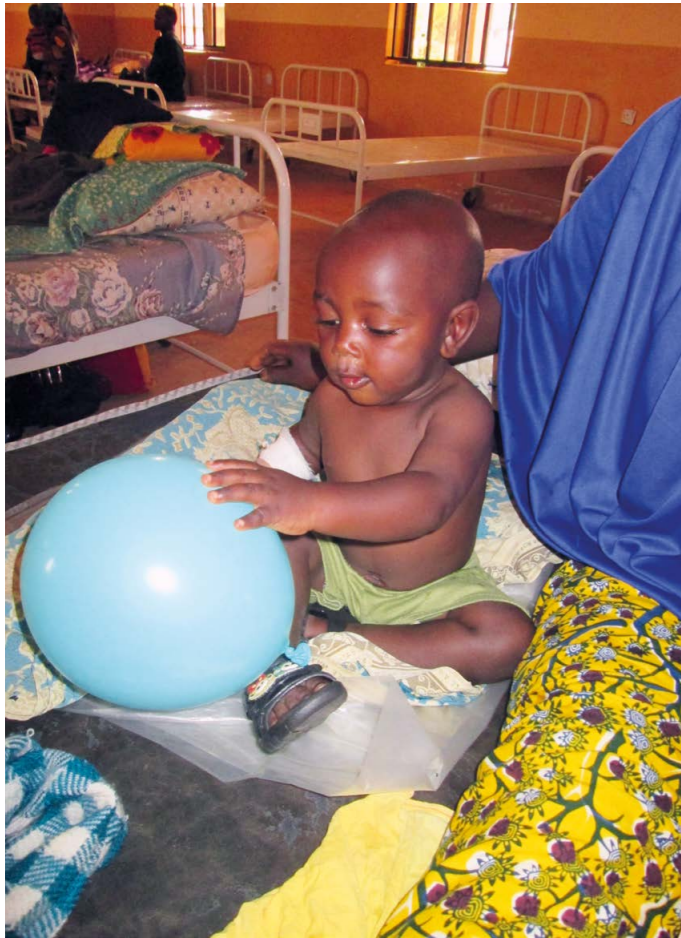
Nigeria is located in West Africa and shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east and Niger in the north. Nigeria is roughly divided in half between Muslims, concentrated mostly in the north, and Christians, who mostly live in the south. Nigeria is the most populous country in Africa and despite huge oil revenues there is still great poverty. The country is far behind others in terms of health care. The COCIN Hospital & Rehabilitation Centre is situated in Mangu on the Jos Plateau in Northern Nigeria. This hospital, formerly belonging to the Nederlandse Leprastichting or Netherlands Leprosy Relief (NLR), has been visited twice a year since 2007 by a team mainly comprising plastic surgeons from the north of the Netherlands.

**Only one mission in 2020**

The spring mission to Mangu, this time under the direction of the very experienced anaesthesiologist Rob Niemeijer, took place in March as usual. If the security situation allows it, a team travels to Nigeria twice a year. That has been happening since 2007 and the number of teams stands at 23. Paediatric urologist Professor Tom de Jong was with us again. The range of patients with urological and gender problems is large and it is nice to be able to make a difference for this group as well.

According to Sibrand's report, the flight to Abuja (via Frankfurt) went well. The team even got an upgrade when they explained what they were going to do in Nigeria! Upon arrival, Kefas was waiting with two vans. Sibrand writes: 'A nice detail was that the vehicles had the logo of the Faridpur Foundation but with the text: "Stitching Faridpur" (not Stichting). We thought this was a nice welcome for us doctors, who often use stitches.'

Since the flight always arrives in Abuja late in the afternoon and it is too dangerous to travel at night, for years the teams



*Happy children after their surgery*



have been staying overnight in a guesthouse near a monastery in Abuja. On the next day (Sunday) it was at least a 6 to 7 hour drive to Mangu.

#### **Much local interest**

The screening took place on Monday. After all these years, the Interplast program in Mangu is widely known and more than 200 patients passed by. Without Interplast's teams, these patients, who are among the poorest populations, would not be helped. No money equals no treatment! Fortunately, there are more and more local doctors and plastic surgeons who want to work with the teams.

Sibrand writes of the screening: 'Tom saw all the urological patients in a separate room while Sibrand and Rob took care of the screening of the other patients in an adjacent room. Unfortunately, as is often the case with such missions, the number of potential patients greatly exceeded the surgical capacity, forcing many to be disappointed. We tried to set as many priorities as possible and referred the other patients to the next mission in October.'

Because there is usually a team in Mangu twice a year, there is always a waiting list for the next mission. Sibrand continues: 'During the consultation hour, the two

anaesthetic nurses, Rian and Astrid, and the two theatre nurses, Hillie and Wiebrig, prepared the operating room for the operating program in the coming days.'

#### **New equipment comes in handy**

The operating days went well. Work was done every day from 8 a.m. to 6 p.m., only briefly interrupted by an excellent lunch made by Phoebe at the guesthouse. There was a lot of support from the local staff and local doctors. The new Lumify Philips echo device, coupled with a Samsung tablet, proved to be a great asset when setting up the regional blocks. A number of surgeries on adults were performed under local anaesthesia.

A total of 71 patients could be treated surgically. 28 urological procedures were performed, ranging from perineal to coronaria hypospadias, patients with adrenogenital syndrome, hydrocele and inguinal hernia. And despite the fact that only one plastic surgeon participated in the mission instead of two or more (as with the previous Interplast missions in Mangu), the team was still able to treat 26 burn victims with the release of serious contractures and skin grafts. This was possible thanks to the excellent assistance of local doctor Dr Patience, plastic surgeon Dr Thomas, local



*Dr Kuden and manager Kefas Tuwan operating together*

ophthalmologist Dr Kuden and Interplast's own urologist. In addition, there were 7 cleft lip and/or palate corrections and 11 other operations.

Unfortunately, Corona still threw a spanner in the works at the end of the mission. When it was announced that the Nigerians would close the airspace within a few days for flights to and from Europe, Annemarie from Interplast was quickly contacted. Fortunately, the return flight could be brought forward by a few days and the team landed 3 days earlier than planned at a reasonably deserted Schiphol.

In the spring it was still thought and hoped that the missions could resume in the autumn, this soon proved too

optimistic in the summer. So, the October mission to Nigeria could not go ahead. Thanks to years of training and cooperation with the Interplast teams, the local doctors and nurses were able to organize their own screening in October and were able to perform 20 operations themselves. The more complex cases have been moved on to 2021.

#### **OPERATIONS NIGERIA**

**7 cleft lip and/or palate**

**26 post burn contractures**

**10 other**

**28 hypospadias and other congenital deformities**



## DRS. REIN ZEEMAN: EEN LAATSTE INTERVIEW

### ‘Het kindje is groot geworden’

Dertig jaar lang was hij voorzitter van Stichting Interplast Holland: drs. Rein Zeeman, plastisch chirurg met een enorme ervaring. Hij reisde naar vele landen en zag daar nog veel meer patiënten. Afgelopen oktober, nog voordat hij wist dat hij ziek was, keken we bij wijze van afscheid van zijn voorzitterschap uitgebreid met hem terug op zijn ‘kindje’.

Eigenlijk wilde hij huisarts worden, herinnerde Rein zich. Dat veranderde toen hij op een bijzondere plek in aanraking kwam met chirurgie. “Als algemeen arts, nog voordat ik een specialisatie deed, liet ik me uitzenden als tropenarts. In de jaren 70 kon je kiezen: in dienst of tijdelijk het land uit. Ik had geen zin om als dokter het leger in te gaan en om daar alleen jonge soldaten te keuren, dus ik besloot ontwikkelingswerk te gaan doen en kwam terecht in Zambia. Daar heb ik drie jaar gezeten.” Hij kwam terug met een heel nieuw plan: “In Zambia had ik veel chirurgie gedaan, omdat het daar zo hard nodig was. Dat leek me eigenlijk een leuker vak dan huisarts, dus ben ik de opleiding chirurgie gaan doen, met iets later de specialisatie plastisch. Ik ging werken in Leiden, eerst als heekunde-assistent en na mijn opleiding in Rotterdam als plastisch chirurg.”

Het was in dat laatste vak dat Rein in aanraking kwam met Interplast, toen nog in Duitsland. Sterker nog: zijn eerste uitzending was nog voordat Interplast Holland überhaupt bestond. “Tijdens het werk kwam operatieassistente Marie-Thérèse de Bakker naar me toe en vertelde dat ze een Duitse professor kende, Gottfried Lemperle, die op zoek was naar een team om naar Oeganda te gaan. De Rotary Club aldaar vroeg om een team van chirurgen om er patiënten te helpen. We hebben een team samengesteld van vijf mensen: een anesthesist, een OK-assistente, twee plastisch chirurgen en mijn vrouw ging mee als verpleegkundige.” Professor Lemperle gaf Rein en zijn team vooraf nog wat advies mee. “De uitdaging begon al met inpakken voor de reis. Wat hadden we nodig in zo’n land? Lemperle zei: ‘Er zijn drie dingen belangrijk. Neem je instrumenten en voldoende hechtingen mee, want zonder begin je niks. Verder ben je altijd te gast in zo’n land, dus gedraag je daarnaar, bemoei je



From left to right:  
Gijs Witte  
Thil Hoogstraten  
Rick Scholtens  
Marie - Thérèse de Bakker  
Rein Zeeman

## DR REIN ZEEMAN: A LAST INTERVIEW

### ‘The child has grown up’

For thirty years he was chairman of Interplast Holland: Dr Rein Zeeman, plastic surgeon with enormous experience. He travelled to many countries and treated countless patients there. Last October, when he was handing over the reigns but before he knew he was ill, we looked back extensively with him on his ‘baby’.

He actually wanted to become a general practitioner, Rein Zeeman recalled. That changed when he came into contact with surgery in a special place. “Even before I did a specialization, I was sent to work as a tropical doctor. In the 1970s you had the choice: to go into the army or be posted temporarily out of the country. I did not want to join the army as a doctor and just treat young soldiers there, so I decided to do development work and ended up in Zambia. I was there for three years.” He came back with a whole new plan: “I had done a lot of surgery in Zambia because it was so desperately needed there. That seemed like a more fun profession than as a general practitioner, so I started doing surgery, with a specialization in plastic surgery a little later. I went to work in Leiden, first as a surgery assistant and, after my training in Rotterdam, as a plastic surgeon.”

It was in the latter field that Rein came into contact with Interplast, then still in Germany. In fact, his first mission was before Interplast Holland even existed. “During the work, theatre nurse Marie-Thérèse de Bakker came up to me and said she knew a German professor, Gottfried Lemperle, who was looking for a team to go to Uganda. The Rotary Club there asked for a team of surgeons to help patients there. We put together a team of five people: an anaesthetist, two plastic surgeons, a theatre nurse and my wife, also a nurse.”

Professor Lemperle gave Rein and his team some advice beforehand. “The challenge already started with packing for the trip. What did we need in such a country? Lemperle said, ‘Three things are important. Take your instruments and enough stitches with you because you cannot start without them. Furthermore, you are always a guest in such a country, so behave accordingly, do not interfere with politics. And fi-



Training on the job in Yemen

## 'Ga geen gekke dingen uitproberen maar hou het simpel'

verder niet met de politiek. En tenslotte: doe wat je kunt en wat je kunt afmaken tijdens je verblijf, verder niet. Ga geen gekke dingen uitproberen maar hou het simpel, want nazorg is daar bijna niet'. Die dingen heb ik in mijn oren geknoopt."

De voorbereiding was geweest: tijd om te gaan. De reis naar Oeganda zou twee weken duren. "Toen we aankwamen, werden we keurig afgehaald en in een guesthouse geplaatst", vertelde Rein. "De volgende dag gingen we naar het ziekenhuis en daar zaten al een heleboel mensen te wachten. Hoewel we als team tropenartsen bekend waren met Afrika, hadden we zoveel mensen niet verwacht. Mensen daar wisten niet wat plastische chirurgie was, dus er zat van alles: kreupelen, blinden, mensen met neurologische en orthopedische problemen. Een variëteit aan patiënten die dachten: er komen blanke dokters, die kunnen ons helpen. We hadden toen nog niet de moed om te zeggen: 'Dit is te veel, mensen met bepaalde klachten mogen niet komen'. Dus we hebben ze allemaal gezien en degenen die we niet konden helpen doorgestuurd naar de specialisten die er waren." Rein lachte toen hij zich een voorval herinnerde: "Een non kwam meekijken en vroeg hoeveel bedden we eigenlijk nodig hadden; ze had er zes. 'Nou', zei ik, 'misschien is dat niet genoeg...'" Al meteen in het begin was duidelijk dat er veel patiënten met een schisis (oftewel lipspleet) waren. "Die werden daar niet geopereerd", zei Rein. "Als iemand dat wél wilde, moest die



Training on the job in Uganda



Rein with his friend and colleague of many years, Andrew Posma

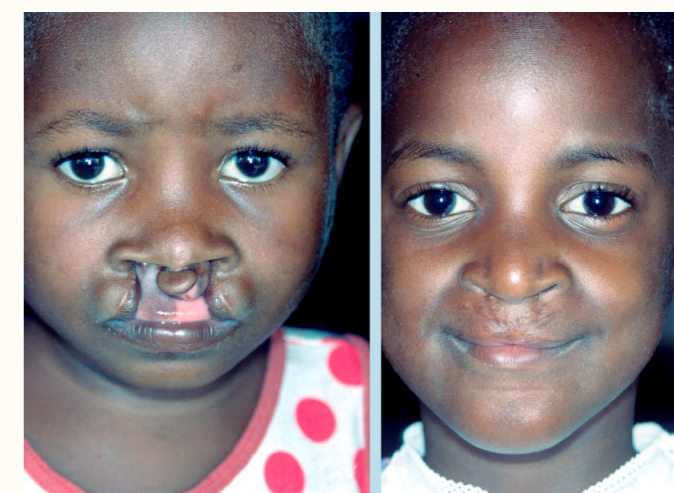
naar het buitenland. Maar dat gebeurde eigenlijk niet. Wij vielen er dus met onze neus in de boter. Die twee weken waren zó snel om, dat we wisten: hier kunnen, en moeten, we terugkomen." Het was de aanleiding om in Nederland een eigen stichting op te richten. "Toen we terugkwamen, zeiden we: 'Wat ze in Duitsland kunnen, kunnen wij ook. Waarom beginnen we niet met Interplast Holland?' Eerst was het belangrijk om aan geld te komen. Als jonge voorzitter ging ik naar grote bedrijven als V&D en de Bijenkorf, Rotary clubs en het Ministerie van Buitenlandse zaken. Het was vaak moeilijk om precies uit te leggen waarvoor het geld precies nodig was. Soms paste het net niet in een prioriteitenlijst van een mogelijke geldschieter. We hadden geluk toen we werden opgepikt door *Libelle*, een blad met een grote oplage. Zij deden een puzzelactie van meerdere weken, de opbrengsten gingen naar ons. Een team van *Libelle* ging mee naar Oeganda en heeft daar prachtige foto's gemaakt. Wij hadden opeens genoeg geld om meer teams uit te zenden. In het begin gingen we twee keer per jaar naar Oeganda, maar er kwamen ook aanvragen uit andere



## 'Do not try crazy things, but keep it simple'

nally: do what you can and finish what you can during your stay, nothing else. Do not try crazy things, but keep it simple, because there is virtually no aftercare there.' All these years later, I still recall this advice."

After the preparations were done, it was time to go. The trip to Uganda would take two weeks. "When we arrived, we were graciously picked up and placed in a guesthouse," said Rein. "The next day we went to the hospital and a lot of people were already waiting there. Although we as a team of tropical doctors were familiar with Africa, we did not expect so many people. People there did not know what plastic surgery was, so there were all sorts of patients: cripples, blind people, people with neurological and orthopaedic problems. A variety of patients who thought: white doctors are coming, they can



Happy smile 6 months after cleft lip surgery

help us. We did not yet have the courage to say: 'This is too much, people with certain complaints are not allowed to come.' So we saw them all and forwarded the ones we couldn't help to the specialists who were there." Rein laughed when he recalled an incident: "A nun came to watch and asked how many beds we actually needed; she had six. 'Well,' I said, 'that might not be enough ...'"

Right from the start it was clear that there were many patients with a cleft lip. "They were not operated on there," said Rein. "If someone wanted an operation, they had to go abroad. But that did not actually happen. So we had a perfect opportunity to help. Those two weeks were over so quickly that we knew: we can, and must, come back here."

That was the reason to set up a separate foundation in the Netherlands. "When we came back, we said, 'What they do in Germany, we can do too. Why don't we start Interplast Holland?' At first it was important to get money. As a young chairman I went to large companies such as V&D and de Bijenkorf,



In Tanzania: from left to right; Rein Zeeman, Marie-Thérèse de Bakker, Toni Klok and Saskia Keijzer

landen, zoals Ghana. Onze naamsbekendheid werd groter, door krantenartikelen en doordat ik een keer in *De Wereld Draait Door* mocht komen. Zo kregen we ook aanvragen buiten Afrika, bijvoorbeeld uit Vietnam en Jemen, waar ook veel kinderen met schisis waren, en rolde de bal steeds verder.”

Vrijwilligers werden gevonden in artsen en medisch personeel die twee weken vakantie ‘doneerden’ voor een missie om zo veel mogelijk patiënten te helpen. De grootste uitdaging als een Interplast-team op een nieuwe werkplek begint, aldus Rein, is ervoor zorgen dat het er kan werken. Vooraf worden per luchtvracht dozen met gaas en andere materialen verstuurd. Zelf neemt het team koffers vol met eigen instrumenten mee, zowel voor anesthesie als voor chirurgie. Maar elke keer blijft het spannend of er een werkplek is die aan minimale eisen voldoet, vertelde Rein. “We kwamen een keer in Indonesië op uitnodiging van Zuster André Lemmers, een Nederlandse non met een eigen stichting. Eenmaal daar bleek dat een oud politiebureau nog tot ziekenhuis moest worden omgebouwd: behalve een operatietafel en wat meubelen was er helemaal niets. Zelfs geen tafels om de instrumenten op te leggen. Een van de zusters is naar een lokale markt gegaan en kwam terug met enkele theetafeltjes”, lachte hij. “Soms is het echt improviseren. In bijna elk land ontbreekt



Working in Africa can be full of surprises

wel iets; is het niet de OK-tafel, dan is het bijvoorbeeld zuurstof. Ze zijn altijd blij dat we komen, maar van tevoren duidelijk aangeven wat we nodig hebben, blijkt vaak toch niet afdoende.”

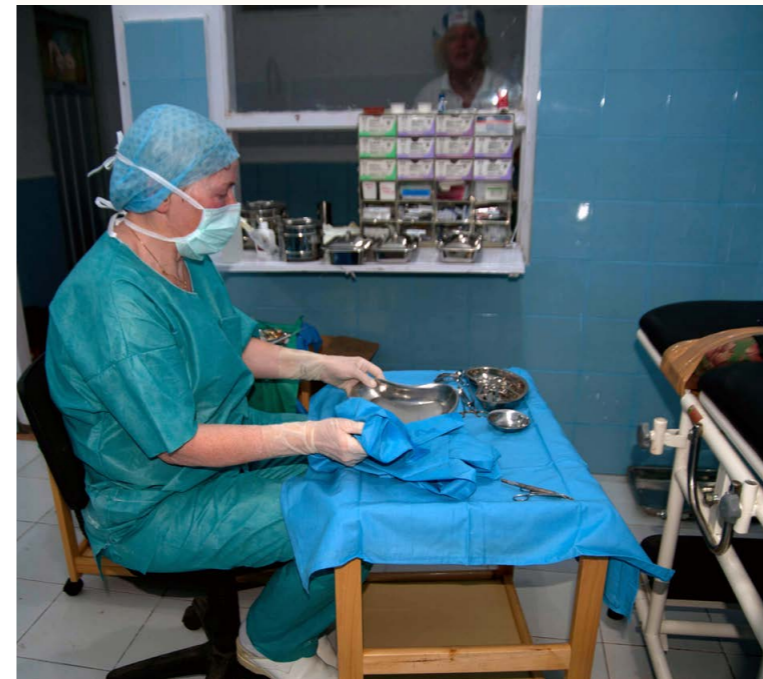
Dertig jaar uitzendingen voor Interplast móeten goede verhalen voor het nageslacht opleveren. En inderdaad, Rein zat er vol mee. Zoals die keer in Oeganda dat hij een uitnodiging kreeg om de president te komen ontmoeten. “Een hele eer, natuurlijk. Ik was die dag eerder gestopt met opereren om naar hem toe te gaan, samen met leden van de plaatselijke Rotary Club. Die werden nogal zenuwachtig toen ik besloot weer te vertrekken omdat de president ons maar liet wachten. Mijn voortijdige vertrek ging tegen alle protocollen in, maar ik had nog meer te doen daar! Het liep goed af: de volgende dag werden we weer uitgenodigd en waren we al na een kwartiertje binnen. De president vertelde dat in het



Interplast was active in Yemen (28 teams) until 2010



Interplast team in Baubau Indonesia with Sr André Lemmers in the middle



A tea table for the instruments in Baubau

Rotary Clubs and the Ministry of Foreign Affairs. It was often difficult to explain exactly what the money was needed for. Sometimes it just did not fit with a potential lender’s priority list. We were lucky when we were picked up by Libelle, a magazine with a large circulation. They ran a puzzle contest for several weeks, with the proceeds being donated to us. A team from Libelle went to Uganda and took beautiful photos there. Suddenly we had enough money to send out more teams. In the beginning we went to Uganda twice a year, but there were also requests from other countries, such as Ghana. Our brand awareness increased, through newspaper articles and because I was a guest on television talk show *De Wereld Draait Door* once. We also received requests from outside Africa, for example from Vietnam and Yemen, where there were also many children with clefts, and the ball kept rolling.”

### ‘Sometimes it is really improvising’

Volunteers were found among doctors and medical staff who “donated” two weeks of vacation to a mission to help as many patients as possible. The biggest challenge when an Interplast team starts in a new workplace, according to Rein, is making sure it can work there. Boxes with mesh and other materials are sent in advance by air freight. The team itself takes suitcases full of its own instruments, both for anaesthesia and surgery. But every time it remains uncertain whether there is a workplace that meets the minimum requirements, explained Rein. “We went to Indonesia once at the invitation of Sister André Lemmers, a Dutch nun with her own foundation. Once there, it turned out that an old police station still had to be converted into a hospital: except for an operating table and some furniture, there was nothing at all. Not even tables to put the instruments on. One of the nurses went to a local market and came back with some tea tables,” he laughed. “Sometimes improvising is key. In almost every country something is missing; if it is not the OR table, it is, for example, oxygen. They are always happy that we are coming, but even clearly indicating what we need in advance often turns out not to be enough.”

Thirty years of missions for Interplast must yield good stories for posterity. And indeed, Rein was full of them. Like the time in Uganda when he received an invitation to meet the president. “A great honour, of course. I had stopped operating earlier that day to see him along with members of the local Rotary Club. They got quite nervous when I decided to leave because the president kept us waiting. My early departure went against all protocols, but I had more to do there! It end-



With Uganda's presidents helicopter to the next location

## 'Uit dankbaarheid kregen we een kip aangeboden'

noorden van Oeganda, waar het rebellenleger had geheerst, mensen waren waarvan de neus, lippen en oren waren afgesneden. Of ik daar iets mee kon. Hij heeft een helikopter geregeld zodat we konden gaan kijken en in de jaren erna zijn we terug geweest om die mensen te helpen."

Na de eerste cultuurschok werd Oeganda een land waar Rein zich thuis voelde. Hij is er vaak geweest, had er een appartement en een auto én heeft er veel werk verzet.

"Voor mij is het een speciale plek. Omdat ik er zo vaak ben geweest, heb ik de mensen er leren kennen als vriendelijk en open. Anders dan bijvoorbeeld in Kenia of Indonesië, waar collega's autoritairder zijn. Daar kregen we van chirurgen te horen: "Als ik de spullen had, kon ik wat jij doet zelf ook. Dus laat maar achter, dan doe ik het zelf wel". Vaak durven chirurgen niet mee te doen aan operaties. Ze zijn bang dat ze afgaan tegenover hun lokale staf, want artsen gelden in die landen als een soort godheden."

Die clash tussen verschillende culturen en instellingen is een grote uitdaging, gaf Rein toe. Er zijn een aantal eigenschappen die je maar beter kunt hebben als je het in Afrika wil redden als arts, wist hij: "Je moet optimistisch zijn en inventief; als dingen niet zomaar lukken, zul je ze op een andere manier moeten proberen." Lachend: "Een grote frustratietolerantie is een must! Geduld hoort daar ook bij. Nooit boos worden als iets niet gaat zoals je wil, maar rustig blijven,



Victim of the rebel army Concy (northern Uganda) in 2008 and after 3 operations in 2011

anders red je het niet. En wees niet verbaasd als lokale artsen de credits pakken voor wat jij er hebt bereikt..."

Het belette hem en Interplast Holland niet om veel voor elkaar te krijgen, vooral in zijn geliefde Oeganda, waar inmiddels een heel brandwondencentrum is gevestigd.

"We behandelden daar veel brandwonden en besloten dat we méér moesten doen, zoals ook die brandwonden voorkomen. Een jaar of acht ben ik bezig geweest met waar het centrum gevestigd zou moeten worden, ook door de chaotische organisatie in het land. Uiteindelijk werd een chirurg directeur van het universitaire ziekenhuis en stelde voor om het daar onder te brengen. We spraken af dat wij het centrum zouden inrichten en jaarlijks geld zouden betalen voor medicatie en materialen; zij leverden de ruimte en het personeel. Toen we in 2004 een akkoord sloten, was dat na zo'n lange tijd een mooie prestatie."

Een zelfde plan in Burundi is door de gebrekkige organisatie



Opening of the Burns Centre in Mulago Hospital, Kampala, Uganda in 2004

## 'The hospitals have made significant progress'

ed well: the next day we were invited again, and we were inside within fifteen minutes. The president said that in northern Uganda, where the rebel army had ruled, there were people whose noses, lips and ears had been cut off, and he asked whether I could do something about that. He arranged for a helicopter so that we could have a look and in the years that followed we went back to help those people."

After the initial culture shock, Uganda became a country where Rein felt at home. He had been there many times, had an apartment and a car there, and did a lot of work. "It is a special place for me. Having been there so many times, I have come to know the people there as friendly and open. Unlike, for example, in Kenya or Indonesia, where colleagues are more authoritarian. There we were told by surgeons: 'If I had the stuff, I could do what you do. So leave it behind and I'll do it myself.' Surgeons often do not dare to participate in operations. They are afraid that they will look bad in front of their local staff, because doctors in those countries are regarded as a kind of deity."

This clash between different cultures and institutions is a major challenge, Rein admitted. He knew there are several qualities that you need if you want to make it in Africa as a doctor: "You have to be optimistic and inventive; if things don't work out, you have to try a different way." Laughing: "It can be very frustrating - tolerance is a must! Patience is also part of it. Never get angry if something does not go the way you want, but stay calm, otherwise you will not make it. And don't be surprised if local doctors take credit for what you have achieved..."

It did not prevent him and Interplast Holland from getting a lot done, especially in his beloved Uganda, where an entire burns centre is now located. "We treated a lot of burns there and decided that we had to do more to prevent them. I spent about eight years working on where the centre should be located, made more difficult because of the chaotic organization in the country. Eventually, a surgeon became director of the university hospital and suggested we move the centre there. We agreed that we would furnish it and pay annually for medication and materials; they provided the space and staff. When we reached an agreement in 2004, it was a great achievement after such a long time." The same plan in Burundi unfortunately still has not been realized due to the inad-



Tororo family, Robina in pink shirt



Robina as an adult with her firstborn who had a cleft lip as well



Robina and her child after the operation



Rein with his team in Kiruddu (Uganda) Hospital

daar helaas nog steeds niet gerealiseerd, zei Rein spijtig. Toch bleef hij positief: "In het Oegandese brandwondencentrum werken nu drie plaatselijke plastisch chirurgen die we hebben opgeleid. Dat doen we tegenwoordig ook voor chirurgen elders in Afrika: die komen daarheen, worden opgeleid en gaan dan terug naar hun land om het werk voort te zetten. In hun eigen land kunnen ze wel arts worden, maar vaak geen plastisch chirurg, wat dus in Oeganda wel kan." Twaalf jaar lang heeft Interplast het brandwondencentrum gefinancierd, inmiddels is er een budget vanuit de overheid waardoor het zelfstandig kan bestaan. Ook dát is een mooie prestatie. Gevraagd naar de mooiste momenten in zijn dertig jaar Interplast, verschenen er lichtjes in Reins ogen. "Het mooie aan de moeders van patiëntjes is dat ze zo dankbaar zijn. Ze gaan vaak zelfs op hun knieën, dat vind ik altijd weer ontroerend." Een van de families waar hij nog regelmatig aan terugdacht is die in Oeganda waar hij drie kinderen binnen het gezin opereerde aan hun schisis. "Twee jaar later zijn we ze op gaan zoeken. Het hele dorp liep uit en uit dankbaarheid kregen we een kip aangeboden." Hij grinnikte: "Wij met dat beest in de auto, niet wetende wat we ermee moesten. Maar ja, wat kan je in zo'n situatie doen behalve zeggen: 'Hartelijk dank?'" Toen het brandwondencentrum in Oeganda werd geopend, zag hij de moeder en een van de dochters weer. "De dochter hadden we tien jaar ervoor behandeld en had nu zelf een kindje, ook met een schisis. Dat hebben we ter plekke geopereerd. Het blijft voor mij een bijzondere familie." Ook de man in Burundi met een enorm gezwel aan zijn kaak

vergat Rein niet snel. "Hij liep al zes jaar met een goedaardige tumor. De operatie begon goed, maar tegen het einde vochten we om hem in leven te houden. Hij verloor veel bloed en had moeite met ademen. 's Nachts losten we elkaar af om bij hem te blijven. Toen hij de volgende dag in de rolstoel zat te zwaaien met zijn duim in de lucht, dacht ik: hè, gelukkig."

► [Ook te zien in deze film](#)

Herinneringen te over, uit die dertig jaar. Vorig jaar was de tijd gekomen dat Rein het stokje overdroeg. Er is een nieuw tijdperk aangebroken, stelde hij. "De manier waarop ik altijd heb gewerkt, met naar landen toegaan, lijfelijk het werk doen en dan overdragen, is niet meer van nu. Ik denk dat de focus meer moet liggen op onderwijs, op artsen in deze contreien opleiden in plaats van daar, zodat ze kunnen zien hoe het hier in zijn werk gaat. Vooral in Oeganda draait het inmiddels allemaal wel. De ziekenhuizen zijn in dertig jaar sterk vooruit gegaan en kunnen zo'n beetje hetzelfde als die hier." Zijn hoop voor Interplast was dat de stichting straks niet meer nodig is. "Zo heb ik er altijd in gestaan: in principe moet ik mezelf overbodig maken. In Oeganda is me dat gelukt, in andere landen nog niet, er is nog wel werk aan de winkel." Reins afscheid was er een met pijn in het hart, bekende hij. "Het was toch mijn kindje. Maar net als bij mijn eigen kinderen is dat groot geworden en dan moet je het loslaten. Nu moet het zijn eigen beslissingen maken."

equate organization there, said Rein regretfully. Still, he remained positive: "We now have three local plastic surgeons working there who we have trained in the Ugandan burns centre. Nowadays we also do this for surgeons elsewhere in Africa: they come to Uganda, are trained, and then go back to their country to continue the work. They can become doctors in their own country, but often not be trained as a plastic surgeon, which is now possible for them in Uganda." Interplast financed the burns centre for ten years, and now there is a budget from the government that allows it to exist independently. That is also a great achievement.

When asked about the best moments in his thirty years of Interplast, Rein's eyes lit up. "The great thing about the mothers of the patients is that they are so grateful. They often even get on their knees, which I always find moving." One of the families he still remembered fondly is the one in Uganda where he operated on three children with clefts. "Two years later we went to visit them. The whole village came out and out of gratitude we were offered a chicken." He chuckles: "We took it with us in the car, not knowing what to do with it. But then again, what can you do in such a situation except say, 'Thank you very much?'" When the Ugandan burns centre opened, he saw the mother and one of the daughters again. "We had treated the daughter ten years before and she now had a child of her own, also with a cleft lip and palate. We operated on the child on the spot. It remains a special family for me."

The man in Burundi with a huge growth on his jaw is also one Rein would not quickly forget. "He had been walking around with a benign tumour for six years. The operation started well, but towards the end we fought to keep him alive. He was losing a lot of blood and had trouble breathing. At night we took turns to stay with him. The next day when he was in his wheelchair giving a thumbs-up I felt very relieved."

► [Also featured in this movie](#)

Plenty of memories from those thirty years. Last year, the time had come for Rein to hand over the baton. A new era has dawned, he said. "The way I have always worked; going to countries, doing the work physically and then handing it over, is no longer the way to do it. I think the focus should be more on education, specifically educating doctors here instead of there, so they can see how things work here. Especially in Uganda, it is all going well now. In those thirty years the hospitals have made significant progress and can do pretty much the same as those here." His hope for Interplast was that the foundation will no longer be needed in the future. "That's what I always insisted: I have to make myself redundant. I succeeded in that in Uganda, but not yet in other countries - there is still work to be done."

Rein's farewell was one with a heavy heart, he confessed. "It was my baby after all. But just like with my own children, it has grown up and then you must let go. Now it has to make its own decisions. Even if I keep a watchful eye from the sideline!"

# Burn Prevention Programme Uganda

In Uganda, more than 60% of burns victims are young children under six years of age. The Burn Prevention Programme was established in 2011 to raise awareness amongst both children and parents and has so far reached thousands of people, mostly in Kampala's slum areas. Programme manager Richard Amadro reports on the progress that was made in 2020.

The year 2020 has been a challenging one characterized mainly by the Covid 19 pandemic. This has seen schools closed since March 2020 and up to now it is only the candidates that have returned to school. Nearly all activities came to a standstill.

Despite such challenges; the Burn Prevention Programme activities have continued though somehow slowed down. The mode by which the activities have been carried with less

physical appearance by BPP management is a clear indication that we are on a clear path to the realization of our dream of establishing a self-driven Burn Prevention Programme.

It is also during this period that it has been realized that there are many burn referrals from Regional referral hospitals to the Burns Unit in Kiruddu National Referral hospital. The burn prevention patrons have selflessly been in touch with the burn prevention volunteers and there has been a routine communication between the patrons and the Burn Prevention management. Below is data of how burn prevention volunteers in schools have performed.

### Special activities in 2020

As we continued to work within the ministry of health guidelines, the month of August report had some talking



Many schoolchildren volunteer to become involved in the Prevention Programme



Unsafe cooking place



Changed in a safe cooking place



Teachers are sensitized during a workshop about Covid-19

elements in form of pictures captured towards its end following a meeting held on 27th August 2020. Three health centres were visited; St. Kiito Health centre iii Bwaise, Galilee Community Hospital Masanafu and Ruth Gay Lord hospital Kagoma. 04th September one hundred and fifty teachers (150) had a workshop at Grand Global Makerere University and the BPP patron Samuel Backer from St. Martin sensitised these teachers.

After the talk and hand over of a Burn Prevention T-shirt to Education Supervisor, and Brochures, many of the participating teachers mainly from Secondary Schools, and organizers, where BPP activities are minimum, were very surprised to learn that some of their, usual practices were, actually dangerous and wrong, such as applying, sugar, tooth paste, honey and or sometimes urine on wounds and burns.

One of the teachers said; 'We benefited tremendously from this 10 minute episode from Samuel Baker. His 10 minutes with information on main causes of burns, not only from flames, hot water from unstable cooking pots, "sigiris" but

also hot liquids, or metallic materials, as well as hot porridge and tea, were very useful and now, this additional information provided in the brochures is valuable. I did not know much about burns and first aid for burns before today. I cannot wait going back to my school and sharing this knowledge and information with, first my family, you know, "charity begins at home", and then fellow teachers and learners. I'm sure many of us here are going back with an additional knowledge,' he concluded.

The Programme intends to reach out to more secondary schools and other organized institutions.

In the medical centres sensitisations never stopped, these were never affected by any form of lockdown. Medical services continued and the figures received from the health centres are encouraging.

The burn prevention club patrons had many opportunities of carrying out sensitisations and have been giving out brochures to the audiences in workshops organised by schools, Kampala Capital City Authority, and others. The statistics below show the number of people sensitised in schools by club members, patrons and the people sensitised in health centres by BPP volunteers.

## Together we can prevent burns!

Sensitisations by BPP volunteers in schools, healthcare centres and also sensitisations at Kiruddu National Referral Hospital, 2020

<b>BPP school clubs</b>	<b>10790</b>
<b>BPP volunteers in health centres</b>	<b>77465</b>
<b>Sensitisation at Kiruddu National Referral Hospital</b>	<b>5881</b>

# Stichting Interplast Holland

[Foundation]



**GOED DOEL**

A NONPROFIT ORGANISATION  
PROVIDING FREE RECONSTRUCTIVE  
SURGERY AROUND THE WORLD



Information leaflet

Interplast consists of volunteer medical personnel (plastic surgeons, anaesthetists, theatre and anaesthetic nurses and other specialists), who work free of charge during their holidays. Travel expenses, medical supplies and instruments are funded by donations raised in Holland from companies as well as the general public.

Interplast teams provide reconstructive operations that transform the lives of children and (young) adults with physical disabilities and thereby improve the future of the whole family of those children as well. Interplast has no financial, political, racial or religious interest.

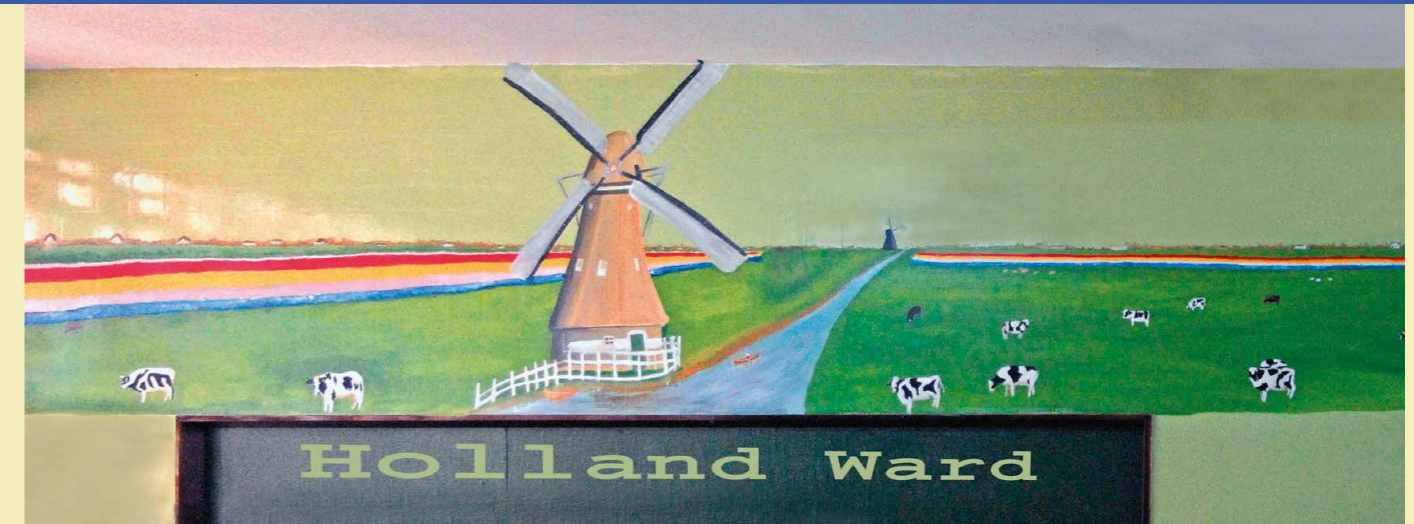
The aim is to provide (and teach) reconstructive surgery to improve function, not to perform cosmetic surgery. Cooperation with local medical staff and working at existing hospitals close to the patients' home is efficient and offers education in a specialist field for all involved. Apart from medical staff, local volunteers with social commitment are essential for the preparation and the smooth running of a successful Interplast mission.

If you, your town, your hospital, or a charitable organisation you know think about hosting an Interplast team, here are some important issues to consider:

- Advance notice for the team should be given at least 6 months before the intended date.
- Duration of the mission is usually 2 weeks, i.e. 10 operating days. Depending on the severity of cases, about 100 patients can be operated during that time.
- Size of the team varies depending on the number of operating tables, anaesthetic facilities and local staff available. On average, a team will consist of 6 people, 2 surgeons, 1 anaesthetist, 2 theatre nurses and 1 anaesthetic nurse, thus being able to run 2 operating tables (smaller or larger teams possible on request).

- Local staff, i.e. doctors, nurses, interested volunteers are essential for the smooth running of a mission.
  - Local doctors should perform the patient pre-selection during the months before the arrival of an Interplast team. If possible, they should inform the team about the type of surgery and special cases beforehand to allow appropriate planning of instruments and supplies for the trip.
  - The first day consists of screening and selecting the patients for the operating lists, unpacking equipment and setting up the operating room(s).
  - Types of operation: burns contractures, congenital deformities like cleft lip and palate, functional deficits or disfigurement from injury, infection (polio, leprosy, Noma etc.) tumours – in children and (young) adults.
  - Long working hours have to be anticipated by all involved to make an Interplast mission effective.
  - Apart from operating, ward rounds and change of dressing sessions take place every day.
  - The hospital should offer: two operating tables, anaesthetic machines, a recovery room, enough beds, electricity supply, water, normal saline for infusion, sterile sheets and gowns, oxygen, halothane and some dressing material and plaster of Paris.
- The Interplast team will provide: special instruments and medical equipment, suture material and special drugs and dressings.
- You are requested to provide: (if possible, but if you don't have the means, other arrangements can be discussed) basic, clean accommodation, food and transport for the team. Government / Ministry of Health permission for the mission; assistance with customs, excess baggage clearance etc.

Many years of experience and thousands of grateful patients are proof of the success of Interplast activities. YOU can be part of it.



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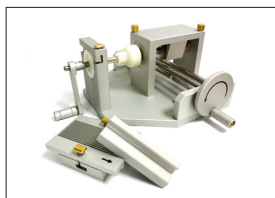
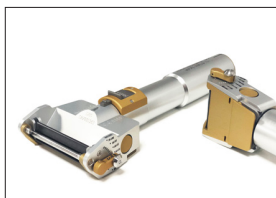
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