



Stichting
INTERPLAST
HOLLAND



ANNUAL REVIEW

2018

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STICHTING INTERPLAST HOLLAND

annual review **2018**

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From the chairman

We are pleased to present you with the 2018 Annual Review of *Stichting* Interplast Holland containing concise summaries of our missions and other activities during 2018. Detailed mission and financial reports can be found on our website www.interplastholland.nl.

The team missions to Burundi, Zanzibar, Bangladesh and Nigeria (2) were all successful. On the financial front we are still struggling to raise sufficient funds for our projects. We are grateful to be part of the annual Dutch Sport Horse Sales for the coming three years thanks to Ellen and Yvo Campagne.

In Uganda the Burn Prevention Programme could not be extended as we had wished due to lack of funds (see report page 16). In Nigeria we have made a start with the Burn Prevention Programme with the enthusiastic Kefas Tuwan.

The UBPSI (Uganda Burns and Plastic Surgery Institute) is doing very well. We are receiving more and more referrals from all over Uganda. Working with two theatres we are able to do a lot provided we have enough oxygen and Isofluran. We were glad we could stay at the Kiruddu Campus (thanks to the lobbying of Dr Robert Ssentongo). If we had had to return to the refurbished Mulago Hospital we would have twenty fewer beds and no theatres on the ward which would have meant a step backwards! We started in Uganda in 1990 in the same way as we have now begun in Burundi. We were able to set up the UBPSI through the efforts of many people. The institute is doing very well and has a good reputation.

We were fortunate to find two professional film makers, Martin van Bennekum and Fred Brinkman, who volunteered to make films for Interplast. They went with the team to Burundi and together with the crew in the Netherlands made a beautiful documentary about our work there. They also came to Kampala to make a documentary about the Burns Unit and Burn Prevention Programme to complete their two-fold mission.

You can see the films on our website: <http://www.interplastholland.nl/uncategorized/film-interplast-online/>.

You will notice that our work is no longer confined to cleft lips and palates.

We are still looking for an enthusiastic orthopaedic surgeon to join our teams. We see a lot of orthopaedic problems during our missions.

I would like to thank all our volunteers (nursing committee and team members) for their contribution to Interplast. And last but not least I would like to thank our donors who enable us to keep carrying out such worthwhile work in developing countries.

Veel dank, thank you, merci beaucoup, vielen dank, shukran djazilan, asante sana, webalenyo, obrigado!

*Rein J. Zeeman
Chairman, Interplast Holland*



This annual review for 2018 has largely been created and sponsored by volunteers



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, and Burundi. Missions to these countries take place every year. In the past teams have also been to Guinea-Bissau, Indonesia, Yemen, Vietnam, Rwanda, Pakistan, India, Bhutan and Lebanon.

Five missions

There were five missions in 2018: one to Bangladesh, two to Nigeria, one to Zanzibar and one to Burundi. Also, several individual programmes were carried out in Uganda (Burns Unit and Burn Prevention programme).

Visionary goal

Interplast Holland has a vision of a society in developing 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.

Mission

Interplast Holland is a charitable organisation that seeks to give help in developments 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 burns centres, and by setting up burn 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

- 164 team missions
- 20 countries
- 13,399 operations

Bangladesh

<i>Official name</i>	the People's Republic of Bangladesh
<i>Capital</i>	Dhaka
<i>Location</i>	South Asia
<i>Surface area</i>	147,570 km ²
<i>Number of inhabitants</i>	165 million
<i>Climate</i>	tropical

3 – 16 February

Team

<i>Plastic surgeon NP and team leader</i>	Paul Spauwen
<i>Plastic surgeons</i>	Kalam Achmed Wouter van der Pot
<i>Anaesthetist</i>	Kees Punt
<i>Anaesthetic nurses</i>	Rita Witteveen Karin Plantinga - Dijkstra
<i>Theatre nurses</i>	Albertine Schmöll Olga Dücker - van Eijdsen
<i>Visited hospital</i>	Mugda General Hospital, Dhaka

Joining forces with the Faridpur Foundation

An Interplast team headed by Professor Paul Spauwen left for Bangladesh for the fifteenth mission on 3 February. The organisation of the missions has been a joint venture of the local Faridpur Welfare Foundation and Interplast Holland since 2017.

The Faridpur Welfare Foundation was founded in 2002 after plastic surgeon Cees Spronk visited his brother-in-law Shamin Haque in Faridpur, Bangladesh in 2000. While he was there, Cees offered to operate children without charge. The number who took up the offer was enormous. More than 30 children could be operated on; but sadly, many had to be turned away. So Cees promised he would be back. The Dutch Faridpur foundation was set up and since 2002 he has worked in Faridpur, later accompanied by teams of Dutch medical professionals and always together with the local surgeons in Faridpur. The two foundations have joined forces to build a children's home where by now 100 children live; <http://www.faridpur.nl/bangladesh/het-kindertehuis-in-faridpur/>. Shamin Haque's Faridpur Welfare Foundation also facilitates the teams of 'Vienna Eye Care Partners' in which Elisabeth and Paul Spauwen are both active.



Bangladesh is one of the world's most densely populated countries, with its people crammed into a delta of rivers that empties into the Bay of Bengal. Poverty is deep and widespread, but Bangladesh has in recent years reduced population growth and improved health and education. Health care is not free in Bangladesh. The majority of the people are extremely poor and cannot afford to pay for an operation. There are few Bengali/Bangladeshi plastic surgeons but a lot of patients who need operations. The fact is that relatively more children with clefts are born in Bangladesh than elsewhere. Moreover, burns care is badly underdeveloped. Patients who survive serious burns usually end up with very serious deformities (source: Stichting Faridpur website).



Many professionals involved in the mission

Excellent facilities in Dhaka

For safety reasons, it was decided to stay in Dhaka itself and not as reported by Paul Spauwen in 'our much-loved Faridpur'. The local organising committee had arranged things with the relatively new Mugda General Hospital with 500 beds.



Before and after surgery (epaulette flaps)

Board members Dr Md. Faruk Ahmed Bhuiyan and Dr Amin Ahmed were very willing to thoroughly facilitate the team to the utmost during their two-week stay. Two young doctors for each operating table had been chartered beforehand for the whole two weeks. They were also present at the screening and acted as interpreters between patients and doctors. 260 patients were seen and 165 of them were placed on the operating schedule.

Even more patients turned up during the mission, and ultimately a total of 173 patients were operated on.

Successful symposium for sharing expertise

Despite the busy operating days, time was also set aside for a symposium. Paul Spauwen wrote about this in his report: 'On February 14th a Scientific Meeting was organised by the Board of the hospital.

Topics and speakers:

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

Dr Md. Ashrafuzzaman: *Burns in Bangladesh.*

Dr Wouter van der Pot and Dr Kalam Ahmed: *Burns in the Netherlands.*

Dr Cornelis Punt: *Anaesthesia in difficult situations.*

There were some prominent guests who kindly addressed the audience. Professor Amal Chandra Paul, our friend and



Dr Kalam Achmed addresses the symposium on burns treatment in the Netherlands

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 Burns Hospital in Dhaka. He invited us to visit him next year.'

Operations Bangladesh

- 49 cleft lip and/or palate
- 72 post burn contractures
- 52 other



Zanzibar

<i>Official name</i>	Zanzibar
<i>Capital</i>	Zanzibar city
<i>Location</i>	island in the Indian Ocean, east of Tanzania
<i>Surface area</i>	1554 km ²
<i>Number of inhabitants</i>	1.2 million
<i>Climate</i>	tropical

17 February – 4 March

Team

<i>Plastic surgeons</i>	Tallechien Tempelman Ed Hartman
<i>Paediatric urologist</i>	Liam McCarthy (UK)
<i>Anaesthetist</i>	Floortje Ulrich
<i>Anaesthetic nurse</i>	Vanessa de Roos
<i>Theatre nurse</i>	Jolanda Eskes
<i>Visited hospital</i>	Mnazi Mmoja Hospital, Zanzibar city



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.



Anaesthesia training in the operating room

Great local support

In 2018 the eleventh Interplast mission since 2009 to Zanzibar took place. This time with the cooperation of the local paediatric urologist Dr Baiya Abdulla Rashid who worked with the team for the whole two weeks. Later it emerged that Dr Baiya, trained in China and Russia, had taken part in an Interplast mission five years previously. Patients with urogenital problems 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. For the last five years this has been

Liam McCarthy, a pediatric urologist from Birmingham with whom Interplast has an excellent working relationship.

Many urological patients again

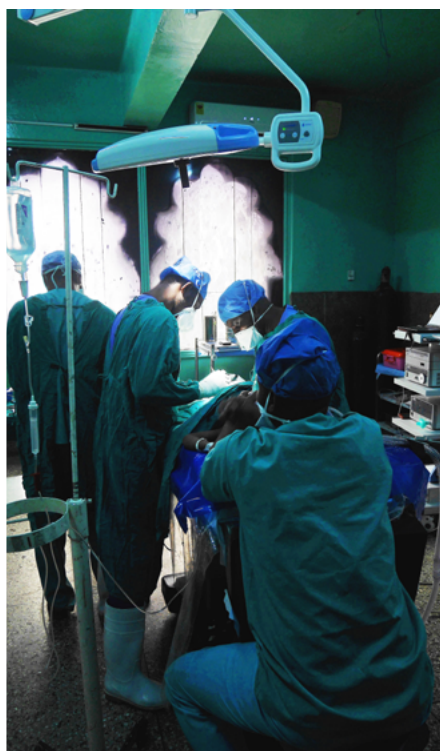
Dr Baiya saw to it that everything went smoothly from day one as the report of the plastic surgeon Tallechien Tempelman makes quite clear. He was the mission's manager, interpreter and also served as the team's guide.

'It was obvious on the morning after our arrival that fewer patients were waiting to see us at the screenings than the previous year. This applied in particular to the plastic surgery patients. For urology there were certainly 60 young candidates and their parents waiting for Liam McCarthy. As in every African country we encountered many patients with burn contractures, some of them severe. The paediatric ward also had some young patients, and a few more turned up later in the week so the team still had a full operating programme after all.'

What made this mission unique was the training aspect in each discipline; two medical interns worked with Tallechien while Dr Baiya operated as much as possible with Liam. The anaesthetists organised a practical clinical class and one of the nurses, Zainab, learned how wounds should be dressed



Comforting patient before surgery



An all-African team at work



Nurse Zainab learns to remove staples

and staples removed. She also took upon herself the after care of the patients together with the two local doctors.

All-African team takes over

Liam was probably the proudest of all. By the end of the mission he was able to take a back seat while an all-African team did the work in 'his' operating room. He was immensely pleased that they had learnt so much and could really do things on their own. To make sure that the progress gained would not be lost, the team left behind a set of instruments with Dr Baiya. Later he used these to perform a couple of hypospadias operations on his own!

The two weeks went fast and the team noticed that quite a few patients failed to turn up which had barely ever happened in previous years. The flu that was afflicting Zanzibar was probably to blame. A lot of children were suffering from colds! Treatment of some of those affected could be rescheduled, but others were sadly not fit enough in time to be operated on. 'I hope we can operate on them next year'; concluded Tallechien in her report. In the end, by the time the team left they had operated on 80 patients. Among them was a somewhat older man with



The complete Interplast team

enormous contractures in his knees which meant he could only move by shuffling along. It was moving to see how he was able to take his first few steps again after the operation.

Operations Zanzibar

- 29 hypospadias
- 16 urethral fistula
- 20 post burn contractures
- 15 other



Nigeria

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

2 – 18 March

Team

<i>Plastic surgeon NP and team leader</i>	Cees Spronk
<i>Plastic surgeon</i>	Pauline Huizinga
<i>Resident plastic surgeon</i>	Jenda Hop
<i>Paediatric urologist</i>	Tom de Jong
<i>Anaesthetist</i>	Rob Niemeijer
<i>Theatre nurses</i>	Annet Brouwer - Kerssies Petra Middendorp - van Huizen
<i>Anaesthetic nurses</i>	Geesje Bonnhof - Boer Mirjam de Voogd
<i>For Foundation Faridpur</i>	Jennifer Niemeijer - Heaton
<i>Visited hospital</i>	COCIN Hospital & Rehabilitation Centre, Mangu

6 – 21 October

Team

<i>Plastic surgeon NP and team leader</i>	Cees Spronk
<i>Plastic surgeons</i>	Chantal Vink - Mouës Sjoerd Kamminga
<i>Resident plastic surgeon</i>	Paul Bos
<i>Anaesthetist</i>	Jurjen Oosterhuis
<i>Theatre nurses</i>	Fatima Ben Bouazza Sandra Dijkstra - van der Broek
<i>Anaesthetic nurses</i>	Rob Eissens Lisanne van der Warf
<i>For Foundation Faridpur</i>	Megan van Klaveren
<i>Visited hospital</i>	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.

March mission

Circumstances permitting, an Interplast team pays a visit to the hospital in Mangu in Nigeria twice a year. Happily this was the case in 2018 bringing to twenty the number of teams that have visited Nigeria since 2007.

This time because of the huge number of children with urological problems the team included the urologist professor Dr Tom de Jong alongside the regular plastic surgeons. The ten-person team left on 2 March on a journey to Mangu which is not very easy to reach. Since there were no regular Lufthansa flights on Saturday the team went via London with a connection to Abuja followed by a 6 hour bus journey to Mangu.

A hospital like a small village

In her report resident plastic surgeon Jenda who was on her first mission wrote the following about the hospital compound; 'The compound of the COCIN Hospital, where



Many children are victim of burns which are easy to prevent

the team was due to stay for a fortnight, was a self-contained community. The hospital comprised many small buildings with different wards and operating theatres. But there was also a school and a church on the other side of the road and the compound was surrounded by a township on the one side and agricultural land on the other. All kind of things are going on all over the place: goats and pigs grazing and snuffling around, people cooking, people transporting all manner of things on their heads and on the backs of motor bikes (including a coffin on one occasion). The team spent two weeks in the guest house where we were really spoiled by Phoebe, who cooked our meals, cleaned our rooms and did our laundry. Thanks to her, the days didn't feel onerous at all.'

Burns have a great impact

Jenda was awarded a doctorate for her thesis on the care for burns. An extract from her report about burns in Nigeria: 'We mainly operated on burn scars with the team of plastic surgeons. Burns are very common in Nigeria, for one thing because of the custom of cooking on open fires on the ground. Despite the new burns ward most patients in the region do not receive any medical care at the acute phase of



*Remedying scars
(contractures)
from 'old' burns*

*Two professors
working together*



A young patient is recovering well

their burns. That results in lengthy open wounds which ultimately produce significant scars.

Scars from wounds which entail that knees, elbows, fingers etcetera can no longer be stretched and result in serious limitations in managing in daily life. Dozens of patients come to the hospital with these problems every six months. What a harrowing contrast with the treatment of burns in the Netherlands with splendid multidisciplinary, first-rate care at the acute and reconstructive phase so that the serious scarring

problems that are found in Mangu barely occur. Treating these scars is a thankful task because you immediately see results. And fortunately after-care in the form of managing dressings and physiotherapy is well-organized by local staff.'

Extra attention for urological procedures

'The Nigerian staff were very interested in the urological operations. Tom operated on dozens of patients with hypospadias (a birth defect in which the opening of the urethra is located on the underside of the penis instead of the tip) and other genital problems. Research, for instance, is being done and diagnoses made among children with an ambiguous gender. These are difficult problems, sometimes with major consequences for the entire family. The language barrier and lack of money for further care in a neighbouring hospital are not conducive to resolving these. We realised all the more how lucky we are to have been born in the Netherlands and to have access to fantastic medical care. During the mission Tom shared his knowledge with professor Venyir Ramyil, a urologist from close by who teamed up with the operating urologists every day and even helped out the plastic surgery team on one occasion with a complicated procedure.'

At the end of the two weeks 108 operations had been performed, 68 for plastic surgery and 40 for urology.



Operations Nigeria March

- 1 cleft lip
- 42 post burn contractures
- 25 other
- 40 hypospadias and other congenital deformities

October mission



Resident plastic surgeon Paul Bos writes about his experiences of his first mission for Interplast.

The start of my Interplast adventure

'*Jurjen Oosterhuis has added you to the 'Nigeria 2018' group.*' This message lit up the screen of my smartphone on 13 February 2018. There were ten members of the group, which only existed online at the time, and I knew seven of them personally. I am not a big fan of app groups and don't generally use them much. With all those messages flying around within the group it is easy to miss essential news and messages and they can easily cause misunderstandings. My prejudice against app groups meant that I did not fully appreciate the scale of the adventure that would follow from that simple message.

The app group then went quiet until the end of May. The mission to Nigeria that it concerned would only be taking place in October and that still seemed a long way off. But events really started picking up from the beginning of June. From the moment that Annemarie Maas from Interplast Holland joined the group, the discussion really became serious. She had already been making preparations for the mission for several months: booking tickets, collecting personal details, requesting visas, arranging the financial affairs, etc. It is a tremendous luxury to have all of these things organised for you. The members of the mission only had to submit a few documents and everything else was done for them.

On 6 October the entire team boarded the plane on time and, after a pleasant stopover in Frankfurt, we arrived at the airport in Abuja in the late afternoon. It is a relatively modern airport, but falls far short of European standards. At the baggage carousel it emerged that 19 suitcases had arrived safely, but one, which happened to belong to the vainest member of the team (yes, me!), was missing. We decided to continue the journey, amidst jokes about how little you actually need in Nigeria and how you could wear a borrowed pair of underpants for at least four days. It's easy to make jokes when your own suitcase is safely in your hand!

Waiting for us outside the terminal were Kefas (head nurse/manager), a familiar figure from previous missions,

and the drivers from the COCIN hospital. The baggage was loaded into the Toyota Hilux and the team members divided themselves between this pick-up and a small bus, even as the first locals already tried to sell us their wares (bananas, peanuts, beads and trinkets).

The first stop, after nearly an hour on the busy, relatively hardened roads out of Abuja, was a familiar location. We were staying 'with the nuns' in the DRACC centre, a simple but pleasant accommodation, entirely enclosed by walls and shut off from what was, in our eyes, a chaotic, under-developed neighbourhood. After a meal, everyone retired early to their rooms, worn out by the lack of sleep the previous night and the flight.

The next morning we continued on to Mangu in Plateau State, a distance of just 270 kilometres, but a journey which, because of the busy traffic, the poor condition of the roads, the numerous villages it passes through and a series of armed control/security checkpoints, still takes between six and eight hours on average.

At the baggage carousel it emerged that 19 suitcases had arrived safely, but one, which happened to belong to the vainest member of the team (yes, me!), was missing.

The trip is an adventure in itself; there are so many sights to see. Between Abuja and Mangu the scenery changes from a relatively developed global city with busy, dusty hardened roads into the real Third World, with semi-hardened roads with large potholes, families living with goats and chickens in and around simple, open houses with no sanitary facilities. All along the road people are selling things: fruit, clothing and Coca Cola. Nevertheless, the heat (35-38 degrees Celsius) and the bumpy road make the journey quite unpleasant. It is not a trip you would make for the fun of it and everyone was happy that the return journey was only in two weeks and would only have to be made once. Sometimes, ignorance really is bliss....

Excellent hospitality

At the end of the afternoon we reached the 'new guesthouse', which was opened several years ago. Phoebe had made up all the bedrooms and the kitchen and stocked the refrigerator ahead of our arrival. We divided ourselves among the six rooms, each of which had two beds with a mosquito net, an open wardrobe and a functional bathroom. Once everyone had settled in, the



meal prepared by Phoebe was served at the long table in the living room, where we would be having all our meals for the next 14 days: breakfast, lunch and dinner freshly prepared by Phoebe, supplemented by treats smuggled from the Netherlands, including cheese, sausage and peanut butter, Nutella, wine and whisky.

224 patients and some hens are waiting for us

The mission started in earnest on 8 October. After showering with water from a barrel and eating a hearty breakfast with bread that Phoebe had baked, we all walked to the hospital, which is 300 metres from the guesthouse. There are small buildings scattered throughout the grounds: a number of wards, a maternity hospital, an ophthalmic clinic, a multifunctional polyclinic and our operating complex with an operating theatre, a recovery room, a first-aid room, an office and changing rooms. The grounds of the hospital were crowded with the many relatives of patients who stay there to provide informal care, not to mention chickens and hens which occasionally wander into one of the wards.

We broke up into the traditional teams. The theatre nurses went to the operating complex to install the equipment we had brought with us. The doctors went to the out patients clinic, where the consultations were due to begin at eight o'clock. Everyone with an appointment had turned up on time, so there were 224 patients awaiting us, along with their families, when we arrived.

Our arrival had been announced during the preceding weeks and during the mission in March 2018. Forming two teams, we examined and weighed all of the patients one at a time in a cramped space, which offered little privacy and was crowded with interested local hospital staff. The

paperwork was confined to a brief note in the patient's medical status report and operations were scheduled with hand-written lists containing the name, age and weight of the patient, the planned operation and the expected duration of the procedure. This system works extremely smoothly and efficiently in this setting, without the disruption of reliance on an electronic patient file with orders, a planning team or operating room management, but with the constraints arising from the difficulty of securing proper informed consent and the question of whether everyone would actually turn up at the appointed time and day. The patients had a wide range of disorders.

We scheduled 105 operations, but consciously allowed time for any emergency cases that might turn up. Patients with a urogenital disorder were advised to return in March 2019, when the urologist, Professor de Jong, would again be joining the mission. It was an intensive day and it was seven in the evening before everyone had returned to the guesthouse. In the meantime, the operating theatre had been readied as far as possible. At dinner the conversation focused on the unusual disorders we had encountered during the day and looking forward to the next day, when the first fourteen operations were planned. The fun was spoiled for one of us with the news

The operating times were short and the patient turnover was relatively high. Between ten and fourteen patients were operated on each day.

from Kefas that the 'lost suitcase' had now arrived in Abuja, but that, contrary to earlier reports, it would have to be collected by the owner in person. And who should be the owner of the suitcase but the author of this report. Consequently, there is no first-hand report on the first day of operations, except to say that the reaction of the other team members were very enthusiastic.

Our team settles in and gets to work

The following days followed a fairly regular pattern. At seven in the morning we woke to the sound of 'September' by Earth, Wind & Fire ringing across the courtyard of the guesthouse to signal the start of the day and inform us that breakfast would be ready in half an hour. Jurjen and Rob would leave fifteen minutes before the rest of us to prep the first patients. The operations generally started at around 8.30, but it depended somewhat on the electricity supply. Everyone worked for all they were worth. The atmosphere was excellent and the operations



Raising awareness will help to prevent burns.

generally proceeded smoothly, with the exception of one difficult intubation, a case where the local anaesthetic failed to work properly during a skin transplant and another involving the pre-operative discovery of an unexpected problem. Two, and occasionally even three, operating tables were in constant use.

The operating times were short and the patient turnover was relatively high. Between ten and fourteen patients were operated on each day. It was busy in the operating room, with a number of local carers present in a useful, and sometimes less useful, capacity.

Dr Patience, Dr Mike (local doctors) and Dr Thomas (local plastic surgeon) occasionally assisted and took x-rays. There were also three local assistants (Nuhu, Noah and Timothy) on hand to change bandages or casts, provide assistance, transport patients and sterilise instruments. There was a thirty-minute break for lunch in the guesthouse. The work then continued until all of the scheduled operations had been completed.

Very few patients failed to show up. On the other hand, a large number of unscheduled patients were added to the programme, partly through the efforts of Cees who arranged consultations almost every day and added 'a few minor tasks' to the already busy schedule. The aim was to complete all of the operations by around five o'clock every afternoon and that proved possible on most days. On average, everyone was back in the guesthouse for some 'quality time' by around six o'clock. The evenings were

taken up with dinner, stories from the past (the 1970s) and present, music, playing cards, reading and preparing the next day's programme, all in the company of a glass of wine or whisky. It was all very relaxed and informal.

Time flies during our second week

The days flew past and the work proceeded smoothly. Cees passed on a lot of his knowledge and experience in the first few days so that the younger team members were able to work increasingly independently as the mission wore on.

In view of the large number of patients, it was decided to perform operations on the Saturday as well, mainly for burns victims. Meanwhile, the team had become more than a team and it was noticeable how close the camaraderie and the trust within the group had become in just a week.

To my mind, the second week passed even more quickly than the first. One's sense of time appears to be influenced by the number of new experiences one has: the more new experiences one has, the slower the time seems to pass. Strangely enough, everything seemed far more normal in the second week. It is extraordinary how quickly you can acclimatise to a new environment that is so completely different to home. Once again, a great many patients were operated on in the second week.

On Wednesday afternoon classes were organised for the trainee nurses in a small classroom equipped with a beamer and a laptop. They were taught the basics of treating acute burns injuries.

On the last Friday operations were performed for half a day. In the afternoon there was time for the doctors to make their rounds one last time, for Jurjen, Rob and Lisanne to sort out the anaesthetics trolley, for Fatima and Sandra to determine what items would need to be replenished for the next mission, and for Megan to say goodbye at the school. The suitcases were packed again and in the evening there was a dinner with the hospital's staff.

An unforgettable experience

The following morning we said goodbye to Phoebe and her family and left on the return journey to Abuja. Along a road that I had got to know very well by now.... The flight home left at ten in the evening and once again went via Frankfurt, where we had breakfast together. We landed at Schiphol at nine in the morning. At the baggage carousel there were more jokes about whether all the suitcases would appear; this time none were missing. We said our goodbyes: see you soon, we'll app, we'll plan a reunion

soon. And then through customs to where everyone's family was waiting. The group, which was born as an app group and had formed such a close bond because of everything they had gone through together in the previous two weeks, broke up. Everyone went their own way, back to their regular jobs in the Netherlands from Monday. To perform the same duties as in Mangu on paper, but oh so different in practice....

Taking part in this medical mission to Mangu was a fantastic experience. I have brought back so many incredible memories from the two weeks, in both a medical and social sense, from which I expect to reap the benefits for the rest of my life. I want to thank Stichting Faridpur, and Cees Spronk in particular, Stichting Interplast Holland, especially Annemarie Maas, the staff of the COCIN hospital and my travelling companions Chantal, Jurjen, Sjoerd, Rob, Lisanne, Fatima, Sandra and Megan for the fantastic time in Nigeria. I hope to do it again sometime.

Paul Bos



The team with the author in the back

Operations Nigeria October

- 11 cleft lip and/or palate
- 43 post burn contractures and 12 burns
- 26 tumours
- 29 other

Burundi

<i>Official name</i>	Republic of Burundi
<i>Capital</i>	Bujumbura
<i>Location</i>	Central Africa
<i>Surface area</i>	27,834 km ²
<i>Number of inhabitants</i>	11 million
<i>Climate</i>	tropical

22 June – 8 July

Team

<i>Plastic surgeon NP and team leader</i>	Rein Zeeman
<i>Plastic surgeon</i>	Andrew Posma
<i>Anaesthetists</i>	Karin Feddes Gijs Witte
<i>Anaesthetic nurse</i>	Wigbold Verweij
<i>Theatre nurses</i>	Marie-Thérèse de By - de Bakker Albertine SchmöllEllen Campagne - de Rijcke
<i>Film makers</i>	Martin van Bennekum Fred Brinkman
<i>Visited hospitals</i>	Hôpital de Karuzi Hôpital de Rumonge

Burundi is one of Africa's most densely populated countries and the smallest. The civil war lasting from 1994 to 2005 has meant that it is also one of the world's poorest. (184 out of 188 on the United Nation's Human Development Index of 2015). It is located in the great lakes region of Central Africa and is landlocked. Medical care is accessible to very few. Around 55 out of 1,000 children die in their first year.

Film makers join the Interplast team

In 2018 the situation in Burundi had returned to normal. The green light had now been given, after the recommendation not to travel there in 2017. A team was put together for departure in June. Uniquely, two film makers were included because Interplast needed new publicity material. The last time a film had been shot on a mission had been nearly ten years previously. Camera man Fred Brinkman and film director Martin van Bennekum, two retired professionals from the television and film world, volunteered their services



as did the crew in the Netherlands and the rest of the team members. After the mission it was soon apparent that they had produced a terrific film.

Team leader and Interplast Chairman Dr Rein Zeeman flew into Burundi from Uganda two days before the team was due to arrive, enabling him to sort out the final arrangements with Izere partner Andre Nkeshimana. Martin had had a lot of contact with Andre because he was keen to see patients who had been operated on in 2017 for inclusion in the film to show how a single operation can completely change someone's life for the better.



In 2017, and 7 months later – this man now has a job, and his wife is very grateful that his life has been saved



Karin, who was on her first mission, was supervised by Gijs and assisted by Wigbold



Karin has figured out how the portable anaesthesia equipment works



In 2017 and 7 months later. Also starring in the film!

Warm reception at Rumonge

The team arrived, complete with luggage, and after an overnight stay in Bujumbura set off on the journey to the first location with an extra pick-up truck for all the boxes and cases that the Health Ministry kindly provided. Dr Jean Claude Bizimana, by now Interplast Holland's regular local doctor, travelled with the team. Rumonge Hospital was again one of the locations as it had been in November. The team was warmly received, and thanks to the preselection carried out by the local doctors there were no masses of people waiting with conditions that the doctors were unable to remedy. The operating programme was rapidly full with patients primarily with tumours, some of them extremely large, and burn contractures. However, there was not a single child or adult with a cleft lip or palate.

Cooperation with the local staff was excellent as Rein's report records. The days were long and by Friday afternoon 50 operations had been carried out thanks also to the wonderful cooperation with the anaesthesia team.

Independence Day surprise

During the second week the team operated in the three-year old hospital in Karuzi. The screening had been planned for Monday but to the team's amazement few people awaited them. It turned out to be Independence Day in Burundi. There were not enough patients to make a two-day programme.

However the next day 70 people suddenly turned up including 4 young children with cleft lips/palates. So the programme up to and including Friday was soon full. There



Team with the two film makers

was also a baby with untreated burns who had been on the ward since April who was also rapidly added to the schedule. Sadly they still do not do skin transplants in Burundi. On Thursday the Health Minister visited the team but the president unfortunately was otherwise engaged.

The count stood at ninety operations after two weeks. Cooperation with local staff was excellent in both hospitals. Rein's lecture about treating burns also generated a great deal of interest.

Operations Burundi

- 5 cleft lip and/or palate
- 49 tumours
- 23 post burn contractures
- 13 other



Uganda Burns & Plastic Surgery Institute

Semi-autonomous status for the UBPSI

Uganda Burns and Plastic Surgery Institute (UBPSI) with the support of *Stichting* Interplast Holland has continued to be a major player in the running and activities of the Burns Unit in Mulago.

The UBPSI board of directors under the stewardship of Hon Tim Lwanga as the chairman has worked hand in hand with the management of Mulago headed by the Executive director Dr Baterana Byarugaba to see the Burns Unit attain a semi-autonomous status with a ring fenced account. UBPSI played a very big role in lobbying for this and it was finally granted starting with July 2015.

The Government of Uganda through the Ministry of Health started providing a ring fenced budget to the Burns Unit disbursed through Mulago Hospital and the executive director as the chief accounting officer for this budget. In the meantime UBPSI was encouraged to build capacity in order to transit into an independent institute just like the other institutes, such as the cancer and heart institutes.

This budget is used to buy special drugs and sundries for the care of burns patients. From this budget burns patients are also provided with a special diet which is very critical for the healing process of burns patients. The budget also caters for salaries, transport and administration expenses for the medical personnel working on the Burns Unit. Mulago Hospital budget has continued to pay the salaries of the other medical and support staff on the Burns Unit just like the other staff from the hospital.

Dr Robert Ssentongo has continued to be the main steward of the Burns Unit and he has worked with a team of surgeons to provide the much-needed patient care and administration. The medical team at the Burns Unit has continued to provide the specialised care to burns patients from all over the country.

Training programmes for medical students, medical officers and senior house officers from all over the country has also continued to be a major activity of the Burns Unit.

Dr Rein Zeeman the Chairman of Interplast Holland, on the secondment of H.E the president of Uganda Yoweri K. Museveni was appointed as a senior Consultant Plastic Surgeon by the Ministry of health for a period of 3 years W.E.F 25th April 2016. He started his contract in July 2016.

Dutch visitors to the UBPSI

During 2018 through *Stichting* Interplast Holland we received a number of visitors from the Netherlands. The Dutch ambassador to Uganda Mr Henk Jan Bakker, together with Mr Jorn Leeksma who is an official from the embassy, visited the Burns Unit on the invitation of Dr Zeeman. They were taken around the Burns Unit to get an idea on the activities of the Burns Unit.

Caroline Dekker, an anaesthetist from the Netherlands, visited the Burns Unit and supported the staff in the burns theatre. During the month of November we also had a film crew, (Martin van Bennekum and Fred Brinkman) coming from the Netherlands, having stayed for 10 days. They filmed activities from the Burns Unit and Burns Prevention Programme (BPP)



Rein Zeeman
and his team



Adriaan de Blécourt at work

in and around Kampala. They are working on a documentary for the activities of Interplast Holland in Africa. Dr Adriaan de Blécourt a plastic surgeon from the Netherlands visited the Burns Unit and supported the team for two weeks from Nov 10 2018 and left on November 23rd 2018.

Long-term relationship between Interplast and UBPSI *Stichting* Interplast Holland has continued to support the Burns Unit in times of scarcity with dressing materials like gauze, crepe bandage and cotton for dressing burns patients. Interplast also provides Polaroid cameras and the film consumables for proper documentation of patient's data in photos. Interplast has also continued to provide essential equipment like dermatomes and dermatome blades including the maintenance and service of the same.

When the Government of Uganda provided funds for the Burns Unit activities, the Burn Prevention Programme (BPP) which was an activity of the UBPSI was not provided for. Interplast Holland, realising how important this programme was, continued funding and supporting the BPP programme until to date. The BPP has gone through a series of strategy re-inventions to cope with the changes.

Efforts to expand the Burn Prevention Programme

During this time the BPP rolled out into schools, especially in highly populated areas and these school children have over time become our young ambassadors into the communities around them.

There were also efforts initiated to partner with some already existing organisations like the Village health team programmes. The hope was that the people in these organisations would incorporate the burn prevention message

into their already existing programme and this would beef up their messages while for the BPP the message would be carried forward. In the end it would be a win-win situation for both organizations. These were trained and empowered with the BPP message. Unfortunately this didn't work out. It's one of the challenges of our time.

Efforts to partner with Total Uganda didn't bear fruit yet but this one is not yet lost.

Petro city, our long-time partner in this, withdrew their support due to financial constraints with a promise to resume once their financial situation improved.

Together, we can prevent burns in Uganda.

Stephen Kato, Administration Manager, UBPSI



Total number of schools partnering with Burn Prevention Programme has grown to fifty

Many burn prevention clubs have done tremendous activities. Many thanks to the school administrators who welcomed the burn prevention activities and have fully supported these clubs to sensitize fellow students, teachers, the non-teaching staff and their neighbouring communities.



Feel free to watch the video of some of the burnprevention club members in various schools at work in communities and in school.



Stichting Interplast Holland

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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 disfiguration 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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- ... and many others



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