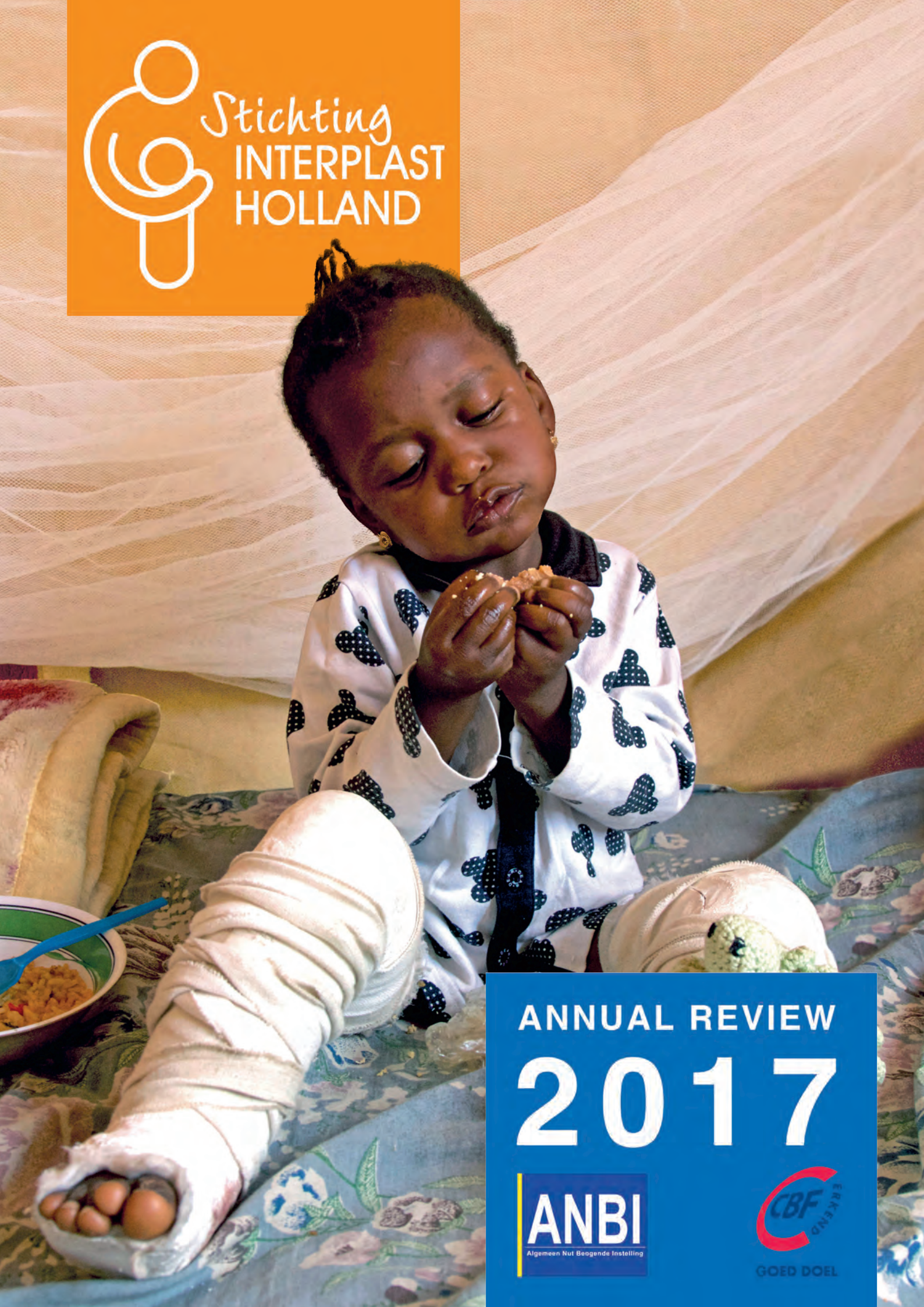
Stichting
INTERPLAST
HOLLAND



ANNUAL REVIEW 2017

ANBI
Algemeen Nut Beogende Instelling

CBF
GOED DOEL

STICHTING INTERPLAST HOLLAND

annual review 2017

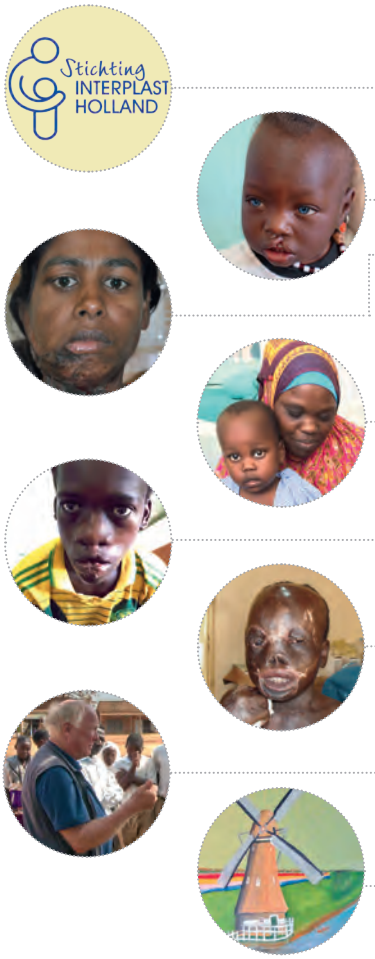


Table of contents

From the chairman

We are pleased to present you with the 2017 Annual Review of *Stichting* Interplast Holland containing concise summaries of our missions and other activities during 2017. Detailed mission and financial reports can be found on our website: **www.interplastholland.nl**.

All the team missions to Bangladesh, Guinea-Bissau, Zanzibar, Tanzania, Nigeria and Burundi were successful. The teams operated on 568 children and (young) adults. I mentioned last year that Burundi was not accessible for us but this year we had a very busy mission in November / December. I also reported last year that our financial situation was not entirely positive. However, through the Dutch True Blue Foundation we came into contact with two fundraisers, Marion Etman and Irene Wassenaar, two professionals who started working for Interplast in July. I am happy to report that since then our financial situation has improved and that Marion and Irene will continue working for Interplast in 2018. Please do continue to give us your financial support, donations are very welcome.

Another issue we have to address is the obligation of all medical professionals, specialists and nurses to be registered in the Netherlands. Registration has to be updated every five years. To qualify, professionals must carry out clinical work at least three days a week and accumulate credits by attending congresses and workshops among other things. It is difficult to comply with these regulations if you are retired and you therefore lose your registration.

Here is the problem: you are retired and finally have time to join Interplast missions and teach local doctors and nurses but most countries nowadays ask for your Dutch registration. We somehow have to convince the registration commission to make an exception for specialists who want to continue their work in developing countries. I am myself retired in the Netherlands but have been registered as a plastic surgeon in Uganda for several years now. In Uganda there is no age limit for practising.

Another matter we need to take into account is the changing patient population. In 2017 I had the opportunity to lead the Interplast missions to Guinea-Bissau, Tanzania and Burundi and I couldn't help noticing that the patient population being referred to Interplast is changing. In the beginning we saw a lot of children (but also adults) with cleft lips and palates, while these days we are mainly presented with post burn contractures and tumours in the head and neck region. We are trying to help these poor patients as well since blood is now more readily available while the expertise in these countries is still lacking.

Also for the first time an orthopaedic surgeon(s) went with the team to Guinea-Bissau and Nigeria. We may have to take a head and neck surgeon with us as well next time!

As you can see there is enough to do and to think about if we are to continue fulfilling the wishes of our partners in developing countries.

I hope you will continue your support of Interplast so we can keep on moving forward.

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

Rein J. Zeeman
Chairman, Interplast Holland

This annual review for 2017 has largely been created and sponsored by volunteers. Photo: Paul James Gomes

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.

Happy mother after her child was operated on a cleft lip

Interplast Holland currently concentrates its activities in Nigeria, Zanzibar, Uganda, Tanzania, Bangladesh, Burundi and Guinea-Bissau. Missions to these countries take place every year. In the past teams have also been sent to Indonesia, Yemen, Vietnam, Rwanda, Pakistan, India, Bhutan, Lebanon, South Sudan, Ghana, Guinea-Conakry, Namibia, Burkina Faso.

Six missions

There were six missions in 2017: one to Bangladesh, one to Nigeria, one to Zanzibar, one to Guinea-Bissau, one to Tanzania 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 burn 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

- 159 team missions
- 20 countries
- 12,838 operations

Guinea-Bissau

Official name	Republic of Guinea-Bissau
Capital	Bissau
Location	West Africa
Surface area	36.152 km^2
Number of inhabitants	1.7 million
Climate	tropical

28 January - 10 February

Team

Plastic surgeon NP and team leader	Rein Zeeman
Assistant plastic surgeon	Yoline Mermans
Orthopaedic surgeon	Ton Schlösser
Anaesthetists	Patricia Riezebos Rutger van Leersum
Anaesthetic nurse	Nicole Deckers
Theatre nurse	Karina Ruizendaal - Heek
Local team	Jan and Will van Maanen Johannes Mooij and Samora
Visited hospital	Hospital Nacional Simão Mendes

Guinea- Bissau is a small West African country with an estimated population of 1.7 million. It is one of the least developed countries in the world and among the poorest, listed number 178 out of 188 on the United Nation's Human Development Index (2015). The Netherlands, for instance, is number 7. Average life expectancy is 55 years and infant mortality in the first year is around 80 in every 1,000. The country lives primarily from agriculture and is the biggest exporter of cashew nuts worldwide.

The team without Rein Zeeman who took the picture

Start of the orthopaedic surgery

Orthopaedic surgeon takes part for the first time

Interplast Holland's 2017 mission to the small, poor West African country of Guinea-Bissau was the ninth since 2008. For the first time in Interplast's history an orthopaedic surgeon joined the plastic surgery team, an initiative prompted by the fall in the number patients for plastic surgery. The orthopaedist, Ton Schlösser, had already gained a lot of experience working in Africa.

After a good journey there but very few hours' sleep the team set to work immediately to screen the patients. Cooperation with the Honorary Consul Jan van Maanen is still excellent so by now Jan and his team know exactly what Interplast can and cannot do. Consequently, almost all the pre-selected patients could be put on the list for an operation.

It took a little more time to screen the orthopaedic patients than the plastic surgery ones. X-rays had to be made and every one had to get used to the new situation.

The local orthopaedists Dr Felix and Dr Marciano were present at the screening. They wanted Ton to go and operate with them in the theatre in the main building. However, since there was only one anaesthetist on the team and Interplast teams always work together on two adjacent tables the local orthopaedists were invited to work alongside Interplast.

On Monday after setting up the operating theatre the team began operating the plastic reconstructive surgery patients. Ton went to take a look at the physiotherapy section in the Rehab centre to see how patients were measured up for prosthetic limbs and he joined the local orthopaedists on their ward round, again inviting them to come and operate with him.

Local staff too busy to join in

The orthopaedic operations began on Wednesday as Rein Zeeman recorded in his report.
To begin with Doctor Felix's junior doctor joined in but for the rest of the mission no one else came. There are only four orthopaedists in the entire country and a huge number

One of two blue eyed children with a cleft lip, before and after surgery

of patients. None of the local doctors came to look at what the Interplast team was doing or to take part in the plastic surgery operations either. Dr Delfin Cabral, who had been present occasionally in preceding years, had been unable to take time off from his schedule and only had two mornings when he was able to join them. Things went well, however, though sometimes there were electricity cuts which immediately meant interruptions in the supply of oxygen. After their operations patients were moved to a ward in a new building. The team had not yet met the nurses. Every morning the doctors first did the rounds of the ward and then spent the rest of the day operating.

Blue-eyed beauties

After what were two successful weeks, in any event for the patients, the team went home except for Rein Zeeman who stayed on for a few days to see to the aftercare of the patients who had been operated on. Rein wrote later in his report that no new date had been fixed for 2018 since it was impossible in Guinea-Bissau, at least at the present time, to comply with one of Interplast's crucial objectives, that of training local staff….

The team members will surely remember the two blue-eyed children with cleft lips. One alone would have been extraordinary but two of them was quite something...!

Operations Guinea-Bissau

- 9 cleft lip and/or palate
- 20 post burn contractures
- 15 orthopaedic
- 23 other

A few months after this mission we heard the sad news that Ton Schlösser had died after a short illness.

Bangladesh

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

21 January – 5 February

Team

Plastic surgeon NP and team leader	Cees Spronk
Plastic surgeons	Paul Spauwen Wouter van der Pot
Anaesthetist	Kees Punt
Anaesthetic nurse	Rita Witteveen
Visited hospital	Arabian Hospital, Faridpur

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 cleft lips 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).

Faridpur: a new location for Interplast!

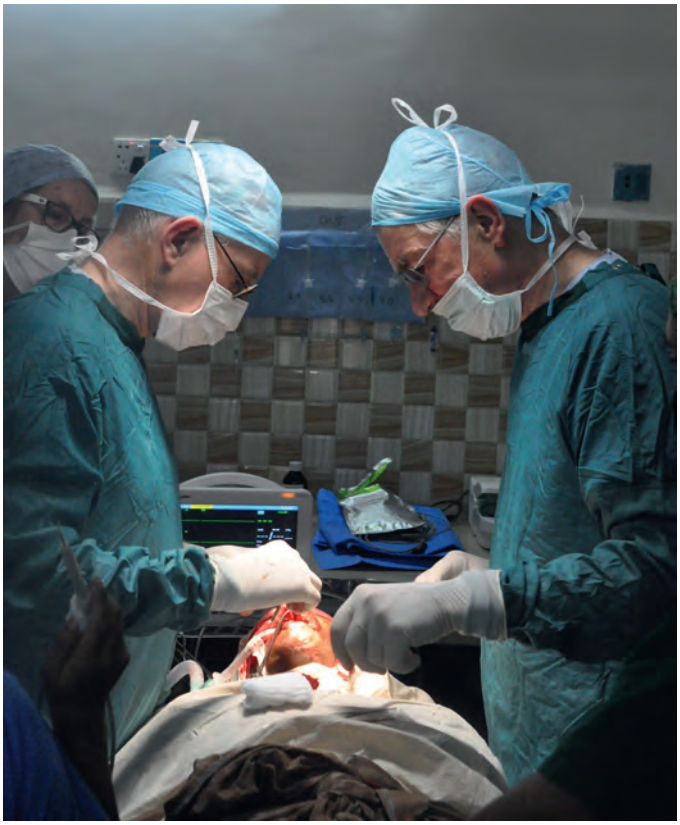
In late 2016 plastic surgeon Cees Spronk approached Interplast with a view to Interplast organising missions to Bangladesh in the future, as Interplast has been doing for Nigeria since 2007, in cooperation with the Faridpur Foundation and the Faridpur Welfare Foundation.

Faridpur Welfare Foundation was founded in 2002 after Cees Spronk visited his brother-in- law Shamin Haque in Faridpur in Bangladesh in 2000. On that occasion Cees offered to operate children free of charge. The response was enormous. More than 30 children were operated on but many had to be turned down. So Cees promised that he would be back. The Dutch foundation Stichting Faridpur was set up and since 2002 Cees Spronk has been working in Faridpur, later accompanied by teams of Dutch medical professionals and always in conjunction with local surgeons. Both foundations have dedicated themselves to building a children's home which meanwhile accommodates 100 children. For further information, please check www.faridpur.nl/bangladesh/het-kindertehuis-in-faridpur/. Shamin Haque's Faridpur Welfare Foundation also facilitates teams from Vienna Eye Care Partners in which Elisabeth and Paul Spauwen take an active part.

The Dutch team together with the team from the Faridpur Welfare Foundation

Little medical care available

'She was brought in with an IV needle in her arm and a ragged bandage around her waist. A nine year old child who had been lying for one or two months in a local hospital with severe burns on her back but who, for some unknown



Paul Spauwen and Cees Spronk operating together for the last time

reason, hadn't been operated on. The doctors has sent her on for us to treat. She looked at us fearfully, with her legs drawn in. The dressing changes that she must have had to experience in the past weeks will have been extremely painful. We decided to expose the injuries under anaesthetic the following day and immediately carry out a skin transplant so that the open wounds could finally heal. Her parents handed her over to us without asking any questions.'
So begins the impressive report written by plastic surgeon Wouter van der Pot who was on the team for the first time.

Great demand for plastic surgery

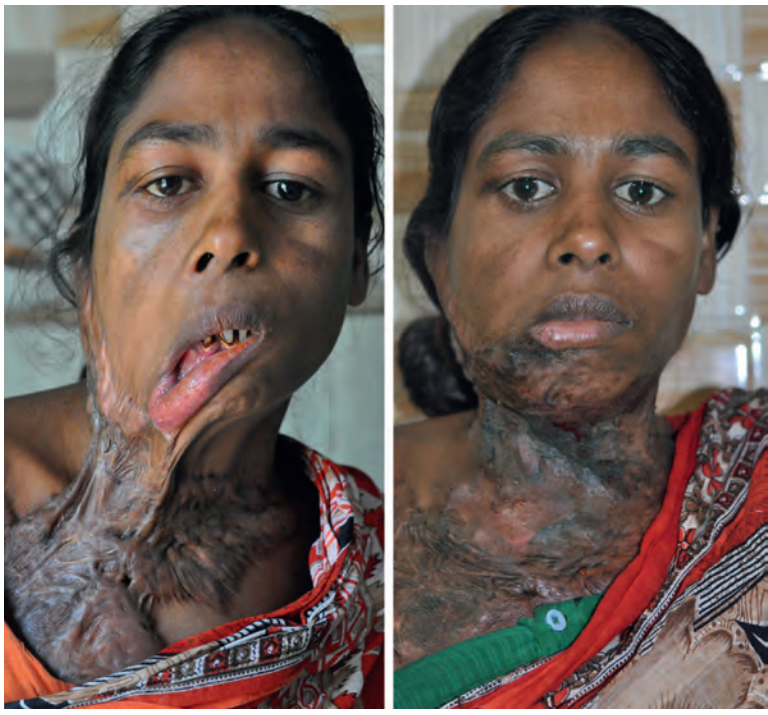
When the team arrived at the hospital on the first day there were around 200 people waiting, all of whom wanted to see a plastic surgeon. As in Africa the team was confronted with a lot of people with serious post burn contractures, and adults with cleft lips and/or palates none of whom had ever been operated on, first because they are too poor and second because plastic surgeons in Bangladesh are very thin on the ground. Interplast and Faridpur both offer to operate and give aftercare free of charge and after all these years the programme is widely known. The screening took the whole day and as Wouter's report relates the team found it difficult to decide who was and who was not eligible for an operation. Two weeks is sometimes too short and patients have to be put on the waiting list for the next team mission. The operating programme was rapidly full.

Final Bangladesh mission for Cees Spronk

The operations began the next day. This took some getting used to initially because the team was working at a different hospital to the one they'd become used to on earlier missions. These operating theatres were brand new but the logistics needed some adjustments. Gradually communications with the local staff got better and better and the team altogether performed 158 operations. Cees Spronk thoroughly enjoyed his last mission to Bangladesh.

Excellent support by the local community

And to close another extract from Wouter's report; 'The entire mission was exceptionally well managed by Shamin Haque and his son Stefan. Shamin is chairman of the Faridpur Welfare Foundation and director of the AKH-group, a big textile company in the region which is a major sponsor. A mission like this is impossible without such a terrifically good local organisation. It really was a special experience for me. What impressed me most was the way the local community trusted us. All of them were very positive about us being there and full of hope that we could do something to help them.'



Before and after surgery

Operations Bangladesh

- 31 cleft lip and/or palate
- 22 congenital
- 51 post burn contractures and 4 burns
- 50 other

Zanzibar

Official name	Zanzibar
Capital	Zanzibar city
Location	island in the Indian Ocean, east of Tanzania
Surface area	1554 km²
Number of inhabitants	1.2 million
Climate	tropical

17 February – 4 March

Team

Plastic surgeons	Tallechien Tempelman Ed Hartman
Paediatric urologist	Liam McCarthy (UK)
Anaesthetist	Gijs Witte
Anaesthetic nurse	Elly Hofstede - Lagerberg
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.

A warm welcome

Before it even began, Interplast's tenth mission to Zanzibar was a little more unpredictable than in previous years. Their local partner Dr Ramadhan Suleiman, Dr Rama for short, was no longer engaged with the organisation and a new director, Dr Ali Salum, had been appointed at the hospital. No one really knew how everything was going to be organised. Fortunately, when the team arrived they quickly realised that excellent arrangements had been made and that the new local doctor Dr Annas Mbarak Annas, Dr Annas for short, was more than capable. The director and staff gave the team an enthusiastic reception.

Every year the team finds that improvements have been made in the hospital where Interplast has been working since 2009. This time the screening had been planned in a new part of the hospital and there were actually two new operating tables and a new lamp in the operating theatres. Plastic surgeon Tallechien Tempelman, on her first mission, reported that the team saw many patients with post burn contractures during the screening, a few children with cleft lips and a lot of different hand problems. Being part of a highly experienced team, headed by plastic surgeon Ed Hartman in the first week, Tallechien was soon up to speed. The operating programmes for both plastic surgery and urology were rapidly full.

Focus on urogenital issues

Urogenital cases are still a big problem in Zanzibar, certainly in comparison with other host countries, so since 2010 a surgeon specialising in these has been part of the team. For the last four years this has been Liam McCarthy, a paediatric urologist from Birmingham with whom Interplast has an excellent working relationship.

The team worked from Monday to Friday in the first week, but because a number of patients were added to the list in the course of the week a few operations were also performed on Saturday alongside the dressing changes. After a few

Meeting with Director Dr Ali Salum

Education about performing safe circumcision in television interviews. Dr McCarthy (left) and Dr Annas (right)

days the team paid a visit to the new director where various issues were discussed and Liam proposed giving some publicity about safe circumcision on which a workshop had been organised in 2014. While on the current mission the team had been confronted with an obvious increase in complications arising from circumcisions.

TV interview to warn parents

The director arranged a local camera team and both Liam and Dr Annas talked on television about safe practices. This is what Liam writes about it in his report: 'There was an increase in numbers of post-circumcision complications seen this year. A television interview for ZBC1 was carried out to warn parents about the risks of fistula formation, particularly to the urethra, and that special care needs to be taken with suturing the circumcision particularly on the underside of the penis.'

Great support from local staff

The team operated from Monday to Thursday in the second week. Again new patients turned up every day. The days went well apart from a few technical problems with the steriliser. The team got into the swing of things and there was enough scope for on-the-job training. Tallechien writes in her report how good it was working together with Dr Annas during various operations. He learned fast and was very enthusiastic. Outside the operating theatre he made excellent arrangements and saw to it that all the patients who had been operated on were seen during the ward rounds.

All the operating days went well and there were few complications. By the end of the mission almost 80 operations had been carried out.

Operating with the light of a WakaWaka lamp

Twins, patients of Liam

Operations Zanzibar

- 40 hypospadia or urethral fistula
- 13 post burn contractures
- 10 hand
- 7 other

Tanzania

Official name	the United Republic of Tanzania
Capital	Dodoma
Location	East Africa
Surface area	945,087 km^2
Number of inhabitants	55 million
Climate	tropical

Tanzania is a country in East Africa bordered by Kenya and Uganda on the north, Rwanda, Burundi and the Democratic Republic of the Congo on the west, and Zambia, Malawi and Mozambique on the south. It is one of the poorest countries in the world. Average life expectancy is 61 years.

24 March – 9 April

Team

Plastic surgeon NP and team leader	Rein Zeeman
Anaesthetist	Toni Klok
Anaesthetic nurse	Saskia Keijzer
Theatre nurse	Marie-Thérèse de By - de Bakker
Stichting True Blue	Natasja and Ilse (until 29 March)
Visited hospitals	Bukoba Regional Hospital

Travelling through Uganda

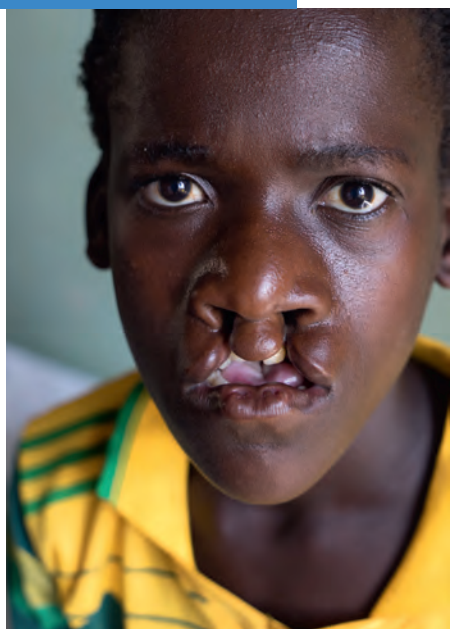
An exploratory mission took place to Tanzania in 2016 together with *Stichting de Vaste Burcht* (The Mighty Fortress) and local contact Pastor Gervase Masanja and it was decided that since it took such a long time getting to the destination from Mwanza in Tanzania itself that the next mission would go via Uganda. The Kagera region is in the north of Tanzania, not far from the Ugandan border. Going via Uganda also gave the team the chance to visit the burns unit in Kampala and later in the same day the Burn Prevention Programme in the slums, this time accompanied by board members of *Stichting True Blue*, Natasja and Ilse.

At the Burns Unit in Kampala, Uganda

Natasja and Toni

A disappointing number of patients

The day after, having still had a very long journey and delays at the border, the team arrived in two cars at the hotel in Bukoba. The next day the team went on to the hospital with high expectations. Earlier news from Bukoba had led the team to expect many patients. Interplast's arrival had also been given a great deal of publicity.
You can therefore imagine how disappointed the team was to find only a few people waiting, the same as in 2016. In the ensuing two days seven operations were carried out with the help of Natasja and Ilse. They left the team after these two days. Nobody knew the reason for the no show.



Boy with bilateral cleft and lower lip pits before and after surgery

More patients arrive from Karagwe

Happily on Thursday a screening was arranged by Karagwe Community Based Rehabilitation Programmes (KCBRP) in Karagwe itself. After driving an hour and a half on excellent roads the team arrived at the Benjamin House.
(The Benjamin House is the name given by the Benjamin Foundation to its own multi-functional rehabilitation centre in Karagwe. The Benjamin Foundation aims to help disabled children in developing countries, for further information please check www.benjaminfoundation.nl/.) The complex comprises a number of new buildings.

To the entire team's relief a lot of people were waiting to be seen despite the rain. The screening had been extremely well-organised by the local team headed by the KCBRP Programme Coordinator Audiphax Kamala. Potential patients were already registered on the list. The team saw 90 people with a great variety of pathology. In the end there were 23 patients on the operating programme. They were to be transported by minibus to Bukoba. On the return journey to Bukoba the team also visited a former local missionary hospital in Karagwe itself which is definitely a potential candidate for a subsequent mission.
Fortunately, five full operating days followed, as team leader Rein Zeeman wrote in his report, though sadly with little support from the local staff in contrast to a year earlier. Nevertheless the team spirit remained excellent.

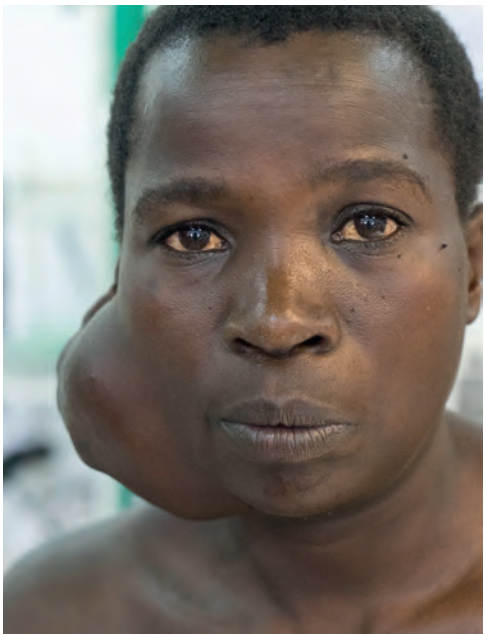
Good results after all

Dressing changes were done on the Thursday of the second week and all skin transplants looked good; the patients and their families were happy with the results.
Having said farewell the team set off for the return journey to Kampala and arrived there before dark despite the rain.
All in all, 37 patients were operated on.

Operations Tanzania

- 9 cleft lip and/or palate
- 7 post burn contractures
- 4 large tumours
- 14 smaller tumours

Before and after removing tumour right parotic gland



Nigeria

Official name	the Federal Republic of Nigeria
Capital	Abuja
Location	West Africa
Surface area	923,768 km^2
Number of inhabitants	178 million
Climate	from tropical to sub-tropical

7 – 21/28 October

Team

Plastic surgeon NP and team leader	Cees Spronk
Plastic surgeon	Rens Huisinga
Assistant plastic surgeon	Lesley Bouwer
Anaesthetists	Gert Scheepstra Paul Michel de Grood
Theatre nurses	Fatima Ben Bouazza Clemens Herbrink
Anaesthetic nurse	Gaby Eichhorn

Orthopaedic team

Orthopaedic surgeons	Dirk van Oostveen Ton van Loon
Theatre nurse	Hanneke Blokx
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.

March mission cancelled

Circumstances permitting an Interplast team goes to the hospital in Mangu twice a year. This time everything seemed fine and the March mission was virtually ready to set off when they suddenly heard that the landing strip at Abuja airport would be out of use for at least six weeks while undergoing full-scale renovation. Since there were no other options the mission had to be cancelled to the great disappointment of the team, but certainly as well to the dismay of the many patients who were awaiting the team's arrival.

Three week mission in October

In October Lufthansa suddenly had flights again on Saturday which meant sleeping a night at the nuns' convent and arriving relatively rested on Sunday in Mangu. Some team members stayed three weeks instead of the usual two. And there was also an orthopaedic team due to arrive in Mangu, but after the two-week plastic surgery mission.

Risk of burns continues

Monday is always the day for screening and setting up the operating theatre. Lesley reported that there were at least 250 people waiting to see the plastic surgeons and anaesthetists.

Open fires in the hospital grounds!

Mr Kefas Tuwan coordinates the burns prevention programme in Mangu. Here is an excerpt from his annual report.

In 2017, we had the opportunity to be of service to thirty-two patients admitted in the hospital, managed and discharged while numerous others were visited at home and traditional treatment centres. With the support from the Stichting Interplast Holland and Stichting Faridpur, the burns prevention awareness within the communities has achieved much improvement.

The activities that have become routine include: community burns awareness programme, lectures and health talks to hospital clients, lectures to community health workers on referral, market women and public gatherings. There were also home visits to patients affected with burns who could not afford hospital base care. The Coordinator and Medical Superintendent have been going round the catchment areas to increase burns awareness and prevention.

Little girl with severe post burn contractures in 2014 and on the right after at least 2 more operations in 2017

Here's an extract from his report:
'By comparison with consulting-hours in the Netherlands, a screening day in Nigeria is an impressive spectacle. None of us will ever forget the sight of a child with Zika, a child with an extensive facial cleft and patients with extensive burn injuries.
There are so many serious burn injuries among children but also adults who fall into open fires or who are doused in boiling water. Such awful suffering. A poster hangs in the surgery about the prevention programme but just twenty metres away in the hospital grounds we see the families of admitted patients cooking on open fires while young children walk about between the pots and pans.'

Dedicated local staff

Tuesday marked the start of ten days of operations. Cooperation with the local, dedicated staff was excellent as usual. It took a bit of getting used to begin with but everyone soon got into the rhythm of things and people got on well together. Plans would appear to be something magical in Nigeria according to Lesley. A schedule of operations decided beforehand sometimes had to be completely abandoned because of patients failing to turn up or arriving unexpectedly.

Record number of operations

Time flew by and when the ten days came to an end 121 operations had been performed. A new record! To close another extract from Lesley's report; 'Besides the many post burn contracture operations there were a few that we

Initiator of the Nigeria / Mangu missions plastic surgeon NP Cees Spronk

will never forget; one was on a small child with a vascular malformation of the cheek, another a small girl with extensive burns on her face, neck and chest, another a young woman who had lost her lower leg as a result of being electrocuted and who had an injury to her skull. I keep wondering how they are getting on?'

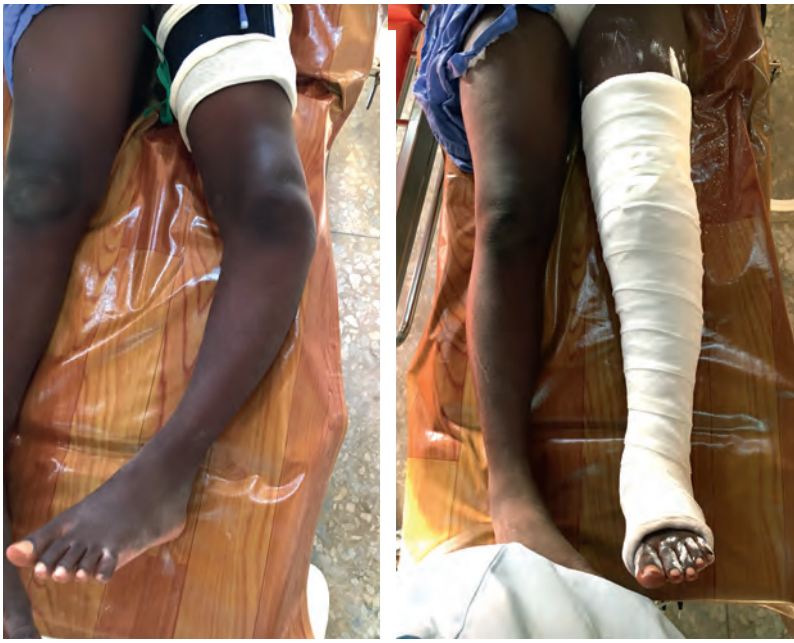
Orthopaedic team joins in

After the second week part of the plastic surgery team went home and were replaced by the orthopaedic team. To everyone's amazement more than 200 people turned up for the screening by the orthopaedic surgeons. Sadly many of them had to be disappointed, not just because time was short but also because the cases were too complex or the patients were in a bad state of health. It wasn't even possible to see all the 200 patients which left the doctors themselves feeling dismayed and powerless. However they were able to operate on 33 patients in only 4 days offering them at least the chance of a better future. One of these patients was a man who lived an isolated life for years because of the stinking wounds on his foot and lower leg. He was glad to have his lower leg amputated. The orthopaedic team will certainly be returning.

Operations Nigeria

- 6 cleft lip and/or palate
- 16 tumours
- 68 post burn contractures and 10 burns
- 21 other
- 33 orthopaedic

The new operating theatre is named after him



Before and after surgery by the orthopaedic surgeons

Official name	Republic of Burundi
Capital	Bujumbura
Location	Central Africa
Surface area	27,834 km²
Number of inhabitants	11 million
Climate	tropical

24 November – 9 December

Team

Plastic surgeon NP and team leader	Rein Zeeman
Plastic surgeon	Andrew Posma
Anaesthetist	Gijs Witte
Anaesthetic nurse	Leo Sitta
Theatre nurses	Els Gerritsen Ellen Campagne
Visited hospitals	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.

From left to right: Gijs, Els, Rein, Andrew, Ellen and Leo

Interplast returns after two years' absence

No Interplast teams had been sent to Burundi since April 2015 after the elections and the ongoing unrest. Although travel warnings were still being issued we heard from our local partner from Izere, André Nkeshimana, and the Dutch ambassador on the spot that many NGOs had returned and that Burundi was quiet.

Rein Zeeman and André Nkeshimana went to see for themselves in September, visiting the hospital in Karuzi and reacquainting themselves with some familiar faces. One of them was Brarudi (Heineken Burundi) who in the past has often arranged and sponsored transport for the team, supplies and equipment. A mission for late November to early December was discussed.

Experienced team knows how to improvise

An extremely experienced and intrepid team, people who had been with Interplast from the beginning, set off for Burundi. Rein Zeeman went on ahead two days earlier flying from Kampala to Bujumbura while the rest of the team arrived on Saturday morning. Rein and André managed to get hold of a bus and driver. Sadly there had been no follow-up forthcoming from the visit to Brarudi in September. On Sunday the team travelled on a reasonably good road to Karuzi where they checked into El Manar guesthouse. A couple of team members ended up in very basic rooms since the ones chosen in September had already been allocated to other guests. The screening began the next morning at 9 am.

The team saw a lot of patients and among them were many with orthopaedic or neurological problems,

At least 200 people waiting for the screening

as Rein Zeeman relates in his report. The 'lips' that had been announced in abundance were unfortunately far fewer, but there were still plenty of patients with other problems like extensive post burn contractures and odontogenic tumours (ameloblastomas) that needed surgery.

A visit from the Health Minister

The hospital is only three years old and modern, but sadly the operating rooms are too small for operating in the usual Interplast way with two adjacent tables. The sterilisation facility was a long way away so Els and Ellen had to do a lot of improvising to get everything ready for a new operation. On Thursday the Health Minister came by. Everyone was a bit nervous and of course a television team came along as well. Rein grasped the opportunity to present them with a badly burned child who had neck, eye and mouth post burn contractures. It made a big impression on the Minister and her retinue.

Having carried out 40 operations, the last ward rounds were carried out on Saturday and the patients handed over to the local doctors. All of the patients were doing well.

Generous hospitality at Rumonge

On Sunday afternoon, having spent the night in Bujumbura, the team went on to the second hospital in Rumonge. The distance from Bujumbura wasn't so great but the road was dreadful. The population living in this coastal area of Lake Tanganyika is extremely poor and make their living from fishing and palm oil plantations.
The Hospital in Rumonge is very basic but the team was received with open arms by the director and several heads of various departments. The team felt extremely welcome. Next day was the screening! At least 200 people were waiting to be seen by the Mzungu (white) doctor. Again a lot of orthopaedic and neurological problems where the only thing that could be done was to give advice.

The screening took up all day and the operating schedule for the coming days was soon full. Then came three long days when the team carried out operations on 39 patients. On Thursday a farewell was organised in the guesthouse where the team was staying. The director had invited all the VIPs in the district as well as the local hospital staff. Beer was served in the guesthouse along with mukeke (fish).

Child with post burn contracture before and after surgery, and one week later

The usual speeches were given and the team was repeatedly thanked also on behalf of the patients all of whom who were very content.

A gift from Sinterklaas

To close an extract from Rein Zeeman's report;
'My compliments for Els and Ellen, who saw to it that sterilized instruments were always available every time. Farida, head of outpatients and administration, was a constant tower of strength for us in arranging everything. Thankfully all our patients were together in a single ward which was in a kind of tent. Dr Jean Claude worked alongside us every day and was going to do the dressing changes a week later.
On 5 December, *Sinterklaas* evening, we had a express parcel from Annemarie via DHL containing the suture material we needed, Jelonet and various medications without which we wouldn't have been able to complete the programme.' During this mission, 79 patients were operated on.

Happy mother after her little girl was operated on a cleft lip

Operations Burundi

- 14 cleft lip and/or palate
- 23 tumours
- 35 post burn contractures
- 7 other

Visiting Rein Zeeman at the Burns Unit in Uganda

Since being appointed senior consultant plastic surgeon by the Ministry of Health Rein Zeeman has been working at the Burns Unit of Mulago Hospital in Kampala, Uganda for longer periods of time. Rein also stayed in Uganda for most of the year in 2017. This gave him an excellent opportunity to meet with several enthusiastic Dutch medical professionals who visited him there and worked alongside local staff at the Burns Unit.

Feikje with the staff of the Burns Unit

Bettina Aler at work at the Burns Unit

Bettina Aler

Bettina Aler worked for years as a trauma psychologist in burn injury care. Now that she's retired she has time to alleviate the situation of children with burn injuries in other parts of the world.
This year she spent a month with Rein Zeeman at the Burns Unit of the Mulago Hospital in Kampala. Using Virtual Reality glasses she distracted the attention of young patients (but also adults) during the painful process of changing dressings, and with play therapy she tried to help patients overcome their fear of moving the affected parts of their body.
Bettina often thinks of the young patients she saw and hopes she can come back one day!

Feikje ten Cate

Second year medical student Feikje ten Cate attended a lecture for medical students by Rein Zeeman in 2016 about working in Africa. She was so inspired that she sent an enthusiastic email asking whether she could join an Interplast mission sometime. It was a bit too early on in her career to join a mission but spending two weeks working with Rein Zeeman at the Burns Unit was no problem. And that's what she did last year.
A brief extract from her report of this exceptional internship (the full version is available on the website www.interplastholland.nl): 'One image I will never forget is of a small boy who had burns on his head and both arms. He was very ill and tired and I was extremely shocked to see the state he was in. However, it is extraordinary how quickly children can recover with the right care. Three days after his operation I saw him cycling cheerfully down the ward as if he was a completely different child. I'll never forget this, it was beautiful to see it happen. It was wonderful to see the result which is what inspires everyone to help all they can.'

Nick Brinkman

'A leathery skin from years working in the tropics, a leather cowboy hat and a rugged four wheel drive full of mud. Dr Zeeman, tropical medicine doctor and plastic surgeon, was waiting for me at the airport in Uganda. Since his retirement some years ago Dr Zeeman has been living and working most of the year in the capital Kampala. As chairman of Stichting Interplast Holland he heads the plastic surgery department and the burns centre in the Kiruddu Mulago hospital. In addition he operates several times a year during a two-week mission in another African country. Under his direction I spent an internship for a number of weeks in the plastic surgery department and the burns centre at Kirrudu hospital.

The hospital is situated on one of the many hills just outside the centre of Kampala, a city with more than 1.5 million inhabitants. From a distance Kirrudu hospital looks reasonably modern but once you get inside it is no different to many African buildings, dusty, poorly maintained, few facilities and masses of people. The construction of the hospital has brought about an enormous amount of activity and entrepreneurs in the vicinity have avidly seized the opportunities. Food stalls for patients' families, a whole range of dispensing chemists and a carpenter who has set out his stall of coffins on the pavement. At the entrance to the hospital there was a pick-up truck with a person who had died wrapped up in a carpet in the back, a cheaper alternative to a coffin.
The department on the 4th floor comprises an Intensive Care section, a mixed plastic surgery and burns ward,

Rein Zeeman and Nick Brinkman

with separate sections for children, men and women.
The main difference between the IC and the rest is that there are fewer patients per square metre. Intensive monitoring of the vital parameters is impossible. For the rest there is an outpatients department and there are two operating theatres. On paper this sounds reasonably well organised but chaos reigns.
Dr Zeeman does the ward rounds daily trailing an army of interns, junior doctors and nursing staff. At a steady pace we pass by all the patients and the interns take notes on any findings and what's been agreed. Asking for imaging tests or peer review is a test of anyone's patience. It can take days. Patients and doctors resign themselves. After the rounds the operating programme begins, at least if all goes well. And there are lots of things that can throw a wrench in the works; an anaesthetist with malaria, an empty oxygen tank or wrongly-ordered blood products. I soon learned to take the planning schedules and agendas with a pinch of salt and to regard them rather as a statement of intent rather than an actual agreed event. On average nevertheless about five patients a day were operated on.

Because Kirrudu is a referral centre patients trickle into outpatients from far and wide in the mornings. They are triaged and patiently wait until the surgeon has finished operating and can see them. Sometimes a patient is immediately put on the list, or scheduled for an operation but it is not unusual for a patient to have to make the long journey back home without having achieved anything.

The pathology I encountered was impressive. Most of the cases involve burns, often among children. This is an enormous problem in Uganda because people in the slums cook on open fires with the children playing around them. Many homes are moreover made of inflammable material. This is why Interplast launched the Burn Prevention Programme some years ago. The endeavour is to reduce the number of burn victims by making people aware of the dangers. For the time being the programme seems to be having a beneficial impact. In the slum districts, where I took a look, the people are increasingly taking steps to prevent burns for example by fencing cooking fires.
Besides the patients with burns injuries and all the drastic consequences of these (such as significant joint contractures and keloids) we also treated many other patients in the short time that I was there. A rare toxic epidermal necrolysis, an acid burn covering 40% of the body surface where half of the face was penetrated to the bone and victims of accidents with boda-bodas (motorcycle taxis). Treating some of these patients meant stretching the boundaries of plastic surgery to the limit. Since by Western standards the facilities are primitive old-fashioned techniques often have to be applied like pedicled flaps, operations in several stages and skin transplants. Often a satisfactory result can still be obtained with minimal means.

Besides learning a number of operating skills and acquiring medical knowhow, the weeks I spent in Uganda were often highly instructive culturally and socially. Running a plastic surgery department in a developing country as Dr Zeeman does requires logistical acrobatics. Accepting that the standard of care is less and that it is difficult to get things done can be frustrating from time to time. It's all too easy to give up faced with such setbacks. But the art here is to carve out a path and go with the flow of the Ugandans. Trying to produce the best possible result with the minimum of resources requires inventiveness and persistence, indispensable qualities in a plastic surgeon (in the tropics). It is optimistic to think that as a doctor you can bring about a structural change in a continent in which the problems are so deeply-rooted. But that doesn't mean you shouldn't try. At an individual level you can mean an awful lot and drastically improve the quality of people's lives. I hope that during the course of my further career I can regularly return to do work of this kind a few weeks a year.'

Nick Brinkman
Plastic surgery resident
Erasmus University Medical Centre, Rotterdam

Nick at work in the operating room

Burn prevention in Uganda

Since 2012, Interplast Holland has been supporting the Burns Prevention Programme in Uganda's capital, Kampala. This programme aims to prevent burns by raising awareness of the dangers of cooking on open fires and having candles near mosquito nets. Joseph Ssentongo is the administrator of this programme, this is his executive summary of burns prevention in Uganda for the year 2017.

Burns prevention enters a new phase

The year 2017 opened a new phase of the activities of the Burns Prevention activities in Uganda. In the previous years, all the burns prevention activities were tailored to fit within the project-like framework. Most of the work was done by trained Burns Prevention Officers (BPOs). The work proved to be overwhelming compared to the trained human resources available; the workforce numbered only eight people.

More volunteers are involved

The activities were redirected to a programme framework. This involved training carefully selected groups of people to help reach out to communities more smoothly than we would with a few burn prevention officers. We started with primary school teachers from sixteen schools in Kawempe, Makindye and Rubaga divisions of Kampala district. This redirection is moving on smoothly and working in a self-help approach. This needs reasonable support and follow up in the short run but in the long run the programme will be sustainable since it will be absorbed within the structures of the communities we serve.

The second half of the year 2017 was mainly characterised by follow-ups to the activities in the partnering schools and planning to get more volunteers across Kampala district so that the Burn Prevention Programme's slogan (Together we can prevent burns) gains more weight and becomes deeply rooted within the five divisions that make up Kampala. We are still making efforts to create more partnerships / collaborations so that with varied Governmental and Non-Government organisations we can prevent burns among children of six years and below.

Burn survivors remain vulnerable

Burn survivors in poor countries are vulnerable to stigma, exclusion and a life of poverty. They are frequently from poor communities and do not have the financial means to pay for surgery and other treatments needed to achieve functional and aesthetic improvements after the initial healing and grafting. They fall behind in their schooling or lose their jobs. Although disfigurement is a common sight in many poor countries, it is nevertheless a cause of stigma and avoidance, sometimes perpetuated by cultural beliefs. Prevention is the key; truly the best way to treat a burn is to prevent it from happening in the first place. Effective prevention programmes will face similar barriers to implementation as those efforts to improve acute care but prevention is much more cost-effective and will clearly reach greater numbers of people.

Conclusion

The activities of the Burn Prevention Programme are increasingly attracting new efforts. Interestingly, people are willing to freely volunteer to prevent burns among children six years and below, thus what was a dream at the inception of the programme is now becoming
a reality. The future of the Burn Prevention Programme is bright, let us continue preventing burns together.
Very many thanks to our donors who see to it that these activities are well facilitated. Also many thanks to the local leaders in Uganda who voluntarily welcome the programme in their busy work schedules. **Together we can prevent burns in Uganda.**

By Ssentongo Joseph,
Administrator, Burns Prevention Programme Uganda

Rein Zeeman addressing the schoolchildren about the importance of burn prevention (prevention officers Joseph and Charles on the left)

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 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.

Stichting Interplast Holland

Board
Drs. Rein J. Zeeman, chairman
Drs. Rutger L. van Leersum, secretary
Henk J.A. Koster, treasurer

Honorary Member
Frank E.I. Schaaf
Prof. dr. Bert D. de Jong †
Els L. Gerritsen

Nursing Committee
Elles Loenen
Paula Ellen
Marie-Thérèse de By-de Bakker
Lesley Monfils
Elly Lagerberg-Hofstede
Vanessa de Roos

Office
Annemarie Maas

Committee of Recommendation
Drs. Erica Terpstra
Herman van Veen

Interplast is also active on Facebook

facebook

Correspondence
Stichting Interplast Holland
PO Box 2189
2301 CD Leiden

Visitors' address
Stichting Interplast Holland
Poortgebouw Zuid, room 468
Rijnsburgerweg 10
2333 AA Leiden
The Netherlands

T +31-(0)71-52 10 165
F +31-(0)71-52 14 458
E info@interplastholland.nl
I http://www.interplastholland.nl

ING
IBAN NL19 INGB 000 152 06 38
BIC INGB NL 2A

ABN AMRO
IBAN NL76 ABNA 044 880 09 26
BIC ABNA NL 2A

This annual review has largely been sponsored and created thanks to the cooperation of

editing	Annemarie Maas
translation	Wordsmiths Translations, Den Haag
final editing	Astrid Nagelhout, Leiden
design	Marian Konings, Zaandam
printing	Ray Kruithof Kremer, Delta Print BV, Zoetermeer

With special thanks to...

ALL INTERPLAST VOLUNTEERS
- Diaconie PG de Rank, Nieuw Vennep
- Euro Tissue Bank, Beverwijk
- Jan (Honorary Consul) and Will van Maanen, Bissau, Guinea-Bissau
- Johannes Mooij, Bissau, Guinea-Bissau
- ASN Foundation, www.asnbank.nl
- Johan Krijt / Goedemiddag! online, Den Haag
- Mirjam Blaak Sow, ambassador Uganda for the Benelux
- Stichting True Blue
- Dutch Flower Foundation
- Diaconie Protestantse Gemeente H-Z-B, Avenhoorn
- Stichting Bron van Leven, Wassenaar
- Leids Universitair Medisch Centrum
- Diverse stille fondsen
- Jos Gosen, Zoeterwoude
- Bettina Aler, Amsterdam
- W.M. de Hoop Stichting
- Stichting Eekhoorn, Rijnsburg
- Stichting Elise Mathilde Fonds
- Dr. E.J.F. Timmenga, Rotterdam
- Dana Petroleum Netherlands B.V., Den Haag
- Fam. S. van der Meij, Rijnsburg
- Alrijne Ziekenhuis, Leiden
- Dokters van de Wereld, Amsterdam
- Mevr. L.S. Wijnbergen, Rotterdam
- Philippe Ollivier, Den Haag

... and many others

Book on cleft lip and palate surgery in developing countries.

Available on request
info@interplastholland.nl
for € 25,–

Stichting
INTERPLAST
HOLLAND

Gijs, thank you for almost 60 weeks of free time for the Interplast missions! **Happy retirement.**

Postbus 2189
2301 CD Leiden

T +31-(0)71-52 10 165
F +31-(0)71-52 14 458

E info@interplastholland.nl
I www.interplastholland.nl

ING
IBAN NL19 INGB 000 152 06 38
BIC INGB NL 2A

ABN AMRO
IBAN NL76 ABNA 044 880 09 26
BIC ABNA NL 2A