

ANNUAL REVIEW
2022





From the chairman

It is with gratitude and pleasure that we are able to present this Annual Review to you. This means that after the Covid years in which Interplast Holland's activities were limited and the teams could not travel, we were fortunately able to do a lot again in 2022. A total of 40 flights were booked; a burn course was held for the first time in Uganda; an exploratory visit took place to Malawi; exams were taken in Windhoek, Namibia where I proudly welcomed two new Ugandan Plastic Surgeons; weekly Zoom meetings were organized and almost 500 life-changing operations were performed during the



various surgical camps. Thanks to the often moving accounts, both written and narrated, by our volunteers, you get a glimpse behind the scenes... So many medical professionals who do this work from their hearts. We are very grateful to them! The 30th anniversary of Interplast Holland could also finally be celebrated in 2022 with a symposium and dinner. The first part of the symposium was devoted to the work of founder and honorary chairman Rein Zeeman who sadly passed away in 2021. It was a beautiful tribute to Rein in the presence of his widow Thil Zeeman, ambassador and personal friend Mirjam Blaak-Sow and many other dear friends and volunteers.

Prof. dr. Corstiaan Breugem

If not us, who? If not now, when?

— JOHN F KENNEDY —

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After the pandemic, an Interplast team was finally able to return to Munshiganj, Bangladesh. Plastic surgeon **Mark Smeulders** tells us all about it.

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Working together for optimal results

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 to low and middle income countries. Their mission is to provide medical aid and improve the quality of life for individuals who suffer from physical disabilities or disfigurements. The medical professionals, 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 at no cost 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 ensure lasting results, Interplast Holland works intensively with local hospitals, doctors, nurses, universities and NGOs. In order to prevent overburdening local hospitals, the majority of the materials needed to perform approximately 100-120 operations are either transported from the Netherlands or purchased locally, if possible. 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 operates fully independent from its fellow Interplast organisations. They are regarded as sister organisations. Interplast Holland currently concentrates its activities in Zanzibar, Uganda, Bangladesh and Burundi. Surgical camps to these countries take place every year. In the past, teams have also worked in Indonesia, Yemen, Vietnam, Rwanda, Guinee-Bissau and Nigeria, among others.

Activities in 2022

In 2022, Interplast teams worked in Uganda, Bangladesh (2 teams) and Burundi (2 times). There was also an exploratory visit to Malawi. Together, almost 500 surgeries were performed. In

SINCE ITS FOUNDATION IN 1990, INTERPLAST HOLLAND HAS SENT **182 teams** TO **24 countries**

AND PERFORMED **15,044 operations**

Uganda, the first Basics of Burn Care course was organized for doctors and nurses from 11 referral hospitals. After years of working in Nigeria, Interplast now supports local surgical camps twice a year. This is the result of years of training by the Interplast Holland teams. In addition to the teams working in the different countries Zoom sessions, set up during the Covid pandemic, have also continued. These take place weekly with colleagues in Uganda and every two weeks with colleagues in Ghana. Prior to each session, a case is submitted from both sides, which is then discussed. This interactive digital way of providing support is still very successful and in 2023 Webinars will be added every six weeks. This with the cooperation of internationally renowned plastic surgeons.

Visionary goal

Interplast Holland envisions a society in developing countries in which children and adults with physical disabilities receive medical treatment that enables them to fully participate in their community, without any physical, mental or social barriers.

Mission

Interplast Holland is a charitable organisation that is dedicated to advancing reconstructive surgery and treatment in low and middle income countries by promoting self-sufficiency of local doctors, nurses and other staff. The organisation works towards this goal by carrying out surgical operations and providing training and courses during team missions, by founding and supporting plastic and reconstructive surgery units and burn centres, and by implementing burns prevention programmes. Cooperation with other organisations in The Netherlands and abroad is high on the agenda •

Additional activities

In addition to the usual surgical camps, many other activities took place in 2022. Here's a small overview of what Interplast Holland also took on in Africa.

Nigeria

Unfortunately, Interplast teams could not travel to Mangu, Nigeria in 2022. The situation is too unsafe, especially because after arriving in the country, the teams have to travel at least six hours to get to Mangu. However, the local team over there has stepped up fantastically. They now organize a camp twice a year, with great success. Interplast Holland wholeheartedly supports this initiative and contributes to any costs. In 2022, the team independently performed more than 100 operations. Plastic surgeon Dr. Azer Thomas Anongo from Jos, Nigeria now also participates in the weekly Zoom sessions with Uganda.

COSECSA exams

The chairman of Interplast Holland, professor Corstiaan Breugem, travelled to Windhoek, Namibia to witness the COSECSA exams that took place from December 4-7. COSECSA is the College of Surgeons of East, Central and Southern Africa. (www.cosecsa.org). Corstiaan was involved as an external examiner to see which residents were ready to take their final exams and become official plastic surgeons. Together with the department heads of the 14 involved areas of COSECSA, he was able to see how 14 new plastic surgeons graduated. Next year, the exams will be held in Addis Ababa. Corstiaan was especially proud of the two new plastic surgeons from Kampala, Uganda: Dr. Titus Opegu and Dr. Joel Wandaba. Weekly Zoom sessions with the

residents in Uganda have taken place since July 2021 to discuss mainly challenging cases, but also to prepare for these exams. In 2023, Titus and Joel will travel to the Netherlands for two weeks. There, they will work at Amsterdam UMC and Erasmus UMC together with the Dutch plastic surgeons whom they already know from the weekly Zoom sessions and/or visits to Uganda.

Scholarship

In 2022, Interplast again supported the study of Dr. Juma Salum from Zanzibar. He is pursuing a master's degree in Medicine in Surgery in Kampala, Uganda and is rounding up his final year of studying. By working with the Interplast teams led by plastic surgeon Tallechien Tempelman, Dr. Juma is determined to become Zanzibar's first plastic surgeon. Interplast warmly welcomes this!

Malawi

In 2022, Interplast visited Malawi twice at the invitation of Eric Borgstein, a pediatric surgeon and professor at the Queens Elizabeth Central Hospital (QECH) in Blantyre and the University of Malawi College of Medicine. The purpose of the first visit was to make an inventory of how Interplast Holland could potentially contribute to the improvement of plastic surgery care, research and education in QECH, which is the largest hospital in Malawi. At that time, only one plastic surgeon, Tilinde Chokoto, was working in the hospital. Dr. Chokoto was single-handedly responsible for patient care, research and training in plastic surgery. There was no separate department; his patients were scattered throughout the hospital's various buildings. He is responsible for the burns department as well, which is also housed in a separate building within the hospital. The various departments differ greatly in the state of maintenance, including equipment. The state of the equipment in the burns department is deplorable; nearly everything has been broken for years. The nurses are enthusiastic and passionate, but cannot do the required work as there are shortages of everything. Burn patients sometimes lie there for months due to a very conservative policy.



1 From left to right: Daniël, Margot, Sibrand and Dorothy



2 Together with local trainers Dr. Rose Alenyo and Dr. Edris Kalanzi of Kiruddu hospital Kampala, Uganda



3 Mother and baby after surgery of cleft lip in Malawi

The second Interplast visit was all about education, guidance and further inventory by two very experienced plastic surgeons, Margot Lemmen and Sibrand Schepel. In the meantime, two plastic surgeons had been recruited in Blantyre: Daniël Getachew from Ethiopia, for QECH as well as Dorothy Bbaale from Uganda (an acquaintance of Rein Zeeman) for Beit CURE International Hospital. Both are enthusiastic and full of good will; Sibrand and Margot worked very well with them in the two weeks they were there. In the coming years, QECH has a lot of improving to do, especially in terms of care and the organization of the burns department. Together with Operation Smile, which has also been a partner of Eric Borgstein for many years, an extensive improvement plan is currently being worked on. For it to work, it's important that Tilinde adjust his conservative policy. ◦

About Malawi

The Republic of Malawi, its official name, is a country in Africa bordering Zambia, Tanzania and Mozambique. It is a former British colony which gained independence in 1964. The capital of Malawi is Lilongwe, with Blantyre being the second largest town. Malawi covers an area of 118.484 square kilometres and has about 19 million inhabitants. 80% of the population is Christian. Infant mortality is high and life expectancy is about 50 years. According to the United Nations Development Programme, 65.3% of the population in Malawi lives below the poverty line. The country is nicknamed "The Warm Heart of Africa" because of the friendliness of its people.



‘A fragrance I will never forget: the scent of Africa!’

Although **Shoista Kambiz** had been participating in weekly Zoom meetings with Uganda since 2021, she had yet to see the country for herself. That all changed last June, when she visited Uganda for the first time.

UGANDA
June 2022

The country
Official name: **the Republic of Uganda**
Capital: **Kampala**
Location: **landlocked in East Africa**
Surface area: **241,038 km²**
Inhabitants: **45,80 million**
Climate: **tropical**

My very first trip to Africa and, more specifically, to Uganda. The country known as the Pearl of Africa, with much of the population depending on the world's largest river, Nile. With this knowledge, as well as suitcases full of sutures, instruments and presents, but above all armed with a lot of enthusiasm, we left home on June 6, 2022. Our destination: Kiruddu Referral Hospital, located in Kampala, the capital of Uganda. When we left the airport and stepped outside, I noticed a specific smell that several colleagues had informed me about, but which I could never have imagined until I experienced it for myself. "You'll understand when you stand with both feet on African soil," they had told me, and they were right. I smelled a mix of red earth, spices and exhaust fumes. A fragrance I will never forget: the scent of Africa!

Two main specialisations

The first week of our visit, there were just three of us. We used the time to get to know the plastic surgeons, assistants, nurses and the culture in Kiruddu hospital. The largest public hospital in Kampala, it opened its doors in 2016 and is known for two main specialisations: internal medicine and burn care within the plastic surgery department.

We were pleasantly surprised; the basics of burn care were so much better than we had dared to expect. For each burn patient,

‘That’s how you learn within our profession: by doing it yourself!’

a form with the estimated burn area (in percentages) and a calculation of fluid resuscitation has to be filled in. Sicker patients are admitted to a separate "intensive care" department, with a saturation meter and heart rate monitoring as the only addition. It is possible to obtain additional research such as MRI scans and pathology through cooperation with nearby hospitals. What I found fascinating was the army of interns, fellows and residents from various hospitals who eagerly watched during rounds and were occasionally allowed to close wounds in the operating room.

Hygiene measures

However, we also noticed there was much room for improvement. Beginning with hygiene measures: Our nurses Fatima and



Team

Plastic surgeon and team leader: Jenda Hop **Resident plastic surgeon:** Shoista Kambiz **Nurse and research nurse:** Helma Hofland **Theatre nurse:** Fatima Ben Bouazza **Plastic surgeon (and president of Interplast Holland):** Corstiaan Breugem



- 1 Participants after the successful course
- 2 Teaching Z-plasty by Jenda
- 3 From left to right: Fatima, Jenda, Helma and Shoista
- 4 Practising Z-Plasty

Helma were quick to stand by with a bottle of hand sanitizer during morning rounds. Everyone had to use it, even the big chief, Dr. Kalanzi. He caught on quickly: after every patient visit, he agreeably stuck both his hands out to our ladies to sanitize, and the rest soon followed. All colleagues were asked to remove all jewellery during patient contact and pull up sleeves that were long: the “back to basics hygiene class for meds” was born! The patient ward where we did our rounds every morning functioned as a multifunctional space, making it a place of disorganized chaos. Children and adults spent the night together in the same room, without any privacy. Family members who travelled with them from far away also stayed there. Although one room is set up for dressing changes, it wasn't big enough to cover dozens of daily dressing changes, so most of them are done on the ward, in the open. The plastic surgery department in Kiruddu hospital contains two operating rooms that are used daily. From skin grafting and contracture release to local flaps for lower leg trauma, they handle everything.

Hand over the knife

We were motivated right away to also roll up our sleeves and not just demonstrate procedures, but to hand over the knife and guide our colleagues while they performed the operation. That's how you learn within our profession: by doing it yourself! The second week started before we knew it, and was all about the Basics of Burn Care course. With the arrival of Jenda (newly recovered from Covid) and Corstiaan, our team was complete. After the last slides had been checked, we were prepared and ready to get to work!”

Basics of Burn Care course

“From eleven different hospitals in a 400 km radius of Kampala, nurses and doctors travelled to participate in a three-day course on burns. Many subjects were discussed, among which acute burn care, indication and moment of referral to a larger centre such as the Kiruddu hospital, wound care around burns and secondary contracture release. The room was quickly filled with more than 100 enthusiastic participants and we eagerly went looking for extra seats so that all interested parties, including medical students, would not miss this opportunity. We conducted digital questionnaires before and after the course. Logging in was

not easy for everyone, but once everybody was on board, we could finally start. The Director of Kiruddu Referral Hospital, Dr. Charles Kabugo, opened the course together with Corstiaan Breugem and in the presence of the Permanent Secretary of the Ministry of Health in Uganda, Dr. Diana Atwine.

Remembering Rein Zeeman

The latter spoke highly of Kiruddu Hospital. She showed her gratitude and respect for the faithful and loving work of Rein Zeeman, founder of Interplast Holland, and observed one minute of silence in memory of this legendary man,

who made such a difference in Kampala. This was one of the many moments where I felt Dr. Zeeman's presence in Kiruddu Hospital. Unfortunately, I never knew him. And yet it felt like he was still present in the hospital. His photos hung in the hallway that served as a waiting area, on the ward and in the classroom where we held the course. Young people as well as older ones talked about him, and occasionally a tear was shed at his heroic stories. The course was successful for both the organization and the participants. Full of enthusiasm, we left this successful course, the beautiful hospital and the extraordinary country, with a promise to come back next year.”

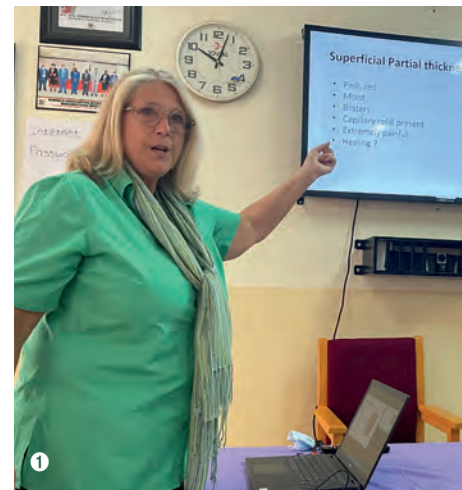


'I felt Dr. Rein Zeeman's presence in Kiruddu Hospital'



Burn care in Africa

Helma Hofland is a nurse and nurse researcher in the burn centre in Rotterdam's Maasstad Ziekenhuis. She tells us all about the Basics of Burn Care course that was held in Kampala, the capital of Uganda, last June.



“Getting burned is a trauma that has a lot of impact on patients and their loved ones. The treatment is accompanied by pain and fear of the many wound dressings, but also, unfortunately, contractures due to treatment that hasn't happened, or only partially - something we, working for Interplast, often encounter. The WHO stresses the fact that we are dealing with a major public health crisis. Burns are the fourth largest cause of trauma worldwide, part of an illustrious list with violence and car accidents. Ninety percent of all burns worldwide occur in low and middle income countries. The causes are often poverty, poor living

conditions and little or no knowledge of prevention. Nowadays Africa has burn centres in a number of countries, such as Malawi, Rwanda, South Africa, and Uganda. Although generally manned by highly motivated staff, most have had little or no training. Most only learn bedside training (in Uganda) or 'train the trainer' through the Interburns organization. Burn care is expensive, as are wound materials; pain medication is almost non-existent and patients often have to buy wound dressings, such as bandages and gauzes, themselves. In addition, there are many problems surrounding operations. Due to a lack of staff, functioning blood banks, and the absence of materials such as dermatomes and meshers, operations cannot take place or have to be postponed, sometimes for months.

Treatment

Fortunately, not all burns require surgery. When it comes to wound treatment, the African nurses know what to do; they can clean wounds very well, although sometimes with less attention to the pain and fear. After having been cleaned, many wounds are bandaged with Bethadine gauze, which is everywhere. This bandage is then left on the wound for three days, after which wound care takes place again. Unfortunately, the effect of Bethadine wears off after 4 hours. There is a risk of wound infection, especially with deeper wounds. The basis of burn care is not a dry gauze soaked in Bethadine, but a sterile Vaseline gauze which, if the nurses have the materials, can be made locally. So it is important to look at what is available locally: silversulphadiazine (flamazine®) is often available, but very expensive. Treatment with honey, or honey mixed with ghee (clarified butter) or Vaseline is an excellent alternative, the effect is antibacterial. Papaya can also be used well in wound care; the enzymes of this fruit (papain) cause softening of necrosis and flattening of hyper granulation.

Basics of Burn Care course in Kampala

In June we left for Kampala with a team led by Jenda Hop to help out at the burn/plastic surgery ward. Corstiaan Breugem joined us later, and the first Basics of Burn Care course was held, which was organised together with the Ugandan staff. The nurs-



es were very happy about the fact that there was a nurse assigned especially to work with them. They were busy, there were many patients, but the desire to learn was enormous. After their shift ended, they stayed on the ward for a lesson on a variety of topics such as nutrition and infection prevention. Fatima, a theatre nurse, and I soon found out that there was not enough material for wound care. There were a lot of gauzes and Bethadine, but people had to buy other products themselves. The Vaseline gauzes, which the plastic surgeon also likes to work with, were not available either. But with the help of Stephen and Annemarie, a large container (100 kilos) could be purchased through Interplast. In addition, the use of honey was also revived.

Papaya

Because there were many patients for plastic corrections, burn patients with hyper granulation were somewhat forgotten. A few children had been waiting for an operation for several months. After giving a lesson about this problem to both doctors and nurses, the papaya treatment was introduced. The next morning, head nurse Jacky came in with a container of mashed papaya.



We were able to start using this right away. The results were so positive that the papaya has been reinstated. Burn care is primarily a nursing affair. By giving our colleagues in Kampala a good education and being there to solve problems together in the field of nutrition, infection control and pain management - together with burns doctor Dr. Christina, of course - we can be of help to a lot of the nurses, but especially to the patients. The next step will be to support the physiotherapist in this burns centre, because physio-therapy also falls under the treatment of burns. What a fantastic experience to be able to host the first Basics of Burn Care Course in Kampala together and have so many nurses be able to participate. As important as this work is, prevention is still better than a cure. I was impressed by the prevention program in Kampala presented during the course and I sincerely hope that Interplast can continue to support this initiative. ◦

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- 1 Helma Hofland during the course
- 2 Child with burns on the ward
- 3 A container of mashed papaya for wound care



The country

Official name: **the People's Republic of Bangladesh**
Capital: **Dhaka**
Location: **South Asia**
Surface area: **147,570 km²**
Number of inhabitants: **165 million**
Climate: **tropical**

BANGLADESH

Faridpur
November 2022

‘Just like the parents, we were thrilled with the results’

Plastic surgeon **Chantal Mouës-Vink** had been to Bangladesh once before. Last November she returned to the country after eleven years and was positively surprised: the experience turned out to be far better than she could have wished for. An interview with a passionate Interplast volunteer.

The first time Chantal Mouës heard that surgeons were being sought to join a surgical camp in Nigeria, she immediately signed up. It was 2009, she was in training in Rotterdam and travelled with a team of the now retired plastic surgeon and tropical doctor Cees Spronk to Mangu, Nigeria.

“During that first trip I immediately became fascinated by the different culture and way of working. The feeling that I was the odd one out in Nigeria disappeared immediately because we were welcomed by patients who were sincere and kind. The idea of practicing my favourite profession, seeing its quick results and then feeling we could really make a difference... it left me wanting more of the same.”

So two years later, she signed up to go to Bangladesh (with the Faridpur Foundation). But she found the first time there difficult, Chantal admits. “The cultural difference with Africa was huge. I arrived in an Islamic area, we had to change our clothes and were not allowed to walk outside alone at night. As a woman, I wasn’t much of an interlocutor and I felt vulnerable. Maybe it was also because I was a lot younger and less experienced, not yet convinced of my own abilities. It meant that I did not go back to Bangladesh in the years that followed, but opted for surgical camps in Nigeria, organized by Interplast.”

Even a dress

Through the years, however, Nigeria became more dangerous due to the increase of radical Islamic forces, such as Boko Haram. It made Chantal decide not to visit there anymore.

“Last year I was asked to go to Bangladesh again, and I thought: well Mouës, come on. You are now almost 50 and no one is going to tell you that you can’t do it,” she says with a laugh. So Chantal bought some shawls and a dress (“I normally never wear them!”) and travelled to Faridpur in November, where she had a completely different experience than years ago. “It was amazing! We had a super fun team with knowledge and experience; it is great to work with colleagues you can trust blindly. In addition, I think the culture has really changed compared to 2011: the difference between men and women seems to have narrowed and people actually listened to me this time.”

Local help

With four plastic surgeons from the Netherlands and support from local surgeons, the team was able to perform about 120 operations at General Hospital Faridpur, says Chantal. She and colleague Pauline specialize in cleft lip and palate, the other two surgeons mainly focused on burn contractures. “We landed on



Team

Plastic surgeons: Kalam Ahmed, Chantal Mouës, Wouter van der Pot, Pauline Huizinga **Anaesthetist:** Jurjen Oosterhuis
Anaesthetic nurses: Annette Heins, Jeroen ten Asbroek
Theatre Nurse: Annet Brouwer. **Local partner:** Faridpur Welfare Foundation



About Chantal

Chantal Mouës-Vink (1974) is a plastic surgeon and specializes in paediatric plastic and reconstructive surgery. She works in Medical Centre Leeuwarden and is part of a regional team of eight plastic surgeons that operate throughout the province. Because Chantal is also a trainer, she works four days a week in Leeuwarden. She is married and has two sons.

Sunday night and slept on Monday, set up the operating room and checked whether everything was available, or if we were still missing supplies. In the afternoon and the next morning we screened many potential patients: there were about 450 people waiting for us. We were able to actually operate on more than 120, in only ten days of work. Among them were almost thirty new cleft lip and palate children - in the Netherlands, we don't even see that many in a whole year!"

What made the experience so positive, says Chantal, is that the team received a lot of help from people on site: "It was

very well organized by the local employees. Two young doctors helped screen patients, there was a translator and a local printer spontaneously provided us with information leaflets that we could hand out with explanations for aftercare. The local population worked hard to make this camp as successful as possible."

NUMBER OF OPERATIONS BANGLADESH FARIDPUR:

122

- 29 cleft lip and/or palate
- 20 post burn contractures
- 73 other

Baby in a rickshaw

It was an experience she will not soon forget. "There is a local general paediatric surgeon there who operates on a lot of cleft lips and palates, but had left the difficult cases for us to deal with, and told patients to come by. There were rows and rows of parents bearing children with cleft lips and palates. A mother even came with her one-day-old newborn, in a rickshaw, which must have been very uncomfort-



able! Of course, we couldn't operate on such a small baby yet; we could only advise her to come back next year." Two patients that Chantal was able to help made it very clear why these surgical camps are so important and useful. "I closed the lip of a 2-year-old boy with a bilateral cleft lip. A day later, his mother came to see me again: it had already healed so beautifully, she figured I could already do the next operation; the closure of his palate. Naturally, that was impossible and again, I advised her to come back next year. But it was nice to see how well the little boy healed. Same thing with a 3- or 4-year-old girl whose palate I closed: after one day it was almost impossible to see where I'd operated on her! I called my colleague over to look at it with me; we were both amazed at how quickly the girl recovered. We were as thrilled with the result as her parents. Cases like that are the highlights of a surgical camp."

Sustainable cleft team

Chantal still talks enthusiastically about her visit to Bangladesh; not least because of the great conditions there. "Materials, medication, facilities, accommodations, local colleagues... everything was so well organized." As far as she is concerned, there were only

minor points for improvement. "If even more publicity is garnered for our visits and we can also let local doctors watch and help more, thus learning how to operate themselves, we invest in their future and that of the medical care there. In addition, it would be great if we could set up a sustainable cleft team in Bangladesh. We operated on so many children. In the Netherlands, they would receive a full follow-up with, for example, speech therapy, social work and orthodontics. It's an embedded system that ensures that things continue to go well for them. I cannot say that it is the same for the children in Bangladesh. So that is my hope for the next five years: that we can set up such a system, sponsored by a foundation like Interplast, and linked to good people so that we know that the work will continue in this way. Wouldn't that be wonderful?"

- 1 Pauline and Chantal with a happy mother
- 2 Before and after cleft lip surgery



Munshiganj Nov-Dec 2022

‘The seriousness of disfigurations I see strikes me’

After the pandemic, an Interplast team was finally able to return to Munshiganj, Bangladesh. Although for some team members it was the fifth time there, it was plastic surgeon **Mark Smeulders’** first, and an extraordinary experience. He tells us all about it.

Team

Plastic surgeon and team leader:

Chantal van der Horst

Plastic surgeons: Menno Huikeshoven,

Mark Smeulders

Anaesthetists: Ziska de Jong,

Zineb Mzallassi, Lucilla Overdijk

Theatre nurses: Albertine Schmöll,

Chantal Doorduyn

Anaesthetic nurses: Jacques van der

Meer, Peter Bas

Visited hospital: Munshiganj Hospital

❶ It truly was a team effort

❷ Mark comforting a little girl while the anaesthetist inserts a drip

!! Suddenly I am in a different world. Honking taxis, roaring engines, smoke, noise, gasoline fumes and food smells are everywhere. In the middle of it, there’s our team and 14 suitcases full of materials for Munshiganj Hospital, where we will be working for the next two weeks. A tent has been set up outside, decorated with a poster showing a child with a cleft lip and palate, with an explanation in Bengali. A few people are gathered around the tent, either with or without children in their arms.

The night before, we had been welcomed by a team of our local sponsor, the Jamuna Bank Foundation. They will be helping us on our way today. We are led through the hospital to the operating room. For some of us, this means a reunion with the place they have been before on a number of surgical camps. As we walk past the emergency room, we see an open space with a number of tables on which various patients are awaiting treatment. People are waiting in the hallway, a few nurses dressed in green and white walk by. At the end of the corridor is the OR complex, a changing room and an office that will be used as our canteen.

Supplies and equipment needed for surgery are present in the operating room, although everything is a bit unstable, the power



will go out a number of times during our two weeks here and mosquitoes manage to enter the OR complex without difficulty. Fortunately, the ceiling fans are running and a breeze blows through the room, making the temperature pleasant. When the anaesthesia team and the OR assistants unpack their suitcases, Menno, Chantal and I start screening patients. Before our arrival, a call was made to the bank to make our arrival

‘Patient after patient is seen and put on the surgery list’

known. That turned out to be a success, because there are patients who have travelled more than 500 kilometres to come and present their ailments. The focus of this mission is on treating children with cleft lip and palate and treating burn contractures.

Deep impression

What immediately strikes me is the seriousness of the disfigurations I see. The children with a cleft lip are somewhat older than the ones we operate on in the Netherlands, which means deformities are often more serious and thus more difficult to correct. The contractures of the burn scars especially make a deep impression on me. The burns may have healed, but because they went untreated, the resulting scars are so shortened and hardened that hands and feet are deformed, armpits and shoulders are completely stiff, and chests and necks are completely fused. Patient after patient is seen and put on the surgery list. After two half days of screening, we have enough patients on the list to fill all surgery days. However, the patients keep coming and I realize

that we will contribute, at most, a drop in the ocean in the two weeks that we will be there.

Menno and I have to hold ourselves back from wanting to do too many different operations on a patient at one time. Every operation comes with risks and needs its own recovery period. There is no follow-up treatment or physiotherapy and, for instance, everyone eats with their hands. Placing both hands in a bandage is therefore not wise, because the patient would become too dependent on help that is not always available. We try to explain that we cannot make the scars disappear, but at most, can make a little more space where the contractures are most severe. Hopefully people will understand. The interpreters, a number of trainees from the bank who speak English well, do their best to explain everything as well as possible.

In constant contact

The collaboration within the team is great. Chantal focuses mainly on the cleft lips and palates, while Menno and I take care of the burns, but luckily I can also participate a few times to get more experience with lips. We work in a room with two operating tables and keep in constant contact with each other to coordinate who does what, or what is needed. An inquisitive local oral surgeon joins Chantal daily to learn how to close palates and lips. That was certainly successful, as at the end of our stay he is able to perform these operations himself a few times.

An orthopaedic surgeon works with us for a few days and we teach him a number of tricks to treat burn contractures in hands and feet in particular. I love working in this apparent chaos and

‘There are patients who have travelled more than 500 kilometres to come and see us’

seeing that everything is going smoothly. Sometimes there are four patients in the recovery room where there are only two beds, while at the same time, I do an operation under local anaesthesia on a stretcher in the corner of the room. Sometimes it is impossible to insert an IV and I get the task of distracting the child while the anaesthetists search for a blood vessel behind their back. Every morning and at the end of every day we do our rounds. All patients, their parents, supervisors, brothers and sisters lie on one or two beds, waiting until we declare them well enough to leave the hospital. We have to explain to each patient that they must take their pain medication, they must eat and drink normally and that it is not necessary to buy preventive antibiotics.



3 Ziska with a just woken up child giving some fluids

4 Doing rounds

5 From left to right: Ziska, Chantal and Appy



Major complications do not occur, which is a relief. This goes on day in and day out, and we soon notice how quickly we are completely attuned to each other. That means that we are also able to have fun in between and there is plenty of time for jokes. Jacques and Peter Bas take the lead in that area.

Rock stars

After long days in the OR - we usually work for more than 12 hours in a row - we are taken to the Jamuna Bank branch for a meal. All day long we are served coffee, biscuits and fruit. The hospitality and helpfulness is unimaginable. We feel like rock stars who have to be photographed with everyone and get waited on hand and foot. Every day, between ten and twenty men (and a few women) from the Jamuna Bank serve us, hand out water and watch us eat from a distance. Luckily we get used to the latter quickly. We try to have a chat in English here and there; fortunately, the World Cup football makes for a good topic of conversation. Real relaxation only happens at the end of each day, when we return to our sleeping quarters. On the balcony in front of one room we have placed a few chairs, a table with electric candles and... drinks. Accompanied by a loudspeaker we sing, laugh and evaluate the day. The fast way in which we have bonded as a team is remarkable; that alone makes these types of surgical camps unique.

Looking back on the Interplast 2022 Munshiganj mission, I feel grateful to have been able to contribute, even if it's just that drop in the ocean. We screened nearly 300 patients and performed 219 surgeries. I am also grateful that I was able to contribute to this team. It's a special feeling to function professionally as a close-knit team, while most of us haven't even known each other long." ◦

NUMBER OF OPERATIONS IN MUNSHIGANJ

205

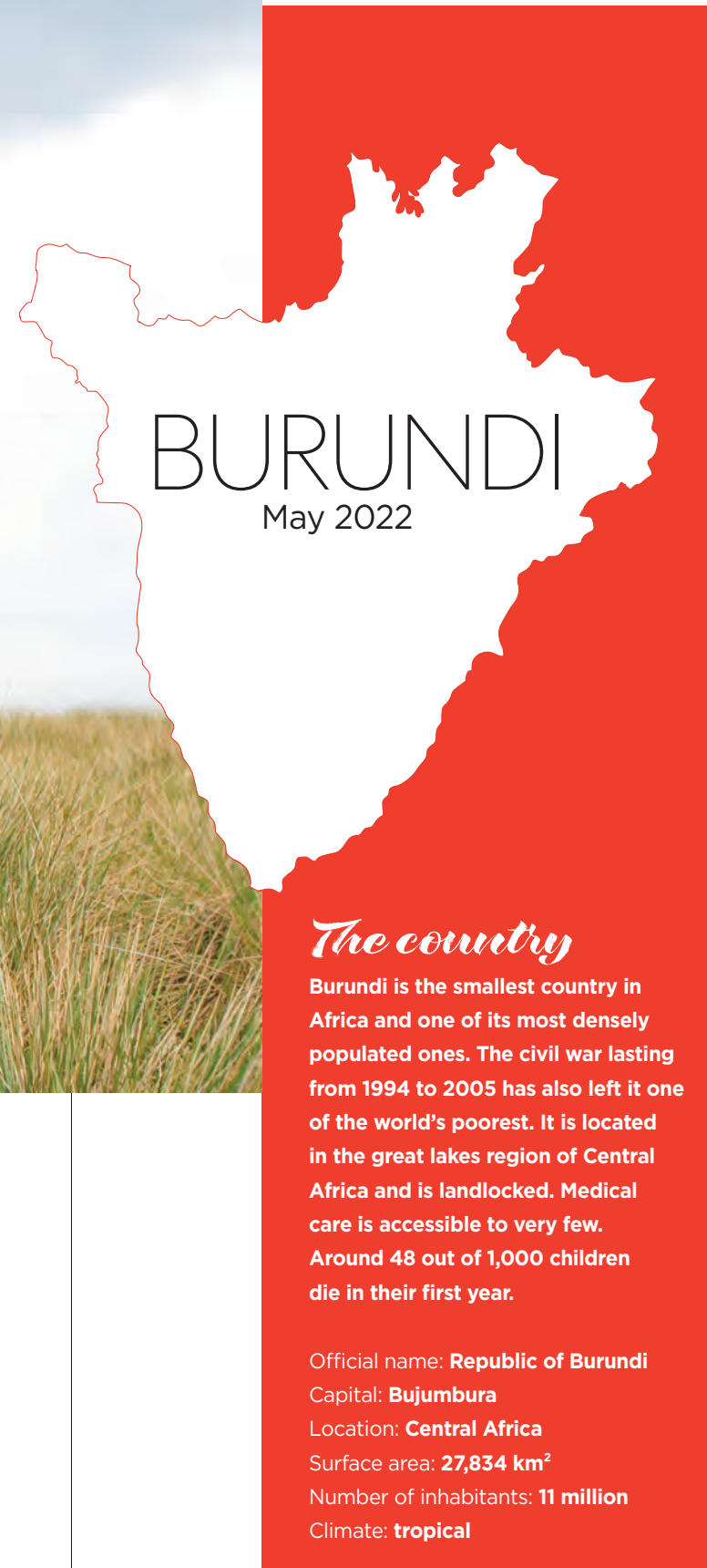
- 83 cleft lip and/or palate
- 86 post burn contractures
- 36 other

Great women

“Finally, this report is also an ode to three great women. With more than 200 years of combined experience in paediatric plastic surgery, paediatric anaesthesia and everything that has to do with the organization surrounding surgery, Chantal, Ziska and Appy are the “mothers” of the mission as it is today. Since 2011, every surgical camp has been a success due in part to their humor, charm and endless energy. They have an eye for detail, always put safety first, are daring but responsible, flexible and adaptable to the different circumstances that arise. But above all, they are three unique characters. A glass and a song at the end of the day on the balcony: that's how it should be. Should these three indeed decide not to physically join us on subsequent travels, we will take their experiences with us forever.”



This is only a summary of Mark Smeulders' extensive and entertaining report. If you would like to read more and see more pictures, please visit our website (in Dutch only). You can just scan this QR code.



An exploratory mission to Burundi

Anaesthetic nurse and member of the Interplast nursing committee **Vanessa de Roos** left for Burundi in May 2022 to see if a surgical camp would be useful there. In this interview she tells us how that went, what she likes most about her volunteer work and her ideas for the future.

BURUNDI
May 2022

The country

Burundi is the smallest country in Africa and one of its most densely populated ones. The civil war lasting from 1994 to 2005 has also left it one of the world's poorest. It is located in the great lakes region of Central Africa and is landlocked. Medical care is accessible to very few. Around 48 out of 1,000 children die in their first year.

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

It was supposed to be purely an exploratory visit, the trip Vanessa made to Burundi in May 2022. Together with plastic surgeon Arjen and anaesthetist Karin, she left for Bujumbura on May 17. It was not her first mission for Interplast (or Karin's, for that matter), but it was for Arjen, she says. "I got to know Arjen when we worked in the same

Dutch hospital. At the time he had his own foundation with which he went to India and operated there; we used to talk about it. I thought it would be great to come along and when his regular nurse anaesthetist called it quits, that seemed to create an opportunity. But unfortunately, due to circumstances in India, it never happened. Indirectly, that was the reason I joined Interplast." At the time, all teams had already been filled as well, but Vanessa was welcome in the nursing committee, where she - together with colleague Elly Hofstede - has been taking care of the materials for the anaesthesia ever since. Last year, Arjen also joined Interplast, but he had never been to Burundi. "That is why, on the recommendation of the foundation, we went there first to explore," explains Vanessa. "Visiting hospitals, looking at the possibilities, seeing if, what and when we could start up... We went to make contacts, not to actually operate just yet."

'We went to make contacts, not to actually operate just yet'

Their arrival was surprising, to say the least. "There were queues of patients! In the few days we were there, we saw hundreds of people. We did some minor procedures under local anaesthesia. No cleft or burn contractures, as we would have to bring more materials. Also, there were many patients with conditions that a plastic surgery team can't fix. For example, Karin was approached by a lady with a deaf son, asking what she should do to make him hear again... Whatever they suffered from, the people there were convinced that the 'white doctors' would make them better. They wouldn't believe local doctors (who supported us and translated for us) when they said we couldn't treat everything; only when Arjen did so they accepted it. He said at one point, "I'm quite overwhelmed; some medical conditions I'd only seen in textbooks, but I'd never come across them in the Netherlands."

In addition to seeing potential patients, Vanessa, Arjen and Karin looked at other things in Burundi, such as what materials were available in each hospital. "Do they have equipment?"

Team

Plastic surgeon: Arjen van Turnhout
Anaesthetist: Karin Feddes
Anaesthetic nurse: Vanessa de Roos



About Vanessa

Vanessa de Roos (1970) is an anaesthetic nurse at Tergooi Medical Center in Hilversum. About six years ago she started to volunteer at Interplast Holland. At the time, all teams were full, so she started in the nursing committee, helping to organize and store supplies in the stockroom. Her first surgical camp was in Zanzibar, Tanzania. Vanessa has a partner and three adult children.



An anaesthesia machine? A sterilization machine? What kind of medicines do they have here? But also: what should we bring ourselves and what can we leave behind? Because we always have to drag a lot of stuff with us anyway.

I looked at everything as a nurse anaesthetist, but also as a member of the Interplast nursing committee, as I know what is needed, but also what we have in stock”.

The team returned to the Netherlands satisfied and motivated to travel to Burundi again in December to really ‘get to work’. “We knew we could certainly do some good there, that was a good reason to continue.”

Improvising on the spot

And so it happened; following this interview, you can read Arjen’s report on the surgical camp held in December. The May team was expanded to eight people and Vanessa holds good memories of that later trip as well. She is an enthusiastic volunteer at Interplast: “What I like best is when we have to be like MacGyver”, she says, referring to the TVseries of the same name, “Improvising on the spot with – so to speak – a paperclip, a cork and a piece of string. For example: in December we had to provide a patient with oxygen, which was not possible in the way we are used to. We connected tubes to another device and solved it. Another example: when Karin had to give a child an epidural, we only found out when she wanted to inject the anaesthetic that the syringe did not fit on the needle. Oh dear, now what? We started cutting and pasting tubes and tried to find a solution. It made for minutes of great stress, but in the end it gave us a good story. And we learned we never want that again! Next time we will check even better in advance whether all materials fit together.”

Working sustainably

Regardless of whether Vanessa joins a surgical camp herself, as a member of the nursing committee she is involved with all of them. “When people go out, Elly and I make sure that all the materials are there and that the stockroom is always in order. We have ‘pimped’ it completely and want to change the way we work,” she explains. “During the pandemic, teams couldn’t travel and a lot of materials in stock passed their ‘use by’ date. So we had to throw away a lot, which really hurt, because that is a waste of money and supplies. Now we provide all teams going on surgical camps with a list in advance: what do you need? Only then we will order it. This way we work sustainably and we can go full steam ahead for years.”

Burundi December 2022

Operating days filled to the brim

After the exploratory mission in May, it was time to return to Burundi for a full surgical camp in December. Plastic surgeon **Arjen van Turnhout** was again part of the team, and tells us all about his experiences over there.

Team

Plastic surgeons: Arjen van Turnhout and Wouter van der Sluis
Anaesthetist: Karin Feddes
Anaesthetic nurses: Vanessa de Roos and Elly Hofstede
Theatre nurses: Melissa Aulia and Fatima BenBouazza
Nurse: Ellen Campagne
Local partner: André Nkeshimana/Izere Burundi

After Interplast Holland’s manager, Annemarie Maas, waved goodbye to us, we departed from Schiphol to Bujumbura International Airport on December 3. Coincidentally, at the airport we also ran into our chairman, Corstiaan Breugem, who was leaving for South Africa. With a stopover in Nairobi, we arrived at a quiet airport on Sunday, December 4, only to be met by our partner from Izere, André Nkeshimana. After the mandatory Covid tests, we went ahead to customs. Despite the detailed lists of all the medicines we took with us, the customs authorities did not want to let us through. The way the medicines on the list were documented was not right, according to the customs officer. After a few phone calls, an official came to the airport (though only after church was out)

to let us through, with some help from André. Hours later, we were finally able to go to our hotel. No time to rest, however, as we were expected at the office of Izere in Bujumbura. Izere is a foundation managed by André Nkeshimana; the name stands for ‘hope’ and the foundation focuses on Burundians in the Netherlands. It also develops projects for and in Burundi, in order to contribute to the reconstruction and development of the country. After we picked up Ildephonse (a third-year resident surgeon) in Bujumbura, we did a first screening at the Izere office late Sunday afternoon. As already experienced in May, we again saw a mix in cases and abnormalities, most of which were not within the scope of plastic surgery. There were, for example, many spastic and retarded children, for whom we can actually do little. We relate these diagno-



1



2



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ses to the lack of perinatal care in Burundi. Also, we saw a lot of large inguinal and scrotal hernias and some congenital anomalies that I've only seen in textbooks. The logistics, circumstances and the uncertain aftercare mean that we couldn't do anything for them. We asked some of the patients we did select to come to one of the two hospitals where we would operate.

Bloc maternité

The day after arrival we travelled by car and a van to Kayanza, capital of the province with the same name in the north, and stayed in hotel le Paradis until heading to the hospital in the afternoon. The operating room had been set up in the old OR block. A 'bloc maternité' was recently built, including new operating rooms, but we chose a recovery room adjacent to the old OR so that we could keep a better eye on the patients being operated on. We started operating on Tuesday 6 December. There were two tables next to each other in the OR, and one device with the possibility for ventilation. The planning allowed for performing one operation under local anaesthesia or sedation in addition to general anaesthesia. It took a while before the logistics were in order, but in the end everything went well. We had some support from local staff, but mainly in logistics. There were no OR assistants, but so-called anaesthesia technicians Pascal and Desiré participated enthusiastically and took turns supervising the anaesthesia procedures. The sterilization was directed by Adrienne, who was willing to comply with our wishes. Also, employees Eric and Mangus did a lot for us: they arranged the coming and going of patients and provided help in different areas. We also used the translation skills of Juvenal, a pharmacist who spent a lot of time in

the OR and enjoyed working with us. For translation we also used Frederick and of course Ildephonse, who, as a surgeon in the making, mainly helped with medical translations. In Burundi the official language is French, but a large part of the population speaks (only) Kirundi. Ildephonse was at the OR table regularly to operate with Wouter or with me. He was enthusiastic, though we had to explore what we could teach him, as the training in Burundi is so different from what we are used to in the Netherlands.

Without major problems, we operated until Friday morning December 9; mainly minor procedures. Then all supplies had to be organized and packed, a serious job that Wouter and I were fortunately not allowed to interfere with. The night before we'd enjoyed a farewell dinner with the people who supported us in

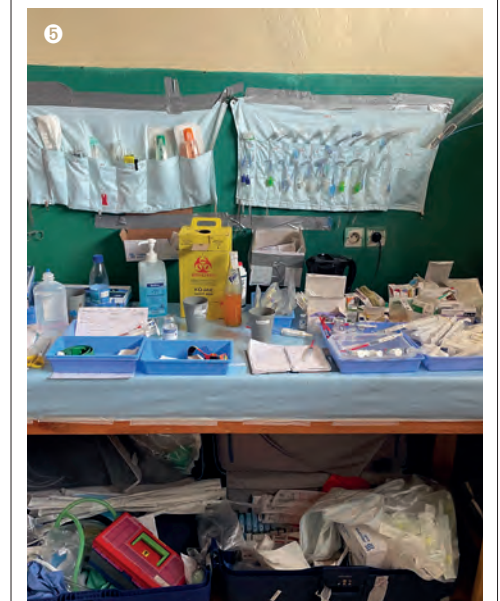
'The training in Burundi is so different from what we are used to in the Netherlands'

the hospital; the head honcho in the province of Kayanza was also present with his entourage. The food was delicious! After doing our last rounds on Saturday, we travelled to Gitega, a drive lasting several hours. On our way in the van, we suddenly heard a worrying sound and a solid rattle during braking - not very reassuring in a mountainous area. Fortunately, in the next village we visited, a 'field repair' could be done. After a replacement part for the brake had been arranged and fit, we were back on the road relatively quickly. That afternoon we arrived in



4

4 Newborn too young for surgery



5

5 Shop for the anaesthesia

NUMBER OF OPERATIONS IN BURUNDI

71

- 7 cleft lip and/or palate
- 26 post burn contractures
- 10 other
- 28 hypospadias and other congenital deformities

Gitega, the capital of the province with the same name, located in the east of Burundi. After checking into hotel Accolade, we had some time to explore the area.

Under a gazebo

On Sunday, we set up the OR and made appointments with the local staff. In the afternoon we screened patients, which got off to a slow start because of it being Sunday. There was no key to the outreach office, so we started the screening outside under a gazebo. The nature of the cases was comparable to Izere and Kayanza: many retarded children and patients with inguinal and scrotal hernias. We also saw many patients with lipomas again, some of serious size.

We began operating on Monday December 12, once more full of energy. Odette, the local head of anaesthesia, regularly came into the operating room with a notepad to keep track of what we were doing. Two anaesthesia technicians from the hospital, Pamela and Raoul, regularly joined in. Also, there was an experienced surgeon in this hospital, Jeandelieu, who occasionally joined us in the OR. He was

1 Burundi team with Corstiaan at the airport

2 Happy with his cuddly toy

3 Operation room, hard at work



very skilled; we even saw him routinely inserting a femoral nail in the adjacent OR. We did rounds every day before the surgery schedule, screening new potential patients after each OR day. Jacqueline, the head of the outpatient clinic, supported us. Strangely enough, we hardly saw any cleft patients. We did have to reject three infants with cleft lip and/or palate who were too young to operate on, and asked their parents to bring them back next time. The days in Gitega were filled to the brim and passed without any problems. That Wednesday evening, we went out for dinner in the city and according to good Dutch custom, ate at an Italian restaurant. Most days, breakfast and dinner were provided by Remi and Esperanza. They travelled with us from Bujumbura and provided the catering. On Friday, our last day of surgery, two Chinese doctors in fancy surgical clothes suddenly appeared in the OR: a female gynaecologist and a male dentist performing facial surgery. We learned that these specialists were stationed in Gitega by China. They took a lot of photos and asked many questions about our proce-

6 Patients waiting for the screening

dures. In the evening we had an informal get-together with the Dutch ambassador in Burundi, Jeroen Steeghs. After a routine dismantling of the OR by Fatima, Melissa, Ellen and the anaesthetists, as well as a successful journey back to the capital, we met him in a restaurant in Bujumbura. Marja Esveld from the embassy also joined the conversation. We did not expect much financial or logistical support from the embassy or from the Dutch government, as their focus is on projects aimed at emancipation, women's rights and sex education.

The aftercare of our patients lay with Jeandelieu, and we left everything in his capable hands. Ildephonse will also keep close track of our patients. We said goodbye to him in Bujumbura, and that was hard for him; he was visibly emotional, which, we hear from André, isn't common for Burundian men.

Last breakfast

We were able to have a relaxed last breakfast and after a quest with André to buy coffee (according to experts, Burundi has the best coffee), we put our suitcases in the car and went to Bora Bora; a pleasant lounge area on Lake Tanganyika and close to the airport. At the end of the afternoon we said goodbye to André and Eric, our loyal driver, at the airport. True to Burundian use, it was a farewell without too much emotion, but inside it felt more than only 'business'. We expressed the intention to plan a follow-up to this successful surgical camp, during which we performed 96 procedures, mainly burn contractures, tumours and large lipomas. After an overnight stay in Nairobi we flew back to Schiphol. Goodbyes were quick, as everyone wanted to go back to family and friends. Normal life began again, though I hope there will be another break soon with a journey into the 'unusual'! ◦

Stichting InterPlast Holland [Foundation]

A NONPROFIT ORGANISATION PROVIDING **FREE RECONSTRUCTIVE SURGERY** AROUND THE WORLD

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 the Netherlands 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 are thinking 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 surgical camp is usually 2 weeks, i.e. 10 operating

days. Depending on the severity of cases, about 100 patients can be operated on during that time.

- The 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 surgical camp.
- 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 operations: 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.

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

- Long working hours have to be anticipated by all involved to make an Interplast surgical camp 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 materials 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.

Special thanks to...

All interplast volunteers

- Thil Zeeman-Hoogstraten
- Kalam Ahmed and Zaina Ahmed-Karim
- Mirjam Blaak-Sow, Ugandan Ambassador to the Benelux
- Rosalie van Rijn, Beverwijk
- Stefan and Shamim Haque
- Faridpur Welfare Foundation
- Diaconie Protestantse Gemeente H-Z-B, Avenhorn
- Jamuna Bank Foundation, Bangladesh
- Stichting Bron van Leven, Wassenaar
- Leids Universitair Medisch Centrum
- Fam. S. van der Meij, Rijnsburg
- Stichting Edith Jacoba
- Alrijne Ziekenhuis Leiden
- Stichting Pelgrimshoeve
- Cornelis Alkmaar Beheer BV
- Mevr. L.S. Wijnbergen, Rotterdam
- Philippe Ollivier, Den Haag

... and many others



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

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