

# From Timor to Ethiopia

Early treatment of club feet prevents a lifetime of disability, the long term objective is to eradicate it

The work done this year will be crucial to the success of the College's efforts to help both treat children born with club feet in East Timor and ultimately eradicate the effects of the condition, according to orthopaedic surgeon Dr David McNicol.

Mr McNicol said the enthusiasm and commitment shown by local midwives and health workers at an information workshop held in Dili in November indicated there was now a ground-swell of support to tackle the congenital abnormality. The workshop was designed to educate the health workers on early detection of the condition and to explain the Ponseti method of treatment, now considered the gold standard, particularly in developing nations.

He said it was now crucial to train the "treaters" and to concentrate on developing Dili and Baucau as initial treatment centres with others to follow later.

"The workshop was attended by over 100 participants and was designed as a community awareness campaign with the distribution of brochures and posters to all participants to inform the wider community that an action can be taken to deal with this condition," he said.

"Early treatment prevents a lifetime of disability meaning that identification at birth is extremely important yet there remains a common misunderstanding that only older children can be treated. Traditionally, there has been no treatment offered to babies and children in Timor Leste, and many present in adolescence or adulthood with severe and debilitating foot deformities.

"Phase One of the project obviously



David McNicol plastering a young boy in Timor Leste

required an education component, then, with Phase Two putting into place the training of the people who can treat the condition."

The Ponseti method of treatment involves early intervention with serial plasters and commonly a tenotomy of the Tendo Achilles. Plaster treatment is maintained for five to six weeks before the child goes into a splint of boots and a bar. This is worn continuously for twelve weeks followed by night time use for three to four years.

The end result is a flat, flexible foot that will sustain the individual through their lives. Because of the limited surgery involved, it is considered the best method of treatment particularly in developing nations that have limited medical services.

The condition affects up to five babies of every 1000 births in East Timor and seems

more common there because of generational genetic traits.

The November workshop was led by Ponseti practitioners in Timor Leste including Ms Irene Fraga, a physiotherapist at the Baucau Hospital who completed the Ponseti course in Sydney in 2008 and Helen Burgan, an expert in the technique who worked with Ponseti in the US and who is now a physiotherapist at the Adelaide Women and Children's Hospital.

A combined effort by the Timor Leste Ministry of Health, ASSERT (a local NGO that works with the disabled), the College and Orthopaedic Outreach, the information workshop was opened by the Director General of Health Mr Agapito da Silva Soares.

Mr McNicol said the challenge for 2009 was to train as many treaters as possible – including nurses and physiotherapists



A young child being treated for club feet in Madagascar

*“The end result is a flat, flexible foot that will sustain the individual through their lives.”*



Untreated clubfoot in Timor Leste



An operation in progress in Madagascar

to undertake the plaster component of the treatment and with general surgeons trained to perform the tenotomies of the Tendo Achilles.

“Timor Leste has very limited orthopaedic services but there is a bright young man, Dr Alito, soon to take up medical training in Indonesia who would be invaluable.

In the meantime we have to assist if we want to avoid another generation of babies being born with this condition and waiting years for treatment.

“We are hoping to hold another more hands-on workshop in Dili or even a ‘traveling-road-show’ to some of the larger decentralised centres such as Maliana and Oecussi.

“There are currently four orthopaedic team visits to Timor Leste each year, so a team in-country every twelve weeks. Currently, visits are to Baucau and Maliana but all have to pass through Dili so that doing some work or training there with ASSERT and the Institute of Health Sciences is eminently feasible,” he said.

“This is the year that could make all the difference. The fact that this project has the support of the Ministry of Health creates a sense of local ownership which means this

project has the potential for great success. This is not just about treating the condition, the long-term objective is to eliminate it in the country by treating the very young before their lives are affected by it, by giving the local health professionals the skills to do it themselves.”

Fellow Orthopaedic surgeon Mr Graham Forward, who established Australian Doctors for Africa in 2005, is also helping to treat the condition in Madagascar and Ethiopia.

In Western Australia, the same treatment is known as the Gilmour Method in honour of the pioneering work done by Mr Bill Gilmour, a former President of the Australian Orthopaedic Association from Perth.

Mr Forward makes four trips each year between the two regions to teach treatment methods and undertake complex surgery. Fellow surgeons Mick Tiller, Rob Genat and Will Bryceson also regularly give their time and expertise to the small aid organisation.

In Madagascar the surgeons work in the town of Tulear where they not only do the heel-cord surgery to treat young babies with the condition but also conduct fusion and boney corrective surgery to help adolescents and adults.

“We get a pretty good result with these surgeries, they are a good salvage operation for the people who missed out on early treatment,” Mr Forward said.

In Ethiopia, Australian Doctors for Africa offers assistance to the doctors working out of the Black Lion Hospital in Addis Ababa.

“This is the only tertiary referral hospital for the 80 million people of Ethiopia. There we work with a very highly qualified orthopaedic surgeon, Dr Waubalem, who has established a Ponseti clinic within the hospital,” Mr Forward said.

“We help train the doctors, assist in the provision of plaster, provide collaboration and support and surgical expertise for the more complex adult corrective procedures.”

Mr Forward set up Australian Doctors for Africa in the wake of the 2005 Tsunami. The organisation not only provides surgical expertise but regularly sends containers of medical equipment to each of the specific areas including beds, wheel chairs and crutches. More than sixty Australian doctors provide their time and skills including gastro-enterologists, urologists, anaesthetists and general practitioners. A fledgling outreach aid programme has also been established in Somalia.