

College support in Sri Lanka

Fellow Dr Nimalan Pathma-Nathan recently travelled to Sri Lanka to teach and assist in operations for inflammatory bowel disease



“Inflammatory bowel disease is increasing in Sri Lanka as it rapidly westernises”

Fellow Dr Nimalan Pathma-Nathan took part in a trip to Sri Lanka recently, organised and funded by the College's International Development program as well as the Gastroenterological Surgical Society and College of Surgeons in that region.

Sri Lanka has an increasing incidence of inflammatory bowel disease. Sri Lankan Gastrointestinal surgeon Dr Amal Priyantha, who operates a practice that covers both upper and lower GIT surgery, requested assistance in teaching and performing pouch surgery at Kandy General Hospital.

Kandy General Hospital is the second largest hospital in Sri Lanka and services the central region. It has 3000 beds with a full host of modern medical facilities and specialties.

Dr Pathma-Nathan from Westmead, helped

Dr Priyantha manage several patients with chronic ulcerative colitis requiring proctocolectomy and ileal J pouches. Patients were selected over the previous few months and Dr Pathma-Nathan was able to see them all preoperatively and discussed appropriate management.

He performed several open and laparoscopic proctocolectomy and ileal J pouch procedures, all with the assistance of Dr Priyantha and his team of registrars.

Johnson and Johnson provided all staplers for the procedures as well as a harmonic scalpel. The theatre had state of the art laparoscopic equipment as well, which also assisted in performing some of the operations.

After his work, Dr Pathma-Nathan was treated to a formal reception at Kandy Hospital. The chief minister for the Central

Province attended and Dr Pathma-Nathan was presented with a plaque. Families of the patients operated upon also made presentations.

“I was surprised and very honoured by this gesture and the plaque will take pride of place on my mantelpiece.”

At the conclusion of the trip to Sri Lanka, Dr Pathma-Nathan visited College of Surgeons in Colombo, and was hosted by the Sri Lankan College President Dr K. Fernando. Here, he gave a lecture to surgeons and trainees on surgical management of inflammatory bowel disease.

“The trip was a great success and I was very well looked after. I was invited to join the International Chapter of their College, which I graciously accepted. I encourage other Fellows to visit this wonderful country.”

Skills needed in a state of emergency

MSF Surgical Advisor Dr Patrick Herard talks about the work that goes into an emergency program and the range of skills needed in their volunteers

In January last year, when a level seven earthquake hit Haiti devastating the capital Port-au-Prince, killing more than 230,000 people and leaving more than a million homeless, Medecins Sans Frontieres (MSF) was already there in the midst of the catastrophe.

For the previous five years, MSF had been treating the impoverished people of the capital and surrounding regions at an emergency health centre.

Yet while the earthquake destroyed both the obstetrical and trauma hospitals with the health centre quickly overwhelmed, the fact that staff were on the ground meant that MSF was able to launch one of its fastest and largest emergency aid programs ever delivered since its establishment in 1971.

While surgeons, anaesthetists and nursing staff began treating hundreds of wounded, the MSF emergency desk began a massive logistical exercise from Paris to find and hire the enormous Russian cargo planes needed to transport tonnes of equipment.

Over the following two days, 17 planes equipped with supplies to fit out an entire hospital arrived in neighbouring Santo Domingo and trucked to Port-au-Prince.

From Paris, MSF Surgical Advisor Dr Patrick Herard provided advice on the set-up and daily operations. Two months later, in March, he joined the team in Haiti.

In Australia in February to address the Austrama Conference in Sydney, Dr Herard, an orthopaedic surgeon, said the aid intervention worked in two phases.

“In the immediate aftermath, the conditions themselves created a natural though tragic triage in that most of the buildings were made of concrete and so collapsed like cards, meaning that people in or near them were dead rather than injured,” he said.

“Most of the wounded were limb wounded and so we concentrated our efforts on debriding wounds and dealing with open fractures and crush syndrome.

“While expatriate surgeons began to arrive, our local staff already there did most of this initial work which is a testimony to

their courage and dedication, given that many had dead or injured victims of the earthquake within their own families.

Dr Herard said the second phase moved the main MSF operations into nine inflatable tents where surgery began on Day 13. Within a month, this hospital complex grew to 40 tents including 230 beds, three operating theatres and multiple specialised facilities.

While 12 surgeons operated on the wounded in the first weeks, constant rotations of volunteer surgeons have since meant that more than 16,578 surgeries have now been conducted with more than 358,000 patients treated.

“While MSF does not really concentrate on the surgical specialties of volunteers, we do need surgeons who have training for such situations, surgeons who are familiar with war surgery, or working in other catastrophes,” Dr Herard said.

“We try to send only surgeons who are familiar with MSF protocols and who have experience in such settings because they have to manage a huge number of wounded,

“They need to understand various cultural and local issues because in some countries you cannot amputate for religious reasons, and they have to have the skills and emotional strength to be able to work quickly in substandard conditions.

“However, while this has been our practice since we first began offering surgery as part of our interventions, the increase in surgical specialisation means that we now have a clear and on-going need for surgeons to cope with various surgical procedures.”

Dr Herard said this was the first aid mission undertaken by MSF that specifically asked for the assistance of plastic surgeons.

“I think plastic surgery training is a real added value in this kind of catastrophe, whether in a general or an orthopaedic surgeon,” he said.

Dr Herard said that the problems associated with modern subspecialisation – in that an increasing number of surgeons did not feel confident stepping outside their areas of expertise – had led MSF to establish a dedicated facility in Germany to train volunteer surgeons.

The three-day course held in Cologne



is open to any surgeon who has previously volunteered with MSF.

“Haiti was one of the biggest surgical responses ever launched by MSF and cost us all the money that had been donated for the emergency response,” Dr Herard said.

“The most valuable lessons we learned from this catastrophe were how effectively we could respond, thanks to those already working in Haiti; the need for lighter infrastructure, prior to a fuller build-up based on need; and the quality of care unprecedented in MSF's disaster response.”

The 11th Annual Trauma, Critical Care and Emergency Surgery Conference was held at the Sydney Convention and Exhibition Centre from 17 – 19 February.

With Karen Murphy



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