RD&E skills making a difference in Africa

David Burdon will be assisting Vikram in theatre and be responsible for the post-operative care of patients, and teaching the nursing staff and therapists.

Plastic surgeon Vikram Devaraj and occupational therapist David Burdon joined a voluntary team of specialists in October to carry out reconstructive surgery in Rwanda, the Congo and Uganda on local people who would otherwise face a life of disability, disfigurement and discrimination.

This is not the first time Vikram (who is pictured on the front cover) and David (pictured left) have worked overseas, as part of the Devon based charity Interface Uganda, often working in difficult conditions to perform operations and provide training for a small dedicated team of trainee doctors, nurses and therapists in Africa. RD&E staff regularly contribute to the work of Interface Uganda.

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Reconstructive plastic surgery will be carried out to correct children born with cleft lips and other conditions which can lead to severe malnutrition and social ostracism if untreated. People who have malignant tumours and those who have suffered major trauma will be the largest group treated by the team. Injuries include severe burns, usually from house fires, which if poorly managed can lead to contractures of the hand and feet, (often in young children), victims of road traffic accidents with exposed leg fractures and nerve damage and civilians caught in conflict zones suffering injuries from knife or bullet wounds. This will be the first surgical camp to the Rwanda / Congo border, at present experiencing civil unrest.

Vikram said: "You do need to be fairly resourceful because in some locations all we have with us is what we can carry. Staff must rapidly acclimatize to a very different way of working. The challenge is to perform a high level of surgery with minimal equipment without endangering any patients. Improvisation of equipment taken for granted at home, operating trolleys, slings, dressings, simple splints, becomes imperative. Recycling of gowns, masks and gloves is the norm. Surgical sutures (often donated), eventually run out and nylon fishing line proves a useful alternative. As power failures are more frequent in rural areas, battery powered head torches often serve as operating theatre lights. Anaesthetists also face challenges with minimal equipment to monitor the patient. With no access to a ventilator and occasionally no electricity, ventilation for patients under anaesthetic is often performed by manually inflating the lungs."

He added: "The radio stations tell local people we are coming. This can generate large volumes of assorted patients. Some families may have walked for miles, (frequently there's no public transport), often supporting or carrying a sick relative, sleeping rough and patiently wait for us to see them, only to be told that we don't have the equipment, the resources or the skill mix within the team to assist them. This is often the most sad and difficult decision. Patients don't get angry about it – they just feel they gave it their best shot by seeking help when it was offered. This experience is a great leveller. The sheer resilience of people is inspiring. Trips like these although constructive must aim to train staff working in these countries. The ultimate legacy is to change from within."

This latest team to visit will be taking with them donated NHS equipment and stock which has become outdated with technological and treatment advances in the UK but will make all the difference in Africa.

Through Interface Uganda the lives of hundreds of people in Uganda who otherwise would not have had reconstructive plastic surgery have been transformed.

For more information about Interface call Karen on 01392 860732 or email: Interfaceuganda@aol.com