

Interface Uganda trip 23rd June – 8th July 2013

Report by Jackie Fowler (physiotherapist in plastics at the RD&E, Interface Uganda fundraiser and website editor).

Travelling to Uganda:

Vikram Devaraj (consultant plastic surgeon at RD&E hospital)

Woan-Yi Chan (registrar in plastics at RD&E hospital)

Karen Devaraj (Interface Uganda administrator)

Bex Devaraj (Interface Uganda publicity and journalist)

Alex Devaraj (Medical student)

Myself – see above.

We arrived at Entebbe airport at 7.30am Monday morning after a sleepless overnight flight. We were picked up by Andrew Hodges, and taken straight to CoRSU hospital, where we were shown around, then quickly put to work!

I was teaching the therapists by 10am, of which there were 4 physio's – Christine Tusiime, Stanley Lubega, Musa Kyanzi and Fildah Nakiganda; 1 physio assistant – Florence; and 1 occupational therapist – Isaac Abor. I gave a presentation about hand therapy (which I specialise in), relating hand anatomy to commonly seen injuries and conditions, showing the splints and exercises needed. After this I thought maybe we would go to the Hodges' house to have a rest, but no! I was called to clinic where the surgeons were assessing patients – I was needed to provide thermoplastic splints for a few of them. We did not leave the hospital until around 5pm – we were all extremely tired by this time.

So that was how the 2 weeks panned out – plenty of work for us, and plenty of teaching too. Although most of the conditions and injuries we saw are the same as in the UK, they are often far more complex and chronic. I think the main reason for this is the fact the patients have to pay for their treatment – there is no free NHS. Many people cannot afford it, and hope the problem will go away. Others don't know where to go for help. Some seek help from other sources first – witch doctors, healers, clinics. CoRSU hospital (Comprehensive Rehabilitation Services in Uganda) is different in that it pays for any surgery that children need. However, the children also need to pay for their hospital stay, a relative needs to stay with them to provide food and basic care. Adults have to pay for everything, unless they are really struggling – in which case the social worker will decide how much contribution the patient needs to make.

The therapists at CoRSU are brilliant – they have to treat any patient or condition that comes their way, from nerve injuries to bad backs to neurological problems to post – op care for orthopaedic and plastics patients. They treat many adults and children with cerebral palsy. I was amazed at some of the contractures that the children have. Some are not treated at all until they are teenagers.

Christine (physio) treated one boy of 16 who had never walked in his life. He had knees that were flexed to a 90 degree angle, and had always crawled everywhere – you can tell these children, as the skin on their knees is so thick – like soles of feet. Christine serial plastered his legs into a more extended position, then he had some plastic splints made in the workshop. Now he is able to walk with crutches for the first time.

The therapists are very well respected, and know a lot about a wide range of conditions. I was really impressed by them all, and they helped me a lot – especially while making various splints – now I hope that they have learned how to make the splints themselves, so they can carry this forwards. Interface needs to supply a steady stock of thermoplastic splinting material, so that they can do this, and become proficient in making them. They cannot buy it in Uganda, so we need to get it out to them regularly. One pack of 15 sheets costs £242, so it is not cheap! This material is needed so that the structures that are repaired in surgery can be protected, whilst the patient can still exercise, thus preventing stiff joints. If the patient goes into a plaster of paris (POP), they are protected, but unable to exercise, so problems can arise from this.

The hardest splint that I needed to make was called an ‘aeroplane’ splint. I had never made one before, so had advice from David Burdon (OT at RD&E) – he emailed me instructions and diagrams that he had drawn. It was for a 17 month old boy who had severe burns to his head and neck after he had been put head first into a cooking pot. By the time he came to CoRSU, the burn scars had stuck his chin down onto his chest, and his shoulders were contracted up to his ears. He had the contracted scars released, followed by skin grafts. Andrew Hodges performed the surgery. Unfortunately, not all the skin grafts healed, so he needed more whilst I was there. I went to theatre, and with help from Stanley (physio), we made the aeroplane splint to protect the skin grafts. The poor little boy cannot move his arms or head until the grafts heal.

Whilst in Uganda, I also visited Kagando hospital. Sarah Hodges showed us around, and I met Ochom Kenneth (aka Ken) – the only physio in Kagando. He had kindly booked out some of his precious time to talk to me and show me his department. He is highly motivated to improve his service, and has such limited resources to do so. He also sees all kinds of patients, with all sorts of complex conditions – both on the wards and as outpatients. He never turns anyone away, as they may have paid a lot just in transport to see him. A man was waiting to see him who had polyneuralgia affecting all limbs. He had not been able to walk before he came to see Ken – now he is able to walk with a frame. I would really like to try and help Ken – he is so compassionate and motivated to help people. A physio student from Birmingham is visiting him in August, and I am collecting some disused equipment from our department along with some textbooks to send him. We are thinking of other ways in which we may be able to help him – he basically needs some staff!

Whilst in Kampala I also visited a school in a slum in the Namawongo area, and in Western Uganda an orphanage, both of which were funded by charities founded in the UK, and really changing children’s lives.

We also had a wonderful social time – seeing so many animals such as lions, hippos, crocodiles, monkeys, etc, etc in the Queen Elizabeth National Park; going sailing on Lake Victoria, as well as having wonderful meals on the Hodges’ veranda every evening. They are fantastic hosts, and I can’t thank them enough for making the whole experience so brilliant.

The two weeks I spent in Uganda were truly amazing, and I will never forget them. I think that spending time in a developing country does change your perspective on a lot of things in a good way, and has made me more appreciative of everything and everyone I have here in the UK.

As I wrote in my blog on my last day in Uganda:

It has been a truly exciting, chaotic, challenging, heart-warming, shocking, tiring, sad, eye-opening, brilliant trip. I'm so glad I came.