

Dear Interface Trustees

Indian fellowship report: November 2012

I would like to thank interface again for allowing me another opportunity to increase my skill set and improve my knowledge in plastic surgery.

As a trainee in plastic surgery, burns are an essential part of our training. I was in India for one month at Choithram hospital in Indore, Madhya Pradesh, India for a burn fellowship. In a regular week I would attend ward rounds and also assisted in operations conducted by a very experienced burn surgeon Dr. Shobha Chamania on Mondays, Wednesdays and Friday.

Tuesday were meant for teaching, presentations and sometimes operations that would start later than usual.

Thursday was usually an outpatient clinic day, and specifically for burn patients. This clinic was started for just burn patients but other general surgical patients would also attend because the consultation fee was subsidised. The subsidisation of the clinic was because burn mostly affected the very poor in the region who could not afford the regular hospital fees. So Dr. Shobha asked the management to subsidise the fee for her patients. They paid 40 rupees.(1usd)

The afternoons were usually meant for teaching in case we finished the operations early.

On the weekend ward rounds were done in the morning and in the afternoon, community visits to assess burn prevention practises were done. I was able to visit 3 communities during that month. The hospital in conjunction with the community leader had devised solar lantern to replace paraffin lamps which had caused a lot more harm in terms of burn injury. Barriers between the kitchen and the rest of the play area in compound houses were also being implemented even though the acceptance was not as good as for the solar lanterns.

It was a very intense month with lots of burn cases coming in and since our hospital CoRSU doesn't treat acute burns, it was a great learning opportunity to be seeing a lot of the burn cases. Most of the patients were females and children. The burns were caused by flames from using cooking stoves and paraffin lamps. In children scalds were the major cause followed by fire cracker injuries during the festive seasons like Diwali which happens in November.

In the unit itself, there were a lot of clever ways that the burn team had come up with in managing burns. The small unit - 12bedded had heaters, ceiling fans, and there was extreme attention to hand washing and cleanliness. Shoes were left out of the unit and all ward rounds were wearing surgical scrubs. There was separation of burn patients who had infected wound from those who did not. There was also a small area for intensive care, having ventilators and monitor.

They had bovine collagen for those who could afford it and interestingly banana leaf dressing (banana is the staple food in Uganda). This was majorly employed in septic burn wounds that presented late.

All these novel ways in managing burns were actually home grown, and affordable which made me think about adopting the same ideas for our setting.

I was also able to enjoy the social and cultural aspect of india which involved getting used to extremely spicy food, indian weddings and the multiple religious denominations that amazingly existed in harmony. The street food was also great .

Without the help of Dr. Andrew Hodges who made the connection to India and the generous support from Interface Uganda the experience wouldn't have occurred.

Lastly I would like to thank the head of the burn unit, and the entire burn unit for having treated us well and made us feel comfortable.

Thank you very much,

Dr. Balumuka D. Darius

Mmed plastic and reconstructive surgery . II