



INTERPLAST (UK)

INTERPLAST UK KIRF COMMUNITY HOSPITAL, JATLAN, KASHMIR



11th - 25th NOVEMBER 2017

The International team:

Mr Charles Viva, British - Surgeon
Dr Omar Hussain, British - Anaesthetist
Dr Shu Hoshiyama, Japanese - Anaesthetist
Saiqa Ali, British - Nurse
Amuron Scholastica, Ugandan - Nurse
Ivy Boardman, British - Nurse
Louise Newman, British - Nurse
Naida Ali, British - Translator
Sanah Begum, British - Photographer
Abbas Aziz, British - Developing World Health care (DWH) Auditor

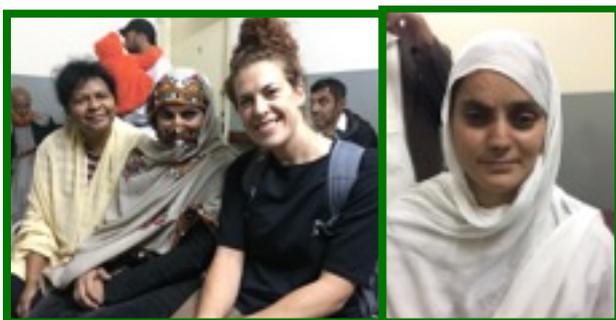


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For most of us, our journey started in Manchester airport on Saturday 11th November 2017. Dr Shu was to join us for the second week whereas Amuron had already completed her long journey and had arrived safely in Islamabad. After working incredibly hard to get ready for the trip, we were all gratefully surprised when Mr Viva led us to the business class desk for Pakistan International Airlines (PIA). Javed Majid, a trustee of the charity, had secured an upgrade and we were seamlessly whisked through departures by attentive staff to the lounge. We enjoyed complimentary refreshments and started to get to know each other while Javed and his PA Hassan (who had flown out a week beforehand), continued to work tirelessly with Qamar Zamain to ensure our smooth passage on entry by securing accommodation, visas, work permits (NOCs) and transport. After completing a spacious overnight flight we arrived in Islamabad to hazy sunshine, feeling refreshed and ready to go! We were welcomed warmly by Javed and Hassan, as well as old and new friends who were going to accompany us on the mission ahead. The first patient was ready to be screened at the airport; 2 month year old Fatima with a unilateral cleft lip and palate. After discussing her case, all 19 bags were loaded and we began the 2 hour journey to Kashmir. On route, Javed had organised a fantastic first lunch of spiced fresh fish, salad and fresh naan bread. We then headed on to our accommodation at the Abbas Towers, Mirpur Apartments. Mr Zahoor, the gracious owner, welcomed us as his guests (as he had done in the past) before handing us over to Tariq (the manager) who showed us to our rooms and we quickly settled in as we all thought it important to head to the hospital for a quick orientation and first visit before the work started. Kashmir International Relief Fund (KIRF) Community Hospital (established in 1992) was a 15 minute bus drive away situated in Jatlan and based on the bank of the Upper Jhelum canal. It is a small and well developed hospital with a pharmacy, laboratory, outpatient department, a delivery room, a theatre, a conference room and five wards plus treatment rooms.



A large welcome party greeted us on our first morning, led by the hospital management Iftiqar and Dr Zulfiqar. Hand painted banners were put up and we all received flower garlands and fresh fragrant rose petals were thrown to symbolise the celebration! This was such special welcome. During the welcome party we were so happy to recognise many patients who were treated the previous year. Most had come for a review and further procedures, others were there to say thank you and to welcome us. The impact of these missions and the surgical work this charity offers was all there to be seen in that moment and it was a fantastic feeling!



Those familiar with or part of the mission in 2016 may remember Tayeba's story. She is doing very well, she was as emotional to see us as we were to see her along with her brother. She had healed really well and received great follow up surgery under Professor Ajmal at Holy Family. Mr Viva advised to remove the tubes and will review next year for the possibility of dermal grafts to correct the bridge of her nose.

The patients and their families, who had travelled great distances to be seen, were all provided with accommodation and three meals a day. This provision was organised by the hospital management and two gentleman named Ishfaq and Zulfiqar. Zulfiqar organises and assesses patients from far and wide and tries to ensure that referrals and post op care are arranged. He works relentlessly for the all the patients and is our main point of patient contact throughout the mission. Abbas and Naida visited the accommodation provided and were impressed with the standard, as were the patients.

The staff at the hospital were excellent. They spoke good English and took on extended duties to accommodate our mission. An enthusiastic team of nursing staff led by Sister Shabnab helped us care for our patients pre, intra and post operatively throughout the day and night. The Pharmacy ordered in all of our requests and Dr Zulfiqar, a paediatrician, reviewed many patients who we deemed would benefit from a clinical opinion. We were incredibly grateful for the surgical support of Professor Ajmal from Rawalpindi and Dr Zulfiqar, the medical director and paediatric surgeon, who donated a lot of their time to help us operate. Theatre lists were up to 12 cases on some days meaning 9 o'clock evening finishes. We were greatly assisted by the local theatre staff, Muddassar an OPA and Zahoore the theatre helper who became part of the team over the 10 days. We had brought the majority of what we would require thanks to Mr Viva's experience and the equipment we needed to order (predominately for the anaesthesia), we got hold of quite quickly. The need to construct suitable consent forms, post-operative notes and discharge notices was identified. This was extremely important in line with our professional responsibility and to protect the patients. Going back to pen and paper was quite refreshing even with the volumes of paperwork!

Mr Viva screened a total 281 patients before, in-between and after operating. 231 were screened in the first week and 50 patients in the second. Patients still turned up on our last day. There was such an array of patients and conditions and with Naida translating we fully understood everyone's concerns. The youngest was merely 20 days, little Naveed with a bilateral cleft lip. Many congenital deformities presented from fused fingers and toes to absent fingers and toes, microtia ears (no external ear) and many undiagnosed paediatric syndromes. It was identified that many of the patients would benefit from seeing dentists, orthodontists, speech and language therapists, psychologists, ear, nose and throat surgeons and paediatricians so onward referrals were recommended.



The beneficial impact of taking out toothbrushes, toothpaste and education on oral hygiene on future missions was very evident. Furthermore the value of having a speech and language therapist and nutritionist in the team was seen. Mr. Viva stated that the surgical intervention on cleft lip and palates are only part of the treatment and that a multidisciplinary approach up to the age 21 is the ideal model. It will be an area of future volunteer recruitment that we look into this year.

Individual assessment took place for each patient after they presented their problem. Weight, past medical history, nutritional input, age and development were all considered. All patients suitable for an operation had to have provisional blood tests, a full blood count and screening for Hepatitis B and C. A blood count of less than 9 (particularly if underweight and very young) were not typically considered safe for surgery. One 8 year old girl who had a cleft lip had a count of 3.3 which is terribly low and an urgent review was required. Despite Professor Ajmal and Mr Zulfiqar's help, theatre scheduling was tough, yet all those who needed a procedure were fitted in and it was only those screened late in the second week who were asked to return next year.

There were chronic wounds, mostly to the feet and legs. We swabbed those that required it to identify antibiotic resistance and bacteria growth and advised on wound care (nutrition, infection control and dressing techniques as many did their own dressings). We provided what we could for them. For the post burn scarring we were fortunate yet again to have a generous supply of Silgel and Dermafix to hand out to improve healing and reduce the itching. During our time there, two young boys were brought in who had just suffered hot water and cooking burns which we attended too.

Meeting all the patients and their families touched our hearts and hearing their stories stirred up a variety of emotions. In particular there were two males in their early twenties that wholeheartedly saddened us all and we were left feeling helpless as we could not offer any surgical input. They both presented with functionless arms following previous extensive surgical intervention after a road traffic accident and another which had started from a small wound to his palm. Pain was a huge issue for them both and they had little options for effective analgesia due to availability and cost. When discussing these cases Mr Viva asked us to always, in the interest of each and every patient, discuss the problems with other colleagues so that the best can be given to the patient.

Theatres worked very hard. 73 patients were operated on and, apart from two elective caesareans which the hospital and surgeon had arranged in our lunch breaks, we had sole use of the theatre. It was fascinating to see the caesareans and the birth of two babies. Thank you to West View Baptist Church in Hartlepool and their numerous contacts and other church supporters who kindly donated the beautiful, handmade blankets and clothing as they were all greatly received. Anaesthesia was a challenge with one fully functioning machine and another one which required some skill to use which was mainly put into action in the second week when Shu joined our team. The resident anaesthetist Iftiqar, also provided support in the initial few days.



Over 10 days 73 patients were operated on and a total of 80 procedures were performed:

- 8 Cleft Lip Repairs
- 19 Cleft Palate Repairs
- 3 Z Plasty's
- 4 Split Skin Grafts
- 7 Full thickness Skin Grafts
- 3 Hypospadias repair
- 7 Revision of scars
- 8 Removal/excision of cysts/
fibromas/lipomas



- 7 Injections and manipulations
- 2 Dehiscence of Oronasal fistulas
- 2 Dehiscence of soft palate repairs
- 2 Diathermy of upper lips
- 1 Tendon repair
- 1 Correction of Saddle Nose deformity and dermal graft
- 1 Finger separation
- 1 Release of Tongue tie
- 1 Narrowing of Colonel and elevation
- 1 Microtia ear improvement
- 1 1st stage nasal reconstruction
- 1 Closure of Oronasal fistula



Of these 80 procedures, 52 were performed on 0-18 years old and 21 on 18 years and above. The youngest patient was 2 months and the oldest 55 years old. 6 patients did not turn up for their surgery, 9 patients were cancelled due to chest infections, raised temperatures or positive or no throat swab results. A cleft lip repair due to be performed on one of our smallest babies had to be postponed due to a difficult airway, requiring an order for smaller airway tubes.

Recovery and ward care was steady but with three nurses in the team and great support from the hospital we could cover screening, recovery, medication administration, post-operative dressings and discharges. Providing care was also made easier as Naida spoke the local language, Urdu, excellently and along with Saiqa and Abbas also speaking Urdu we were able to communicate well with the patients and their families. Nevertheless comprehension of pre, post-operative instructions and medications still remained tricky at times and on the first day patients had not fasted as instructed which meant late theatre start times. Clear communication and handwritten signs in the pre-operative room ensured this was reduced and all patients coming in the evening before their operation helped. Learning a few key phrases is always important and after being rightly told off in the first week by an elder gentleman for not speaking the language I ensured him I would practice and work on my pronunciation.

**“Aap kaisay hain?” *How are you?* “Mei theek hun, shukriya” *I am fine, thanks*
“Aap ka nam kia hai?” *What is your name?***

We had one post operative complication following a hypospadias repair in which the urinary catheter became twisted and blocked urine draining, however this was picked up quickly in recovery and resolved with changing the catheter to a smaller tube. Many patients suffered with nausea and vomiting after surgery and without an obvious cause and being limited with what anti-sickness drugs we could give, we had to resort to longer nil by mouth (nothing to eat and drink post operatively) in line with the local hospital and surgeons' guidance.



By scheduling skin graft operations in the first week we were able to check all but two grafts and they had all taken well (90-95% take). It was great to be able to check and dress the grafts and in particular on two little girls, Haija and Alesha became our bravest little stars. Topical application of antibiotic cream and a course of oral antibiotics were very important in their post-operative wound care. The majority of patients were seen for a post-operative review unless their procedure did not require it or the distance the patient travelled was too far.

Further post-operative care following our departure was kindly provided by the hospital and

clear wound care plans, teaching and equipment were put into place. We were able to provide the patients with dressings so they did not incur a cost when continuing the care back in their local areas. We believe most have done well apart from one hypospadias which will need further surgical input.

Throughout the mission we were really well looked after. Each day a huge hot lunch donated by Nafees bakery and restaurant arrived, in fact, so much food arrived at lunch that we were able to share it with the patients and people at the hospital most days. Thank you to Ishfaq for organising this and your wife's delicious vegetable pakoras! The Ward Sister, Shabnab, quite quickly sussed out who enjoyed the sweet Pakistani tea and ensured we had a cup to keep us going in the mornings! On top of this the chef at Abbas Tower's filled us with fresh stuffed paratha, roti and eggs in the morning and delicious curries, chickpeas and meat biryani in the evenings. Many of us came back a little too well!

The Kashmiri temperature was great to work in. The sun was warm yet it did become quite cool in the evenings or when it rained. We had perfect weather for our day off where we took a boat ride courtesy Besh, a friend of Mr Viva, and spent some time floating around the still and calm Mangla dam lake with the Ramkor Fort in the distance. All relaxed, we attended an excellent lunch put on by another friend, Shab at his boat yard with a stunning view out to the lake. We would all like to thank them all for ensuring we were rested and relaxed. Of course, there was time for shopping and a further invitation to dinner out in Nafees late in the evening by Shazad, a local man touched by our efforts who is currently a resident in Alicante, Spain.



In addition to the donated clothes, cuddly toys, pens, pencils, jewellery, toys and toiletries we could hand out we were extremely fortunate that we had a generous donation of Pakistani rupees from a sponsor. This meant we could donate to those families in need, towards transport, scans, medications, analgesia, food and to parents to look after their children. Giving financial donations out within the remit of charitable healthcare work needs to be fair and respectful and I hope we managed to achieve that overall and we are so thankful for the donation which enabled us to help those families.

The 10 days spent in Kashmir went very quickly. Saying goodbye and having a big group photo on the last morning was a lovely farewell. We thanked the staff and presented them with gifts we had brought for them. The ward sister had brought us clothes or scarves and the nurses decorated our hands with beautiful, traditional henna designs which we were all so incredibly proud to show off. All of the unused equipment and the donated suction and catheter equipment which we had taken out was left with KIRF hospital. With heavy hearts, we made our longer than anticipated journey back to Islamabad due to the blockades. Mr Viva arranged one last treat for our homeward journey. He showed us to a wonderful carpet and shawl shop in Rawalpindi owned by the ever generous Naseem. This was then followed with our last dinner altogether in a very comfortable hotel which was provided by the kindness of Mia Akram (a friend to Javed), to rest our exhausted heads before our final flights home.

Never possible without hard work, lots of organisation and relentless correspondence we thank everyone who helped to ensure patients were seen and treated. In addition to the thank you's mentioned above, we were very fortunate to have Nabeel assigned to our side for the mission, from breakfast to dinner he looked after us so well and was very kind. Nabeel, we all wish you a very happy marriage to your new wife! On a sad note, the kind presence of Professor Hamid Hassan who in the past has helped organise and work on the missions but has unfortunately left the country was missed.

For all the generous donations and support we would like to thank UK Towlers Chemist from Kirby Moorside, Tracy Liggins Sales Office Manager for Swann Morton for many years of support, Mr Remco Customer Service Manager GC aesthetics (Nagor) for Silgel and Fiona Betts Senior Product Manager at Mylan for Dermafix. We also owe a lot of gratitude to a new charity, Developing World Healthcare, led by Dr Adeel Iqbal, who generously paid for the flights, visas and contributed to equipment costs and helped with organisation on the ground whilst we were on the mission.

SHUKRIYA (THANK YOU)!



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A COLLECTION OF PRE AND POST OPERATIVE PATIENT PHOTOS



Haija, 5 yrs, underwent a split skin graft (SSG) to release her neck contracture after a devastating house fire burnt her and killed her mother and Alesha, 7 yrs, will have more movement following a Z Plasty release to her axilla contracture and loved her donated pink GAP hoody.

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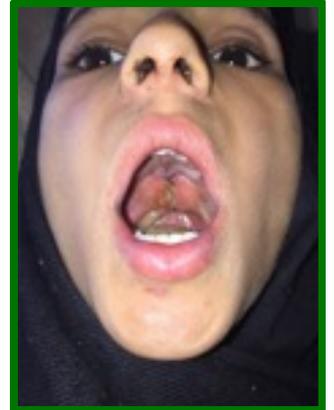
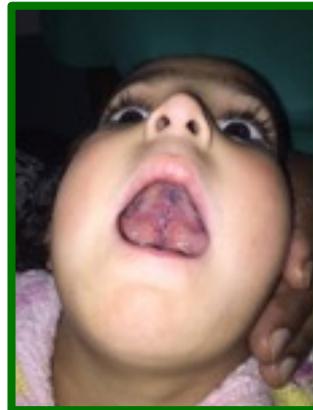


Above, Taneela 15 yrs, Jamila 24 yrs, Hammad 8yrs, Saiqa 19yrs and Mohamed 55 yrs, all had revisions or excisions and below Shoib, 12yrs, was very happy to lose his accessory thumb as was Answar, 40 yrs, for his finger separation.



The beautiful transformational Cleft Lip repairs, Abdul 6 months, Suleman 9 months, Safi 8 yrs, Ramin 9 months, Fatima 2months and Abdul Ramin 8 months, were all a complete pleasure to nurse.





So important in their development, Hina 1 1/2 yrs, Haseeb 2 yrs, Humaira 5 yrs, Ghazala 12 yrs and Mohamed 4yrs all had Cleft Palate repairs. Humaira, Haseeb and Mohamed underwent CL repairs in 2016 with Interplast and it was truly special to see their families. Mohamed's totally devoted Dad travels two days from the Afghan border for his son's surgery. However Mohamed was still not happy to see us.



Another returner, Gahyor Abbas 12 yrs, had further surgery, a full thickness skin graft to his axilla and injections to the elbow, to continue to improve his range of movement. Shazia, 36 yrs, following oil burns from cooking had a large SSG to her axilla. She was in a lot of pain post-op but managed to discharge home before we left.



Brave Musfera, 4yrs, had a SSG to her foot following a fire burn and Mahsonisa, 4 yrs had a PAWG release to her right eye which took really well. Smartly dressed Kabria, 6 1/2 yrs, had a full thickness graft to help release his contracted fingers.