The Humanitarian Surgeon

Expectation

Now and later
The Humanitarian Movement

• Short history of evolution.
• Rapid maturation.
• Need more input.
• Where are we now?
2 billion People have no access to basic surgical care

While the world poorest third get only 3.5%

The world richest third get 73.6%

11% of the Global Burden of Disease can be treated with surgery

out of 234 million surgeries done worldwide
Humanitarian Compassion

• Affection
  Feel for others
• Understanding
  Understand others
• Motivation
  Ready to help others
Field Surgeon = Do everything man
• Listening to the locals
• Trying to understand
• respect
• Global range of skills

• Training others

• Guidelines

• Further training

• Talk to us please
Professionalism
Professionalism

“I’ll be happy to give you innovative thinking. What are the guidelines?”
• The team work
• Quality and…..
• Support who feels down
• Out of comfort zone
• Security update
Team Work
• Knowledge of sterilization, disinfection
• Knowledge of infection control
• Nursing
• Basic anesthesia
• Why I am on call today

• I don’t even have a registrar to blame

• Why I became a doctor

• Why I am born
Feeling down

Flexibility
How my people remember MSF???

• Compassion

• Being there for them

• Feeling supported
Update your security

• More patients
• Limited resources
• Less surprises
• Car movements.
• Makes your life easier.
• Doing NO harm

• Safe surgical procedures

• Infection control

• Priorities

• Documentations

• Safety check list
I don't intend to harm anybody

The way to hell paved with good intentions
<table>
<thead>
<tr>
<th>SEX</th>
<th>AGE</th>
<th>DIAGNOSIS</th>
<th>Tmt</th>
<th>Oth</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>28yrs</td>
<td>GSW 2 R.FOOT</td>
<td>Yes</td>
<td>No</td>
<td>MG</td>
</tr>
<tr>
<td>M</td>
<td>34yrs</td>
<td>GSW 2 R.ABDOMEN</td>
<td>Yes</td>
<td>Yes</td>
<td>DT</td>
</tr>
<tr>
<td>M</td>
<td>23yrs</td>
<td>GSW 2 CHEST &amp; R.J. ARM</td>
<td>Yes</td>
<td>No</td>
<td>ICU5</td>
</tr>
<tr>
<td>M</td>
<td>34yrs</td>
<td>GSW 2 R.J. LEG</td>
<td>Yes</td>
<td>No</td>
<td>A18</td>
</tr>
<tr>
<td>M</td>
<td>34yrs</td>
<td>TYPE III OPEN &amp; L.J. LEG &amp; SOFT TISSUE</td>
<td>Yes</td>
<td>No</td>
<td>M12</td>
</tr>
</tbody>
</table>
• Don’t close a dirty open wound
• Don’t open a closed clean fracture
• No external fixation on a closed fracture
• No internal fixation on an open fracture
• Don’t fix it, unless it is broken
• No observe and see, unless you stay awake
• ......
Safe Surgery

• Prioritization.

• The least possible trip to OT

• Simple and straightforward procedure

• More extensive debridement

• Try not to amputate on first look
Wounds

• If it is older than 6 hours.
• If it is dirty.
• If it is caused by fire arm.

• Wash
• Clean
• Debridement
• Dress

• CLOSE IN 5-7 DAYS
Safe Surgery

- Adequate Surgical Toilet of a wound includes:
  - Excision of all devitalised tissues
  - Removal of all debris
  - Irrigation with N saline
  - Haemostasis
  - Ballistic injuries / dirty wounds please leave open for DPC
• Patient file
• Informed consent
• Operative procedure
• Post operative instructions
• Daily round
• Working with limited resources
• Gadgets are nice but....

• Take the context in consideration
• And talk to us
• Do you have the expertise
• Supporting experienced nurse
• Excellent anesthetist
• Enough blood
• Post operative care
• Do No Harm
Stories

Mortality of Acute Appendicitis
Stories

Unhappy to be discharged
The Future

When we compare how we work now and how we worked a decade ago...

Big dreams  the sky is the limit

Higher service quality

Approach wider population

The budget will not limit MSF operations

Better communication in the field and with the field
• Training before deployment
• More surgeons
• We maintain the humanitarian spirit
• Meet more often

• We hope that there will be NO need for our services
Thank You