

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

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

Surgery



While the
world
poorest
third get
only

3.5%

The world richest third get

73.6%

out of **234**

million

surgeries done
worldwide

Humanitarian Compassion

- Affection
Feel for others
- Understanding
Understand others
- Motivation
Ready to help others

Where we stand



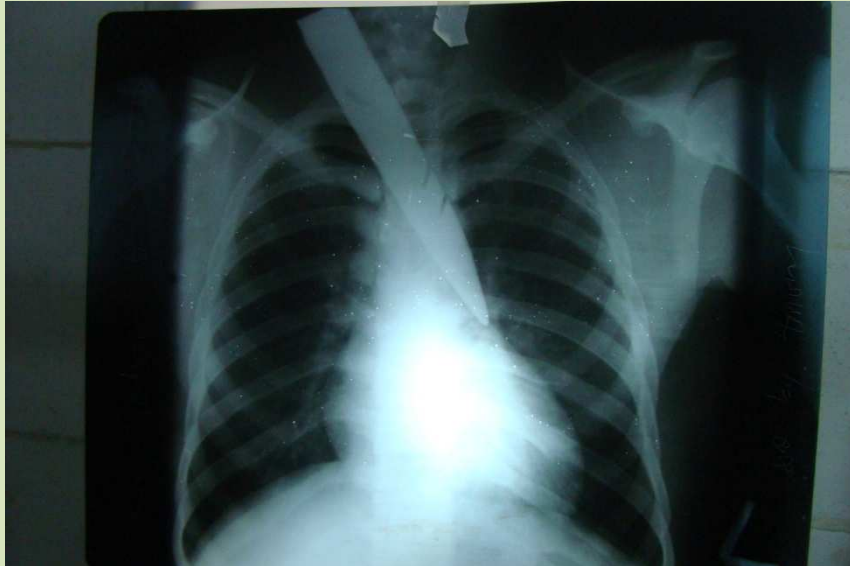
Field Surgeon = Do everything man



Cultural Sensitivity

- Listening to the locals
- Trying to understand
- respect

Cultural Sensitivity



**Cultural
Sensitivity**



1975



Professionalism

- Global range of skills
- Training others
- Guidelines
- Further training
- Talk to us please

Professionalism



Professionalism



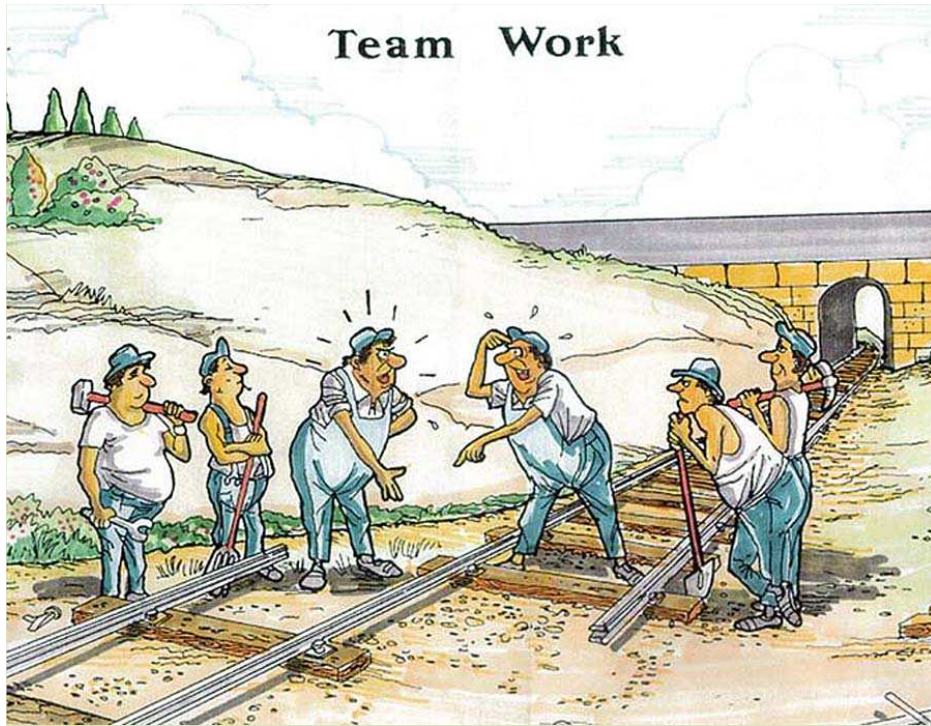
Professionalism



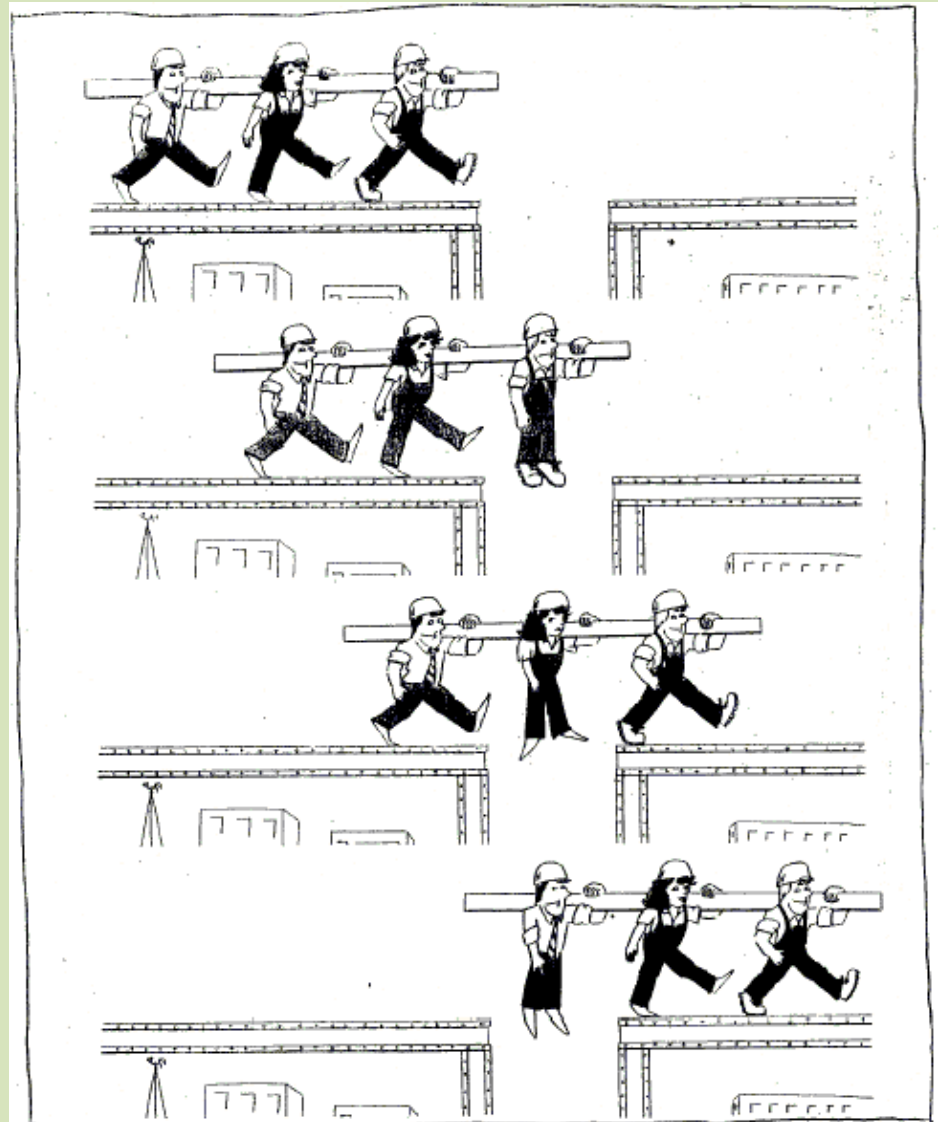
- The team work
- Quality and.....
- Support who feels down
- Out of comfort zone
- Security update

Flexibility

Team Work



Team Work



- **Knowledge of sterilization, disinfection**
- **Knowledge of infection control**
- **Nursing**
- **Basic anesthesia**

Quality and..

- Why I am on call today
- I don't even have a registrar to blame
- Why I became a doctor
- Why I am born



Flexibility

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.

Flexibility

- **Doing NO harm**

- Safe surgical procedures
- Infection control
- Priorities
- Documentations
- Safety check list

Safety

I don't intend to harm anybody

The way to hell paved with good intentions

Do No Harm

Do No Harm



Priorities

NAME	SEX	AGE	DIAGNOSIS 21/5/10	4-RT	GET SURGERY	TESTIMONY
	M	32YRS	GSW 2 RT. FOOT	YES	NO	M6
	M	58YRS	GSW 2 ABDOMEN	YES	YES	BT
	M	28YRS	GSW 2 ABDOMEN & THIGH	YES	NO	ICU5
	M	23YRS	GSW 2 CHEST & RT. ARM	YES	NO	A18
J	M	34YRS	GSW 2 LT. LEG	YES	NO	A25
B	M	34YRS	TYPE II OPEN # LT. LEG C SOFT TISSUE WOUND RT. LEG 2° GSW	YES	NO	M12

Do No Harm

The Don't Ever Do List

- 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 straight forward procedure**
- **More extensive debridement**
- **Try not to amputate on first look**

Safe Surgery

Wounds

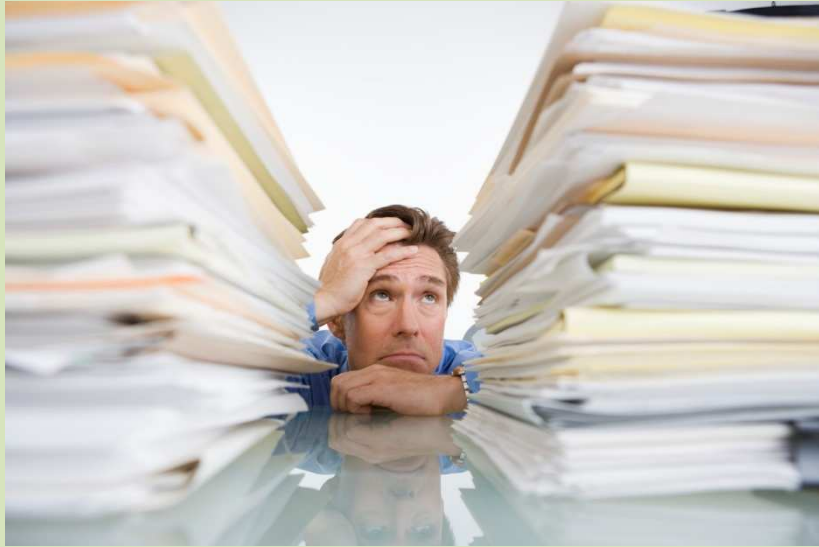
- If it is older than 6 hours.
- If it is dirty.
- If it is caused by fire arm.
- Wash
- Clean
- Debridement
- Dress
- CLOSE IN 5-7 DAYS

Safe Surgery

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



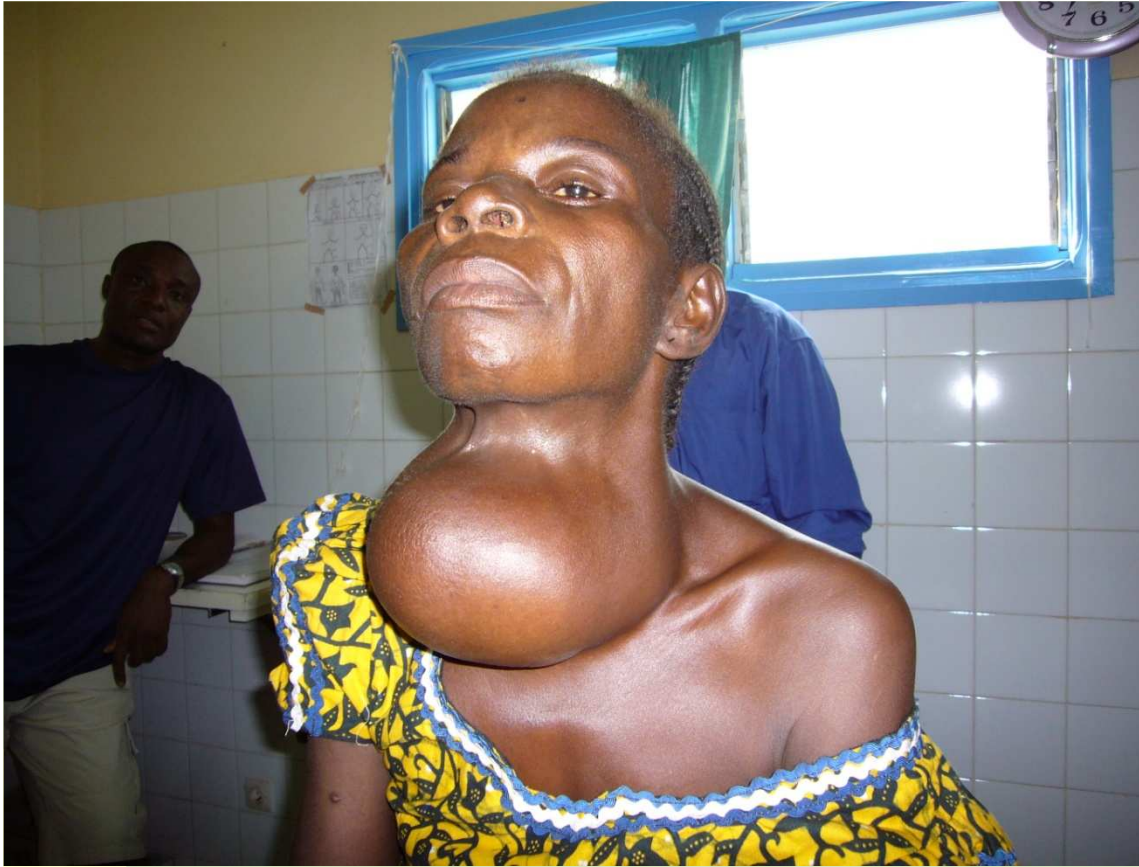


- Patient file
- Informed consent
- Operative procedure
- Post operative instructions
- Daily round

Documentation

- Working with limited resources
- Gadgets are nice but....
- Take the context in consideration
- And talk to us

Gadgets



- Do you have the expertise
- Supporting experienced nurse
- Excellent anesthetist
- Enough blood
- Post operative care
- Do No Harm

The context

Stories

Mortality of Acute Appendicitis

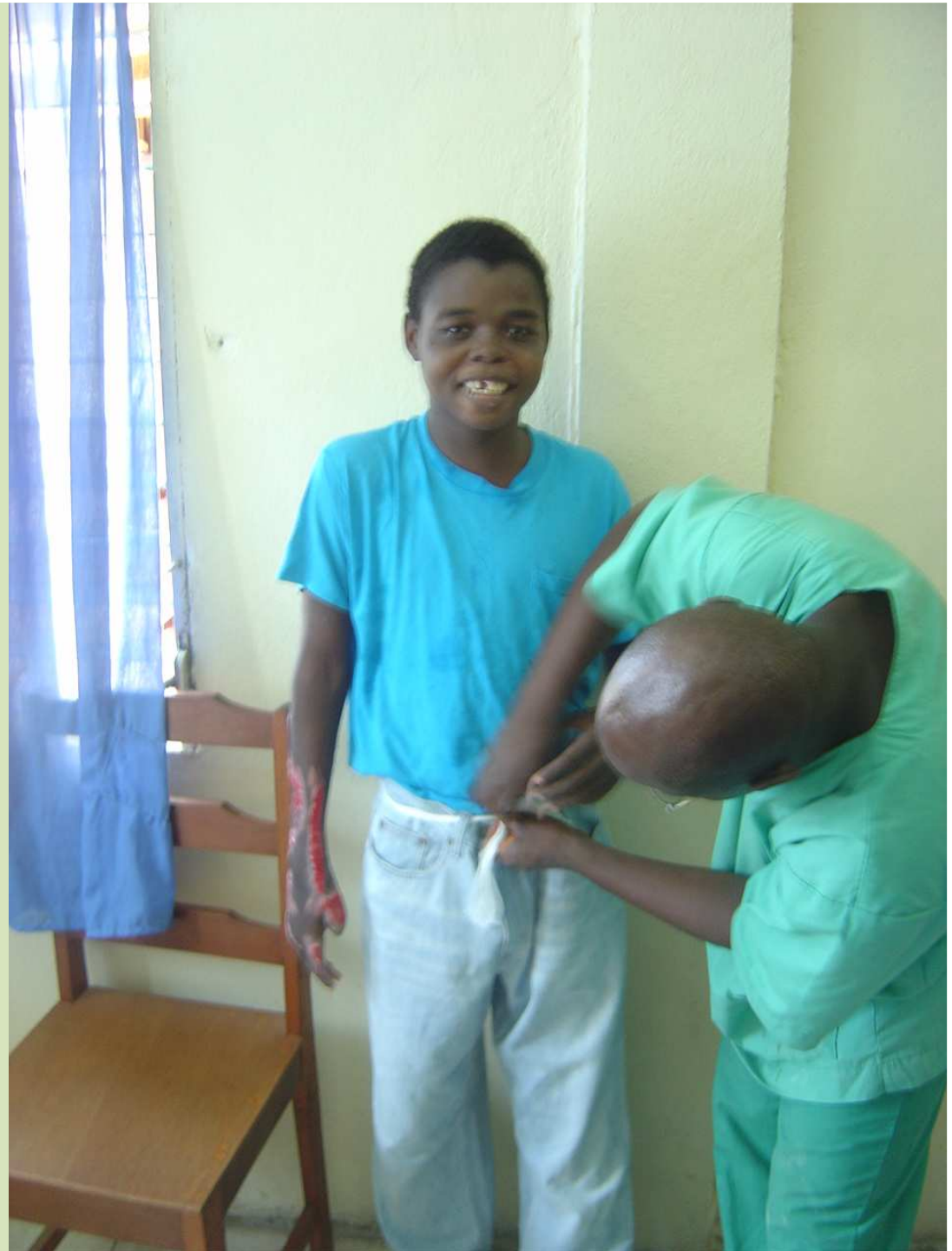
Learning



Stories

Unhappy to be
discharged

Learning



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