

# MSF surgical respons to Haiti earthquake



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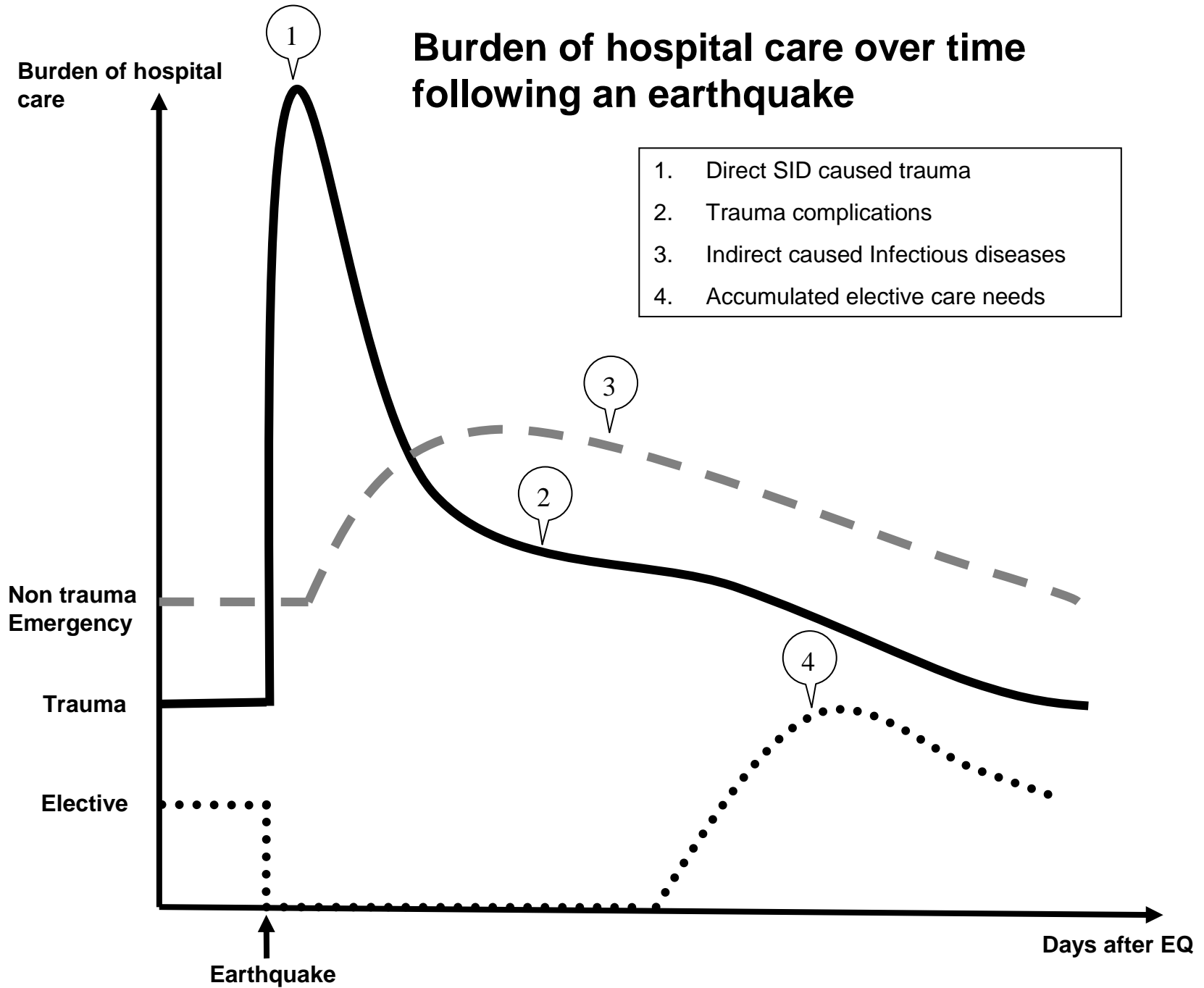


# Needs assessment Haiti

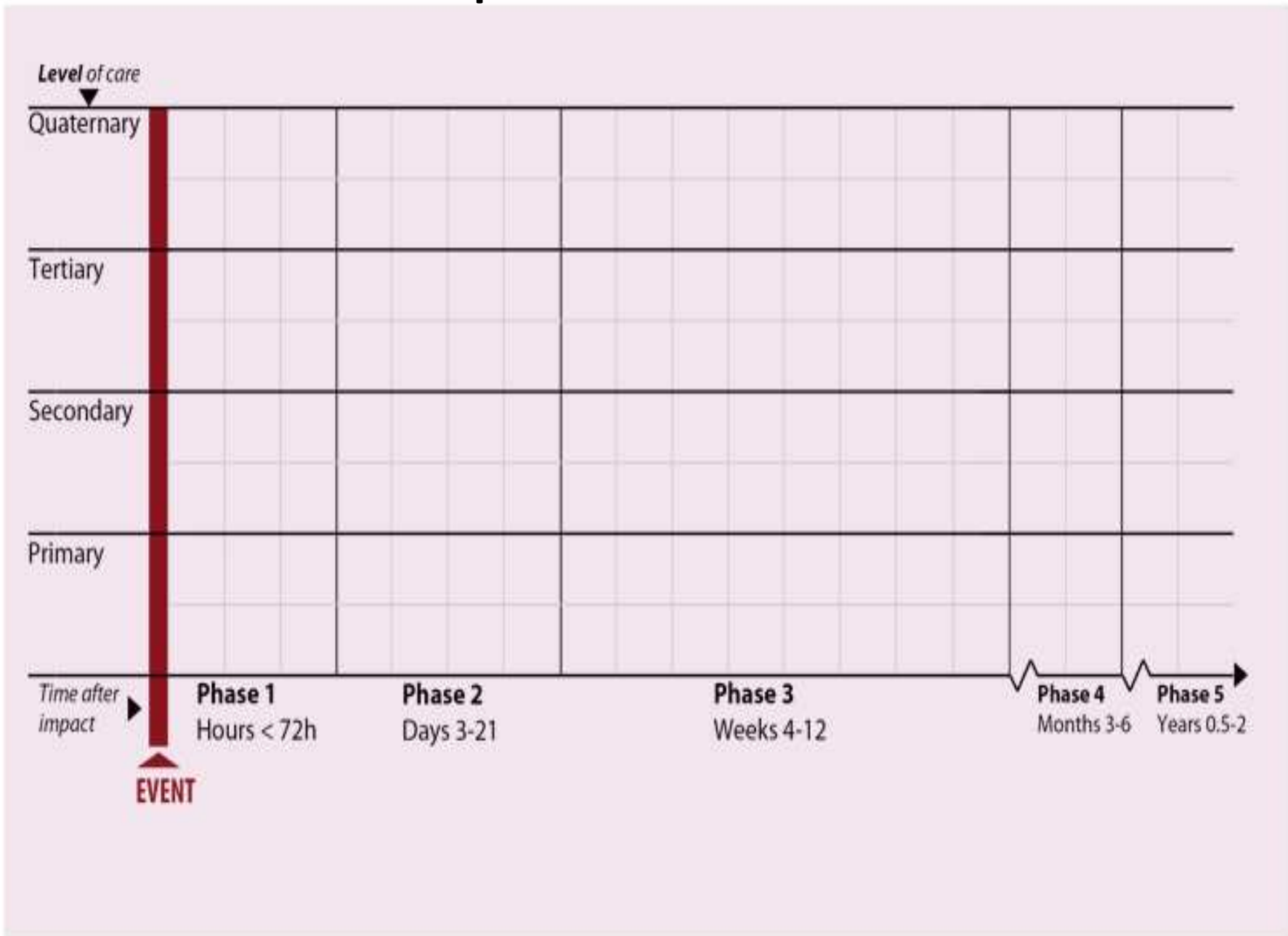
- CONTEXT !! very poor, “collapsed” country
- The capital, populated area
- Powerful killed and injured many +++
- Access, airport, road
- 3 million “affected”
  - Trauma care
  - Water and sanitation
  - Food
  - Shelter
  - Security
  - Basic primary health care
- International response++
  - Geographical proximity to the US
  - Chaos, “medical charity tourism”
    - Lack of standards



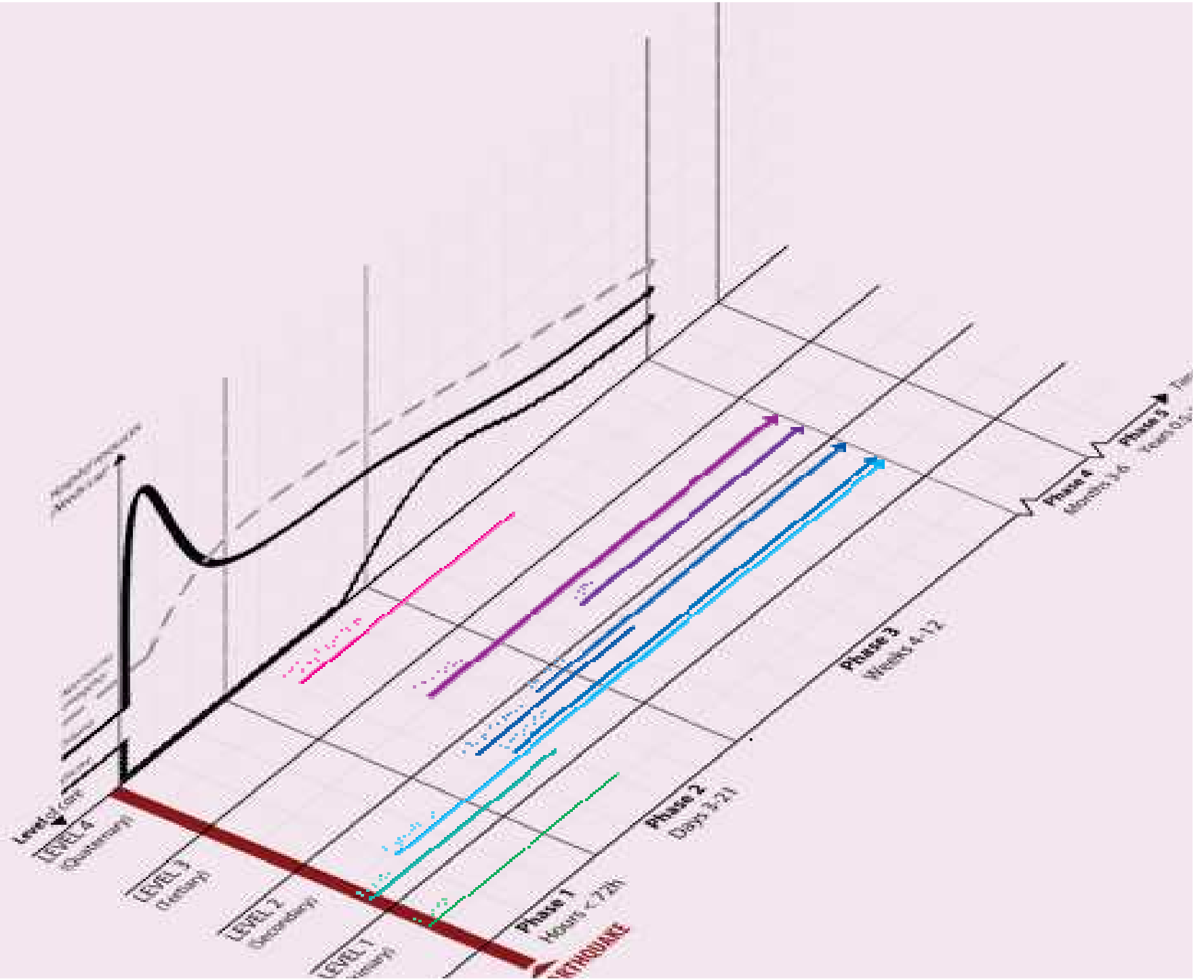
# Burden of hospital care over time following an earthquake



# Conceptual Framework







# Context adapted war-surgical principles

- **“Utilitarian surgery”**=Extremely context adapted surgery to maximize results
  - Number of injured, resources, disease burden, post operative resources, and the time factor
  - Role for advanced surgery (internal fixation)????
- Adapted **Damage Control** surgery without limited **Definitive Repair** capacity
- Each patient need a clear plan!



# Patient file and treatment strategy with the patient



Photo L Riddez

# Findings (1)

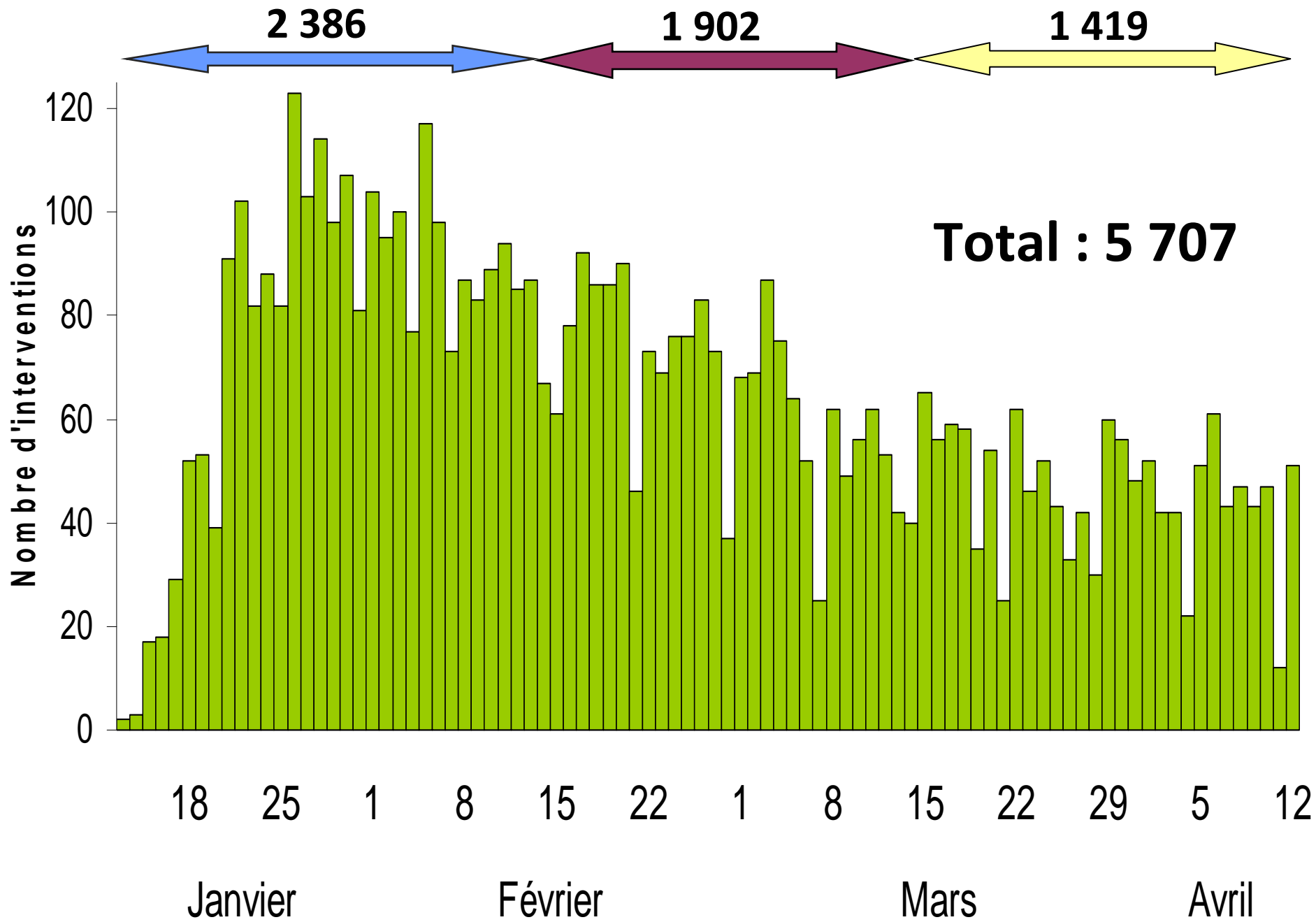
- Special situation, context+MSF on ground
- Enormous needs!
- Impressive response!
- MSF main provider of surgery
- All section had the same focus, -Surgery
- Surgeons not involved in developing operational policy

# Findings (2)

- Lack of surgical coordination
- Surgeons not well prepared
  - Not aware of guidelines and data collection
- Lack of data for first days and different systems
- Controversies regarding advanced orthopedic care
- Role and responsibility of Critical Care?

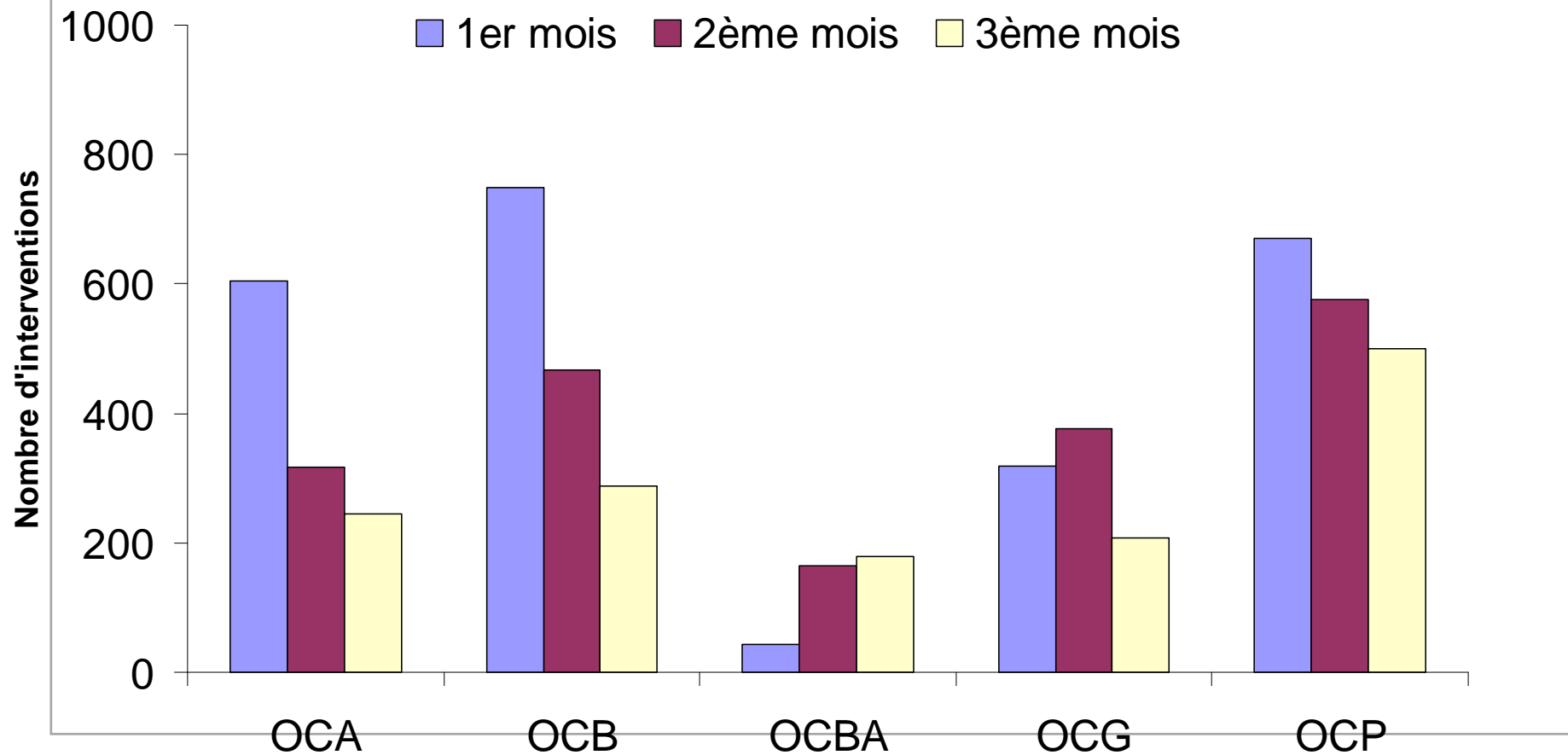
# Findings (3)

- Impossible to assess outcome or quality of care
- Referrals an issue
- Good intergration and activities of physiotherapy, using different strategies





# Number of surgical operations per section



# Type of operation

	1 <sup>st</sup> month	2 <sup>nd</sup> month	3 <sup>rd</sup> month	Total
Debridement (extensive), faschiotomy	824	588	281	1693
Simple, suturing, abscess, circumcision	176	323	249	748
Reduction and luxation	395	117	60	572
Dressing under sedation	203	171	118	492
Caesarean Section	153	84	71	308
Grafting of skin or muscle	140	91	64	295
Orthopaedics various	97	57	89	243
Fixator External	103	56	28	187
Amputation of a limb	141	25	16	182
Osteosynthesis for internal fixation	13	48	82	143

# Recomendations (1)

- MSF surgical reference need a mandate
- Develop international protocols, guidelines and methods to measure quality of care
- Harmonize data collection
- Define the role for advanced Surgical/Orthopedic and Critical Care

# Recomendations (2)

- Improve capacities by training surgeons+anesthesiologist *Surgical Disaster Preparation Course*
- In large surgical programs *surgical coordinators*
- Appoint responsible person for *referrals*
- Define the roles for secondary and tertiary care and divide between sections







# Everyone wanted to help, but....

**Dr David Helfet**

**Director of the Orthopedic Trauma Service  
New York Presbyterian Hospital**

- "On January 13 I contacted the CEO of Synthes who said: "We'll give you whatever you need. They provided their company jet. "
- "There were about 1000 patients in the main public hospital. No electricity or water. We left for a small community hospital."
- "Our supplies disappeared. Patients became angry. We left on a Canadian charter plane."
- Dr Helfet's conclusion: "**You just can't go in alone. It's inefficient, distracts from the work.**"

Lämnade  
1000  
patienter?

Vad hade ni  
väntat er?

Compiled by A Wladis



Lifeline Haiti



International Medical Corps  
MEDICAL TEAMS INTERNATIONAL



MEDECINS SANS FRONTIERES

