

Report of reversed fellowship in Eritrea, 29.6.-27.8.2005

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Introduction

My wife me and were the second persons which went to Eritrea for the reversed fellow ship.

I spent there for 8 weeks and my wife for 3 1/2 weeks. I was working during my time with the surgeons, which were in Halibet Dr. Semere and for 2 weeks with Dr. Salomon (he came back during my time in Halibet from a stage in south Africa) and in the military hospital with Dr. Haile (medical director), Dr. Mogos and Dr. Mokonnon.

My wife worked during her stay in both hospitals with the operating room staff.

Activities

General

We stayed the first 2 1/2 weeks in Hailbet Hospital. Then we went to Glas, there my wife worked for 1 week and I stayed there for 4 weeks. I closed the stage with another 2 weeks in Halibet.

During the hole time the patient population was focussed on low back pain problems.

In the assessment of outpatients I have seen during the 8 weeks 400 patients and about 70% of them were presented with low back pain problems.

First I had to introduce a standardised examination format and a format how to read an MRI correctly. The colleagues learned to examine the patient correctly, to take out the main information from conventional x-rays and also to read the MRI correctly. The assessment of the patients was done by the local doctors under my supervision. On this base all surgeon were then able to develop the indication for a conservative treatment or a surgical intervention. At the end of the stage we realised a small video for the correct neurological examination of a patient which will be distributed in all Hospitals with the examination and MRI format.

Beside the low back pain problematic the other main medical conditions were in Halibet Hospital traumatological problems and in Glas shoulder and knee instability and in a small number post war injuries.

In the OR a small number of the patients was operated by myself. The bulk of patients was operated by the local doctors and I assisted them.

The training in both hospitals consisted in teaching of surgical anatomy, principals of reduction and techniques of fixation, techniques of minimal invasive disectomy and postoperative and conservative treatment of low back pain patients.

Halibet Hospital

As mentioned before the bulk of patients were traumatological cases in the OR, in the assessment of the outpatients low back pain problems. I mainly worked with Dr. Semere at Halibet Hospital. In the OR I tried to transmit techniques of fracture management, as for example miniminvasive techniques with locking plates (done with ordinary DCP plates), indirect reduction techniques (for example with condylar plates). The other pillar was to demonstrate and discuss surgical approaches and the anatomy in different cases (f.e. posterior approach to the acetabulum). In the outpatient assessment the technique of examination especially for spine patients was in the foreground.

Glas Military Hospital

In Glas the outpatient assessment was focussed on low back pain patients. In a smaller number I have seen patients with shoulder and knee instabilities. During this sessions we selected the patients for the operations. With the examination and MRI format for low back spine problems we developed a good instrument to select patients for a surgical or conservative treatment.

On the spine we operated disc herniations by a miniminvasive way. This technique was not always practicable because we saw a lot of old herniations with large adhesions by surrounded tissues which demanded a larger approach. Also the old instruments (over 20 years old) which sometimes break or were not sharp enough to cut the tissue in a safe way were problems which we encountered. All spine patients in Glas were operated by Dr. Haile except one.

For the fixation of the Bankart lesions we developed the "Glas anker". With small k-wires we did agraffes which were introduced at the border of the glenoid with an impactor to hold the suture in place. With this method it was easier to fix the labrum to the glenoid and we save also operation time.

Meeting with the minister of health

At the end of my stage I met the minister of health with Dr. Haile and Dr. Beyane (Medical director of Halibet Hospital). I explained him the aim of the reversed fellowship and our activities in the two hospitals.

We discussed also specially the problems which Dr. Spycher and me were confronted in Halibet Hospital. I elucidate him that for the continuation of the fellowship it is very important to have clear structures in Halibet Hospital (head of orthopaedic unit, reorganisation of the OR etc.) and that all these measures are implemented and supported by the ministry of health and the direction of the hospital. Otherwise it will be not possible to continue the fellowship in the future.

Summary

The reversed fellowship was for me, my wife and I think as I got the feedback from Dr. Haile Methsun and Dr. Semere a very prolific and interesting time. We learned from each other and I'm very glad that I had this opportunity to go to Eritrea and to work there.

The motivation of the responsible surgeons (Dr. Haile, Dr. Mogos, Dr. Mokannon in Glas and Dr. Semere, Dr. Solomon in Halibet) is exemplary.

All the surgeons in Eritrea need the support to learn new techniques, to use the implants and to be introduced in treatment concepts.

The direction of the Halibet Hospital and the ministry of health must take their responsibility and introduce clear structures and to support the collaborators at each level.

The need to continue these reversed fellow ship is for me in a mean and long term view out of discussion.

Operation statistics Eritrea (Halibet, Glas) M. Lottenbach 2005

Sex	OP/Ass	Diagnosis	Intervention
Halibet			
<i>Traumatologie</i>			
F	A	pertrochanteric femur fractue	DHS
F	A	lower leg fracture	IMN
M	A	lower leg fracture	IMN
M	A	lower leg fracture	locking plate, less invasive
M	O	acetabulum fracture, posterior wall	plating
M	O	wrist fracture	pinning
M	A	ulna fracture	plating
M	A	femoral neck fracture	screw fixation
F	A	posterior dislocation hip	reduction
M	A	posterior fracture dislocation hip	reduction
M	A	posterior fracture dislocation hip	reduction
F	A	open fracture ulna	wound revision, rush pin
M	A	open fracture 3 fingers	pinning
M	O	burst fracture L2	internal fixation (USS)
M	O	proximal intraarticular tibia fracture	plating
M	A	subtrochanteric fracture	condylar plate

	M	O	femur fracture malunion (child)	osteotomie, fixateur externe
<i>Elektiv</i>	M	O	discal hernia L4/L5	dissectomie
	M	O	pseudarthrosis of med. femoral condyle	revision, osteotomie, plating
	M	A	osteochondroma humerus	excision
	M	A	spastic derformity of the foot	triple arthrodeses, achilles tendon lengthnning
	M	O	valgus derformity left leg	supracondylar osteotmie, bone grafting
	M	A	motion limitation after distal humerus fracture	arthrolysis, osteophytectomie,
<u>Glas</u>				
<i>Traumatologie</i>	M	O	lisfranc dislocation 14 d old	open reduction, pinning
	M	O	distal radius fracture	open reduction, pinning
	M	O	multifragmetarie radial head fracture	open reduction , screw fixation
<i>Elektiv</i>	M	A	disc herniation L4/L5, L5/S1	dissectomie
	M	A	disc herniation L5/S1	dissectomie
	M	A	disc herniation L5/S1	dissectomie
	M	A	disc herniation L4/L5	dissectomie
	F	A	disc herniation L4/L5	dissectomie
	M	A	disc herniation L4/L5	dissectomie, laminectomie left
	M	A	disc herniation L4/L5	dissectomie
	M	A	disc herniation L4/L5	dissectomie
	M	A	disc herniation on 3 levels	laminectomie on three levels
	M	O	muscle herniation low back	revision, closure
	M	A	disc herniation L1/L2, L4/L5	laminectomie on both levels
	M	A	disc herniation L4/L5	dissectomie
	M	A	disc herniation L4/L5	dissectomie
	M	A	ACL Rupture	ACL replacement
	M	A	ACL Rupture	ACL replacement

M	A	ACL Rupture	ACL replacement
M	A	anterior shoulder dislocation	bankart repair
M	A	anterior shoulder dislocation	bankart repair
M	A	anterior shoulder dislocation	bankart repair
M	A	anterior shoulder dislocation	bankart repair
M	A	anterior shoulder dislocation	bankart repair
M	A	anterior shoulder dislocation	bankart repair
M	O	pseudarthrosis ulna	revision, plating
M	O	chronic monteggia fracture	revision, bone graft, plating
M	O	patella pseudarthrosis	revision, screw fixation
M	O	malunion 5th finger	osteotomie, pinning
M	O	valgus deformation leg	supracondylar osteotomie, bone graft plating
M	A	fibroma foot	excisicion
M	A	fibroma foot	second look
M	A	fibroma foot	third look
M	A	a-v fistula femoralis	revision
M	A	Malunion distal radius	osteomie, fixation by plating and bone graft