Royal Belgian Society for Surgery

Opening Ceremony
SURGERY IN THE TROPICS.
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The tropics lie between the Tropics of Cancer and Capricorn. The provision of healthcare in many poor countries within the tropics is often rudimentary and for many isolated rural communities is practically non-existent. While preventative medicine and primary care (e.g. mass immunisation programmes) is often supported by international organizations, secondary care (hospital based) receives less attention. Millions of people do not have access to even basic surgical care. Against this backdrop, the impact of surgery can be huge. For instance, the importance of repair of an obstructed inguinal hernia or the elective repair of a vesicovaginal fistula cannot be overstated. Not surprisingly, therefore, many surgeons will attest to the impact of a tropical surgical elective as a medical student on their career choice. Further into their career, surgeons may have opportunities to return to the tropics for varied periods of time. In the past the focus of these trips has been surgical service provision. Quite rightly, the focus is shifting towards teaching and training, and the model of partnerships between surgeons, surgical departments and institutions is now encouraged. A huge challenge for the western surgical visitor to the tropics is relevance. Surgery in the west is highly technical and specialized, whereas in the rural communities the varied skills of a generalist functioning with little technical backup are all-important. Surgeons in the tropics are required to undertake emergency obstetric and elective gynecological operations in addition to general surgical procedures. In isolated areas they need experience in urology, orthopedics, pediatric surgery, plastics, neurosurgery and thoracic surgery. The best partnerships between developed and developing countries are multiprofessional. Visiting teams might well include nurses and anesthetic colleagues (who will probably interact with nurse trained anesthetists). Visitors must be prepared to empathise with the local challenges faced by national colleagues working in the tropics, respect cultural differences make an effort with the language and readily accept that they will probably receive more than they can give both professionally and personally.

Reference
S. Banerjee and WHO 2002

LONG-ACTING-SHORT-MISSIONS.
F. De Weer, L. Van der Heyden.
Artsen zonder Vakantie vzw/Médecins sans Vacances asbl, Bonheiden, Belgium.

The activities of Artsen Zonder Vakantie/Médecins sans Vacances started in 1981 as a humanitarian project for surgery of crippled children with polio-sequelae. Later, because of growing demands from Africa, AZV/MSV became a non-profit organisation, recognised by the Belgian Government, supported by national credits and regular donations. The range of activities extended to all clinical specialities in medicine and nursery. For 2006, 120 missions are planned in nine African countries to upgrade the performance in 30 different – mainly rural – hospitals, every time on demand of the local medical staff. Every mission consists of a small team of 3 to 4 experts (doctors, nurses, …), and is sent for a short time for training and teaching local hospital personnel. The Long-Acting-Short-Missions are scheduled in a year's program and five-year planning, to be repeatedly organised until the level of better performance is reached. The main goals are:

1. Teaching, meaning: training on-the-job, learning by doing, capacity building.
2. Provide the necessary material to obtain measurable results.

In the field of surgery, basic training is necessary because doctors in remote areas need regular upgrading. Laparoscopic surgery is not a priority in poor countries, but feasible in Referral Hospitals. AZV/MSV has a human resource capacity of 400 doctors and nurses but, in view of growing demands, tries to mobilise more surgeons for this humanitarian engagement. JOIN US !
TEACHING OF LAPAROSCOPIC SURGERY IN AFRICA: NECESSITY, PERTINENCE, DIFFICULTIES AND CHALLENGE.
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The laparoscopic explosion in the late eighties and its application to almost all the surgical disciplines today, is certainly, an undeniable progress. But, what about its application in the developing world in general and in Africa in particular? What is reasonably applicable? What is good and what is deleterious in its use in Africa? In the existing conventional surgery in countries in Africa, it is well known that these countries suffer from shortage of hospital beds; hospitals are overcrowded; hospital stay is too long. The quasi absence of health security insurance puts a financial burden on the persons needing medical care and on their families.

From the public health point of view, this constitutes an unbearable economical and/or social handicap for the countries. Laparoscopic surgery is not a luxurious surgery intended only for the rich and opulent world of the northern hemisphere. Its advantages are in fact greater in developing countries. One could even say that it is invented for the third world. India is the best example where laparoscopic surgery is extensively used. Its cost-benefit ratio is definitely in favour of its use by “the poor for the poor”. Therefore, laparoscopic surgery in Africa is a crying necessity. It is a must. We also know that it is mandatory to teach it in a proper way. It is a technique hard to teach and hard to learn. It is also a new discipline particularly difficult to learn for senior surgeons. It is material dependant and the learning curve is much longer than conventional surgery.

If the necessity and pertinence of teaching laparoscopic surgery in Africa is well proven, it is incredibly difficult to transfer a new technology to Africa due to “other priorities”. Governments, NGOs, do-gooders, health authorities and even the majority of local surgeons are hostile to the introduction of laparoscopic surgery in African countries. Despite all the obstacles we undertook the challenge to start a school of laparoscopic surgery in Ethiopia a few years ago. This is a challenge we launched at the surgical department and the Faculty of medicine at the Addis Ababa University.

A special and adequate training programme for the surgeons was designed. Workshops have been organised where work stations (dry and animal lab), lectures, videos, live surgery and hands-on training have been provided. Accreditation and certification after accomplishment of the training programme are delivered to the trainees. A permanent School of Laparoscopic surgery within the Surgical Department is under way. Why not a laparoscopic surgery centre for a Regional Training of East African Surgeons?