

# Joseph Smith

## Visit Report May 2019

### GSR Institute of Craniofacial Surgery – Hyderabad, India

I visited GSR Institute of Craniofacial Surgery, located in Hyderabad in south eastern India. It is India's fourth largest city. In the greater metropolitan area, 13% of the population live below the poverty line and approximately 1.7 million of the population live within slums.

The government of India provides basic healthcare insurance for all citizens, and a recently introduced government scheme, the National Health Protection Mission, covers poor and vulnerable families for the cost of healthcare, up to approximately £5500, however the physical availability of healthcare is limited. Every Indian national is entitled to basic government insurance to cover the cost of emergency treatment and basic treatment, limited to a list of high priority treatments. Unfortunately craniofacial defects are not considered a high priority treatment, and as a result access to surgery for clefts can be difficult based on geography and waiting lists.

GSR Hospital provides low cost treatment for craniofacial defects for private (approximately 10% of the caseload) and free treatment to charity funded patients (90% of the case load, funded by the charity Smile Train) from low socioeconomic backgrounds. It also provides training in the form of observerships and surgical fellowships. It provides holistic treatment including counselling, orthodontics and speech therapy.

Within lower socioeconomic groups, lack of information and access to healthcare mean that CLPs can often be ignored and individuals affected can miss time crucial stages of operations. Through screening camps held throughout remote areas education and identification of CLP patients is provided, and a transport bus is utilised to enable transport to GSR Institute. However, even with charitable provision and attempts to improve access, long term followup and aftercare such as speech therapy and surgical followup can be underutilised in these population groups. As a result, the severity of CLP seen in GSR Institute can be more profound, owing to the delayed presentation of many patients, due to barriers to healthcare access. This can lead to more technically complex operations.

Each charity funded operation provided at GSR Institute is billed at 19,000 rupees, approximately £200. This covers the overheads of running the hospital, wages of the employed staff and the equipment required for operations. The number of operations per day varies seasonally, in the busier summer months approximately 8 operations are undertaken each day.

During my stay I commonly observed four procedures: Primary cleft closure, secondary cleft closure, secondary alveolar bone graft and rhinoplasty. Occasionally orthognathic treatment of craniofacial deformities were undertaken, and I witness one rib cartilage graft. Repair and reoperation following cleft procedure complications such as fistulae repairs were usually seen at least once per day.

The workload was significant, two theatres would be operating all day, treating 5 patients each on busier days. As a result, the number of cleft operations I witnessed during my stay was far greater than I may have seen at a cleft unit in the UK.

The educational opportunities for oral and maxillofacial trainees from the UK are evident here. I had very limited knowledge of cleft lip and palate surgery prior to my visit, and I left with a decent understanding of the disease and modes of treatment. Cleft training within oral and maxillofacial training pathways in the United Kingdom varies by location. A registrar in one part of the country may have no exposure to cleft surgery throughout their training. For this reason I fully recommend visiting a unit such as GSR Hyderabad during or prior to training in order to understand the sub-speciality.

During my visit, there was a Spanish singly qualified (medicine) maxillofacial registrar nearing the end of his training, and a Dutch doubly qualified maxillofacial consultant visiting the unit. While visitors don't frequently scrub in to assist in procedures, I witnessed some involvement (the Spanish registrar harvested a few iliac crest grafts). One of the aims of the charity Smile Train that funds GSR Hyderabad, is training local surgeons to provide cost effective operations, and therefore surgical "tourism" for maxillofacial trainees hoping to get some hands on experience is not in the spirit of the outfit. A visiting registrar would usually only observe. The unit does offer fellowships in cleft surgery.

I am happy to be contacted by anybody that expresses an interest in visiting GSR Institute

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