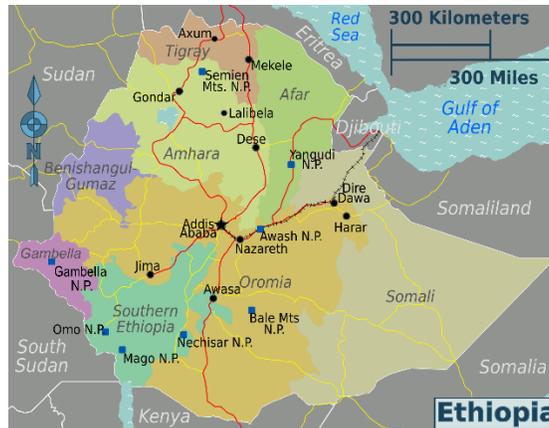




BAOMS Travel Award 2018
Project Harar Report by Abi Estelle

Established in 2001, Project Harar is a growing charity providing complex facial reconstruction surgeries to Ethiopians. The charity has a long term in-country presence with the cleft programme as well as an annual complex mission for the complicated cases that are encountered throughout the year.



The annual complex mission begins with a two week pre-op phase. The patients are collected from their homes, usually they are from rural parts of the country, they often travel hundreds of miles to the capital city Addis Ababa. Over the first two weeks, the patients see a team of junior doctors and nurses (mostly from the UK) history and examination are completed as well as routine labs tests and relevant imaging. They also have supplemented nutrition over this time and most will gain several kilograms (one man gained 7kg!).

I flew out with the surgical team to join the second two week phase. We arrived 6am on a Saturday and at 9.30am we began seeing the 61 patients who the pre-op team had already efficiently worked up. Their history was presented on powerpoint, they met the surgical team and were examined and then saw anaesthesia for an airway plan.





On Sunday, we all met again to form the surgical schedule for the coming two weeks of operating. First, we allocated the large operations (5hours) time on the schedule, one such case in each theatre (one maxillofacial run by Prof McGurk and one plastics run by Prof. Martin). Any cases requiring sub-mental flaps or longer wound reviews were put in the first week. Then we allocated time to the 3-4 hour surgeries, then filled in the gaps with the shorter cases. Other factors that we had to balance in the schedule were; staggering the complicated anaesthesia cases (severe trismus, ankylosis, large obstructive tumours - requiring awake fibre-optic nasal intubations) and those for whom we needed further imaging or verifying availability of blood transfusion.

On Monday, we arrived at the Yekitat-12 hospital - the oldest hospital in Addis named after the date June 12th, the day that makes the slaughter of 30,000 Ethiopians by the occupying Italians in 1939. Our first day at the hospital was February 19th in our calendar but was June 12th in the Ethiopian calendar. As we arrived a big ceremony was taking place outside the hospital and it was not lost on us a slight uncomfortableness of being foreigners in this country that had suffered so in it's history. This highlighted to me, the need to come and collaborate, both be humble to learn and prepared to gently teach. It was for this reason I emphasized the pre-op fortnight, to recognise it's value as an integral part of the mission. To me this was an impressive principle of Project Harar - demonstrating coming to do our best for the people of Ethiopia, not for 'surgical tourism'.

Monday morning, was meeting (or for some of the team reuniting) with theatre staff and the local plastics and max-fac doctors. We set up equipment and had a few lectures on emergencies and reviewed the schedule for the mission to make sure we all started on the same page. In the afternoon we completed 6 of our small cases - which were large lipomas/cysts by UK standards.



On Tuesday we hit full throttle, starting with a 12 year old boy with cherubism, predominating in the anterior maxilla with extension posteriorly to the midpoint of palate. The case started with a fibre-optic nasal intubation. Starting Hb was 10g/dl. Incision began in the anterior mucosa, extending laterally and then a U-shaped incision on the palate to preserve mucosa. The decision was made to transfuse 1 unit PRBC early due to generalized oozing as well as sub-optimal cautery function (poor connection as well as intermittent powercuts) and uncertainty about how long it might take for the unit of blood to arrive. The fibrous dysplasia was debulked and primary closure was achieved. Post-op course was uneventful and on post-op day 2 Hafis was overjoyed to be able to eat mashed bananas normally from a spoon instead of having to turn the spoon upside down as he placed it in his mouth. His mum was equally happy.



The week progressed well with an assortment of major cases, notably several subtotal / hemi-mandibulectomies for ameloblastoma and reconstruction with rib grafts, submental flaps for noma reconstruction and condylectomies for TMJ ankylosis also with rib grafts.



Apart from learning new surgical skills, in particular, how to harvest ribs and prepare them for mandibular reconstruction, I learnt a lot about how to tailor surgery, anaesthesia, equipment and resources to the environment. Although possible, free flaps were not conducive to either our patient population (subsistence farmers), nor to the operating room equipment available (no diathermy, unreliable suction, no micro-instruments, frequent loss of power), nor to anaesthesia (no arterials lines for monitoring MAP, halothane inhalant not suitable for longer cases). It would be irresponsible to try to do them. Therefore, I learnt a lot from Prof Dominic Martin - developer of the submental flap. I saw directly the versatility of the flap with one or two pedicles, the impressive mobility, colour match and potential surface area. In my future practice it is definitely a flap that I would consider utilizing more. I was also impressed with the use of nasolabial flaps.





In regards to managing with sub-optimal cautery and suction (sometimes having to use the footpump) in the face of large oozy lesions, I also learnt some surgical pearls. We had many patients with large facial neurofibromas who underwent serial debulking. The use of silk in novel ways impressed me and helps return the mind to thinking in terms surgical principles and being prepared to innovate.



It was great to work with Prof McGurk and many of the staff from Guy's Hospital again as well as make new connections with colleagues at similar stages of their careers and I envision these will remain valuable relationships. Furthermore, working alongside local doctors and nurses was a joy, I think we all learnt from each other with our different backgrounds and experiences. I also enjoyed the fact that they had a dedicated staff member to roast, brew and distribute coffee throughout the day!



During the mission, I filled a notebook with notes, sketches and tips that I learnt from each surgery that I hope I can read, re-read and retain. The time was invaluable from the skills I learnt, professional connections made and new culture experienced. As I continue my career in Oral and Maxillofacial Surgery, I hope I can also continue to find ways to utilize this in resource poor settings and hope to return with Project Harar in the future.

Thank you for making it possible for me to have such a rich surgical experience with Project Harar through the BAOMS Travel Award.