

My Ugandan Orthopedic Experience

Our 9-day trip to Uganda in April-May of 2015 marked the third collaboration between McMaster Orthopedics and UBC's Uganda Sustainable Trauma Orthopedics program (USTOP). As with previous trips we were based primarily at Mulago Hospital in Kampala. However, some of my orthopedic colleagues did branch out and visit Comprehensive Rehabilitation Services in Uganda (CoRSU) – a private, non-profit, non-government hospital that provides free surgery to patients 17 and under. The trip was supported with a large Hamilton contingent including staff surgeons: Dr. Bradley Petrisor, Dr. Desmond Kwok, and Dr. Jaydeep Moro, Orthopedic residents: Dr. Matthew MacLeod and Dr. Marcin Kowalczyk, OR Nurses: Franca Mossuto, Elizabeth Stec and physiotherapist: Meeta Bhana. Our involvement was a 50/50 mix of teaching and clinical work. Provided teaching included basic and advanced saw-bones bioskills courses, a perioperative nursing safe surgery course, as well as impromptu teaching during ward rounds. For the first time internationally, we presented the MacOrtho produced Acute Musculoskeletal Trauma Limb Support (AMTLS) course. For USTOP's full trip report please see: <http://ustop.orthopaedics.med.ubc.ca/trip-reports/>



USTOP Personnel from our trip

To speak to my own experience in Uganda, I can best summarize it as eye opening. Ugandan residents and staff deal with a large volume of orthopedic trauma – and remarkably efficiently given limited resources. My clinical experiences included daily casualty ward rounds, weekly ward rounds in which every inpatient on the 70-bed orthopedic ward is rounded on by staff and residents, and operating alongside my fellow Ugandan residents. Much of the orthopedic trauma is related to road traffic accidents and the ubiquitous “Boda-boda” or motorcycle taxis which offer very little protection to their riders in the event of an accident.

I also saw a number of chronic traumatic injuries which are not unheard of, but seldom seen in Canada. These injuries present late for a variety of reasons including: patients seeking care from traditional bone setters before presenting to hospital, days spent travelling to Kampala from rural areas of Uganda, or because family are trying to scrape together the funds to pay for orthopedic implants to facilitate their loved-ones surgery. This experience, in addition to providing valuable hands-on experience with rare

cases, also vividly illustrated to me that providing orthopedic care extends beyond my role as a medical expert.



Me in the Orthopedic Operating Theatre

I spent the majority of my clinical time in the Mulago Hospital main operating theatre operating on limb threatening emergencies including gunshot wounds, open fractures, compartment syndrome, and septic arthritis. Most striking to me was the stoicism of Ugandan patients. The most remarkable thing I saw was a patient with an open floating knee injury (combined open femur and open tibia fractures in the same limb) who was splinted with a folded cardboard box transfer himself from a stretcher to the operating table entirely under his own steam, then sit upright for induction of spinal anesthesia, without a grimace or sound.

Since returning to Canada, I have had the opportunity to debrief with my USTOP colleagues and consider the complexity of affecting changes in orthopedic care in Uganda. One area for future consideration is that a sizeable portion of orthopedic care is provided by non-government sources. Partnership with a non-profit clinic like CoRSU could help us further our endeavours. After our trip I also had an opportunity, facilitated through the International Surgery Desk, to have dinner with residents from other disciplines who have done electives in Uganda, and meet Ugandan fellows training in Canada. After hearing their stories, I feel that initiatives like USTOP are having an impact and by our interaction with the residents at Makerere University we are sowing the seeds of future change.