In November 2024, the BFIRST team joined forces with GamMed in a collaborative trip to The Gambia.

The Gambia is the smallest country in Continental Africa, situated on the west coast. It is surrounded on three sides by Senegal, and on the western edge by the Atlantic sea. It has a population of 2,769,075. The capital city is Banjul, which is where we were based for the majority of our trip.

This collaborative trip took on a different structure to the trips that BFIRST had led in the past, which offered a new and interesting opportunity to observe and assess the different approaches when working with overseas partners.

The GamMed team have been visiting The Gambia for seven years following a collaboration between a Gambian surgeon who trained in the UK. He then returned to The Gambia and retained strong ties to his old team in Brighton. He requested the help of his fellow surgeons to assist with complex cases and to help train more orthopaedic surgeons within the country. The GamMed team follow a high volume, hands-on operating approach.

Our BFIRST team consisted of:

(L-R) David Bell, Siobhan O'Sullivan, Meabh McConnell (me),Rikki Mistry, Sarah Narkunas and Anthony Barabas.

The day after we arrived, we ran a joint clinic, where patients had been pre-selected by the local surgical team. Appropriate cases were selected and prioritised following this clinic according to clinical need and urgency. The visiting team spent the remainder of the week operating on these cases in an MDT approach. Follow-up was to be carried out by the local team with remote assistance from Brighton where necessary.

Image: The Clinic setting

Image: Hi-tech image interpretation!

BFIRST places a high value on training and development of overseas plastic surgeons in low to medium income (LMI) countries. During the trip to The Gambia, BFIRST joined the GamMed team for a scoping visit to assess the current state of the plastic surgery services in the region. As part of this scoping visit, BFIRST delivered a four-day teaching programme on the basics of plastic surgery. The aim was to educate the current trainees whilst also assessing their current knowledge. This information will guide any further input in the future.

Before arriving in the country, we had a limited understanding of the true scope of plastic surgery in the region. We had limited information regarding the level of the trainees. We had between 20-30 healthcare professionals each day attending a 4-day course. These professionals included:

6 resident doctors (registrar equivalent)

8 medical officers (SHO equivalent)

2 house officers (Foundation year equivalent)

7 Physiotherapists/therapy assistants

5 nurses

1 final year medical student

We led a teaching programme covering the broad curriculum of plastic surgery. Topics included basics of wound closure, flaps, skin grafts, hand injuries, soft tissue and bony injuries to the hand, lower limb trauma and burns. The course covered the fundamentals of Plastics Surgery and was designed to start from the basics and build knowledge based on these. The students were from a diverse set of backgrounds with different levels of knowledge and expertise. We tried to tailor the practical sessions accordingly to suit the different training grades.

Image: Tendon repair clearly driving me a bit mad!

The course was very broad, which worked well for a scoping visit and helped us assess the current level of knowledge and skills in Plastic surgery. Four days was difficult for some participants to attend, and required a lot of focus and concentration. This was tiring for participants when learning so many new skills.

I joined the faculty as an experienced hand therapist. We had a number of therapy assistants and physiotherapists attending the course and I was able to advise the participants on correct splinting and management of these injuries. I was also able to lead a breakaway group for the therapists during the K-wire practical day which meant they had more focussed teaching and remained engaged in the programme.

Image: Break-away therapy session

Image: POP backslab practical

One of the days, I had a specific request to provide splints for one of the GamMed patients who had bilateral club hand but was not yet ready for surgery. This was my only real opportunity for hands-on therapy so I jumped at it!! It was a challenge with the limited materials I had available. And when I was finished, I was asked to see two other patients on the ward. It was great to be able to get the experience of treating patients, it helped remind me how rewarding it is. Personally, a blended approach to a trip in the future would be preferable to allow me to help with teaching, but also get some hands-on experience.

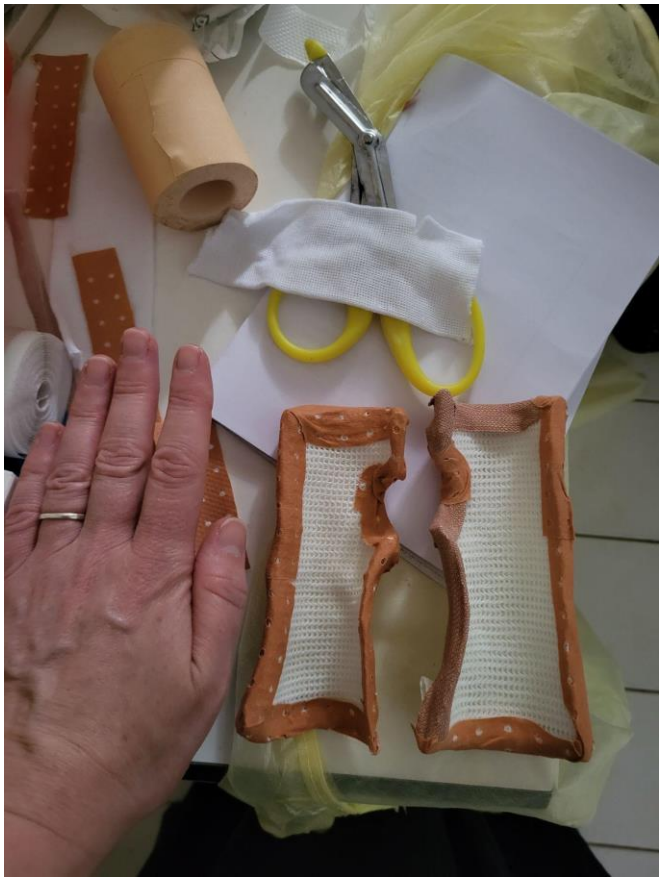

Image: Teeny tiny splints

Burns Management:

What was overwhelming from the open clinic was the number of cases, particularly children, with debilitating burns contracture injuries that led to significant deformity and disability. These injuries are initially mismanaged in the community and the detrimental impact on these children is lifelong. There is no knowledge of first aid in burns management. The Burns are dressed in leaves from a local plant, and the wounds are then bandaged incorrectly e.g upper limb burns wounds are bandaged with the upper limb in a flexed position. There is little to no follow-up and by the time these patients are seen by healthcare professionals the wounds have healed and the scar contractures are significant. The surgeons currently have limited resources and training in managing these long-term

burn injuries. As a result, children are living into adulthood with significant debilitating injuries which leaves them unable to use their limbs.

The GamMed team spent a lot of their operating time treating these injuries, e.g. syndactyly releases, burns scar contracture revisions and releases. These are simple operations in the hands of trained surgeons that can have significant and life changing beneficial impact to the patient.

Images: Some of the burns scars that required surgery

Next Steps:

What was evident from our trip was that there is a clinical need for plastic surgery in the Gambia. There is also a desperate need to train up plastic surgeons and therapists and develop this service as it is currently non-existent.

During our visit we were delighted to meet with a Gambian surgeon who is currently training to be a Plastic surgeon in Dar Es Salaam in Tanzania. He is due to return to The Gambia in two years and when he returns, he will be the only Plastic Surgeon in The Gambia. He attended our 4-day teaching course and also had the opportunity to spend time in theatre developing his operating skills with some of our plastics surgery consultant colleagues. We will keep close links with him to help his development in any way we can.

A Combined approach:

The work carried out by the GamMed team is vitally important and has a huge impact on The Gambia as a Nation. From our time on the ground, it is evident that The Gambia has a large number of patients who can benefit from the input of trained and skilled plastic surgeons, such as the GamMed team. It takes time to train and develop local surgeons in The Gambia in the skills and techniques they need thus in the interim the country can benefit hugely from the support of visiting teams with the desired skill set. Nonetheless, it is important to focus time and energy into developing the local team whilst also reducing the burden of surgical cases. BFIRST and Gam Med can work well alongside one another to strengthen the work the other is doing. In isolation neither project can be successful long term, but through a combined approach there is huge potential to build and develop a sustainable Plastic Surgery Service that can function in the Gambia whilst delivering optimal health care to the people who need it.

Images: Team learning anatomy and splinting

Meabh McConnell - Hand Therapist, Belfast

(With thanks to Siobhan O'Sullivan Plastic Surgery Registrar for some of the info in this article)