



INTERPLAST (UK) **ISLAMABAD 17-28 FEBRUARY 2010**

Why would you want to come to Pakistan when it's so dangerous – aren't you scared? This question was asked of us many times when our team of 5 under the leadership of Mr Charles Viva, Consultant Plastic Surgeon, worked in Benazir Bhutto General Hospital, Rawalpindi. This is an old, bustling, congested town of tiny shops and bazaars often camouflaging and obscuring many expensive jewellery shops and well stocked carpet shops boasting the best wool and silk carpets in the world. Driving is hazardous and noisy with seemingly no restrictions although the multicoloured, floral decorated taxis and trucks made the journey interesting.

Professor Hamid Hassan and his team who work tirelessly in this extremely busy hospital had prepared admirably for the surgical "camp" having already screened and admitted many patients. Following a brief but warm welcome by hospital staff and officials it was straight on to the wards to examine the patients whose operations were planned for the following day. There was a broad age range of patients presenting with a variety of conditions all awaiting the expert opinion of Mr Viva in whom staff and patients have the greatest confidence and hold him in very high regard. Conditions included cleft lips, cleft palates, burn contractures, extra digits, amputation for skin graft, congenital facial abnormalities and even an accessory nostril. The saddest of all were the acid victims, mainly young girls and women, who had been robbed of their beauty, sight in some cases and the ability to lead a normal life. They will carry their scars and disfigurements for life. There were also a few paraplegic patients with pressure sores needing skin grafts. The local surgeons and junior medical staff were eager to learn from Mr Viva and draw from his expertise. The logistics were somewhat different here compared to other "camps" as there were four theatres in use simultaneously and Mr Viva initiated most of the operations, teaching and

instructing local staff who then continued the suturing and completed the cases. Surgery therefore was constantly ongoing and, when possible, Mr Viva also saw out patients who happened to turn up in the waiting area. He was constantly in demand. In total 70 surgical procedures were carried out without any serious complications and with good results.

It was good to see clean bed linen on every bed with warm blankets and the domestic staff took real pride in keeping their wards clean. There appeared to be a shortage of nursing staff with often just one staff nurse or even student nurses in charge of a 23 bedded ward (sometimes two to a bed!). Communication with staff could be difficult as we spoke no Urdu and they no English. Therefore trying to introduce our pre-op check lists, instructions and wrist band identification proved a bit haphazard. The children soon became absorbed in craft activities which we provided for them and even enjoyed solving a few maths problems using our reusable exercise books. Soft toys are always a winner bringing a little comfort especially to children going to theatre or recovering from surgery.

At the end of one busy day we were prevented from leaving the hospital due to the tight security surrounding the visit of a government minister who had been opening a new hospital wing. When eventually we managed to exit the front door we were greeted with a scene of armed military and police vehicles with lights flashing and crowds of onlookers. The atmosphere was tense especially when the Minister departed at high speed in his limousine accompanied on every side with this high profile security. It left one feeling that such activity could easily stir up trouble and create the very opposite effect they were trying to achieve. Main roads were also blocked resulting in diversions down narrow, heavily congested back streets. Thankfully, there were no incidents.

Special attention was being directed to the acid victims whose injuries had often been caused by members of their own family following domestic incidents. Their acid burns were some of the most horrific burns you are likely to see especially as they almost

invariably involve the face. A French TV crew were filming extensively and capturing their stories including the work of Valerie Khan and her team who have been seeking to provide comprehensive rehabilitation for these young women. They have been accommodated (in some cases with their children) in a centre where they receive counselling, psychological support, legal advice and guidance. Valerie and her team are passionately committed to caring for these young women. It was very moving to see how they all took care of each other. Nazeera who is blind and severely disfigured sat by the bedside of her friend who had just come back from theatre, comforting her and calling for the nurse when help was needed. It was heart rending to hear that the necessary financial support to keep the centre running was not forthcoming and hence some tough decisions would be necessary. Valerie's vision and dedication are so worthy of support (website www.acidsurvivorspakistan.org). Orla Guerin from BBC was also filming as was a German journalist.

For security reasons we were accommodated in Islamabad, a very spacious modern city, which sits side by side with Rawalpindi serving only to highlight the extremes either side of the "bridge". The city's government and parliamentary buildings exhibited contemporary architecture on a grand scale but, unfortunately, it could only be viewed from a distance as road blocks prevented traffic from getting anywhere near with concrete blocks and armed security on most junctions. Set against the natural beauty of the Margalla Hills Islamabad continues to be developed - a city of which Pakistan can be justly proud.

We were also privileged to visit St Joseph's Hospice in Rawalpindi accommodating and treating children and adults with paraplegia which often results in urine infections and pressure sores. Love and care were provided in abundance but provisions were basic; in particular the mattresses were thin and inadequate giving little support or protection. Nursing care was discussed comparing more effective dressings now available (albeit more expensive) and we were able to leave a good supply of drugs, dressings and toys.

On Sunday our fitness was put to the test as we joined with about a thousand would be walkers/climbers setting foot on the Margalla Hills which towered above us. Many of the participants were staff from the hospital. The Mountain Rescue Association (UK) would have been horrified to see the young women attempting to climb in their traditional kameez with long flowing wraps trailing – colourful but not practical. On reaching the top the smell of barbequed food was very welcome. Awards and speeches were given promoting crime prevention and environmental issues following presentations (bicycle for the winner).

Throughout all our activities we were careful to inform recipients that the medical supplies, toiletries and toys were provided by friends in the UK who are very sympathetic and supportive of the work. They too are very much part of the mission and we are very grateful for their significant role and generosity. We happen to be privileged in delivering the aid and using it for the benefit of those needing surgery.

Comparing the different camps whether they be in Pakistan or Uganda, although the hospital conditions, staff availability and equipment may vary, the process remains the same. Each team member automatically assesses the situation as far as their own role is concerned and slots into that role, adaptability and flexibility being the key. Keeping one's focus on the patients and our purpose in going to these places it is also vital that we work together as a team supporting each other in the inevitable frustrations and problems that arise. Our attitude is always that we go to serve and not impose upon the staff who are already doing a very difficult job in conditions that can be less than adequate. We go to support, encourage and share our skills for the benefit of all.

The support and provisions made for us by the many friends and contacts in Pakistan was extremely generous and an indication of the love and respect they have for Mr Viva and appreciation of what we are able to do for their people. We could not have been cared for any better had we been royalty!

To answer the question in the introduction of this report, some of us would say yes we were very apprehensive in going to Pakistan but we are compelled to help those in need irrespective of race, religion or colour. We wish to use our skills and gifts in blessing others and changing the lives of those who may otherwise never be able to access or afford plastic surgery which Interplast offers freely to all. In touching these lives and even through contacts with government officials we are also breaking down barriers of fear, suspicion and misunderstanding and helping to build bridges.