A Note from Dr. Jim

Evalynn, our new Stakeholder Relations Officer, (Hannah has left to go to medical school back in the USA), has assembled a very weighty newsletter here, even with several epistles cut out and put in reserve for the next one. But really, it has been a very busy and satisfactory year, with a lot of satisfied patients and visiting doctors. Some new programs have been initiated, and some further development has taken place in others. We are very grateful to all of the visiting teams: surgeons, anaesthetists, and nurses, as well as to the Rotary Club of Phnom Penh and all of our supporters, both local and abroad. Most of all however, I would like to recognize and thank the staff of CSC for a very successful year, and I hope we can replicate it again in 2017.

Happy Xmas,
Dr Jim
Total Knee Replacement Surgeries at CSC!

With over 1 million TKRs done worldwide, to the best of our knowledge, there have only been 2 TKRs performed in Cambodia by foreign doctors.

We are very happy to report the first three successful total knee replacements (TKRs) here at CSC! For the first time in Cambodia, patients with debilitating knee pain have free access to one of the most successful operations across all surgical specialties.

With the kind support of our donors, Dr. Jim has managed to source the necessary equipment and implants from India to start a ‘Knee Replacement Program’ here at CSC. The equipment is ideal for the complex cases we see here at CSC and is built to last!

Knee replacements are complex operations, which require an understanding of how to correct leg alignment through a series of complex bone cuts. Good soft tissue handling and correct implant placement are critical to achieve the best results. Good patient education and post-operative physiotherapy also play an important role in getting patients back on their feet as quickly as possible.

Dr. Ngiep and Dr. Ratha have had training in Austria in knee replacement surgery previously, but for many of our other staff, this was a new experience.

Under the guidance of one of our travelling Fellows from the UK, we prepared our first cases by putting together a structured teaching program. Educational talks from the nursing staff, anesthetists, surgeons, and physiotherapists enabled the whole surgical department to teach and learn.

Dr. Robert Siorpaes and his team from Austria visited for a week in October. During this time, we ran a surgical techniques practice workshop on ‘saw bone’ models. These models are anatomically accurate bone models and designed to be cut and drilled in the same fashion as normal bone. This gave the team of surgeons and scrub staff the chance to practice the operative sequence and become proficient with the equipment.

On 25 October 2016, our first TKR patient was operated on. She is 70 years old and has been able to

Contributed by Dr. Alasdair Bott
Kadoorie Charitable Foundation Fellow
walk only a few meters due to disabling pain in her knee. X-rays revealed end stage osteoarthritis – joint failure resulting in bone on bone contact during walking.

Our preparation was well rewarded; our Khmer surgeons performed the first operation with impressive skill and ease. Two more operations followed with supervision from visiting surgeons and I am delighted to report that even at this early stage, our patients are doing very well.

Dr. Oy was invited to present the results of our early experience to the Conference of Cambodian Society of Surgery, which was greeted with much interest from the Khmer Orthopedic Community.

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Knee replacement will come to Cambodia in increasing numbers and CSC should be proud to have introduced it in a safe and structured manner.
I’ve lost track, but I think that was my 10th or 11th trip to Cambodia with CSC. My first two trips were with a joint U.S. military team and the second was a Sight, Sound and Smile mission to CSC with an ENT group. Since then, I have been essentially coming on my own and I try to come once or twice a year. About 6 or 7 years ago, I lost my direct connection with Alcon for surgical supplies and I connected with SEE (Surgical Eye Expeditions) International. SEE has been a fantastic group who has always supplied me with donations for cataracts and other surgeries. As a result of my linking with SEE and their support, they have now included CSC as one of their missions, though they do not use the military term ‘mission.’ Now other eye surgeons have come to CSC sponsored by SEE and they consider us one of their locations – truly a win-win.

I have always found it very satisfying to provide medical and surgical care to Cambodians, especially the children, and have tried to spend time to train CSC doctors to help them extend their services based upon their experience with me. Last trip, I brought along another pediatric specialist, Dr. Grace Prakalapprakorn. This time, I brought along a retinal specialist, Dr. Mark Nelson. Mark and I must have seen over 200 patients that week and performed about 50 surgical cases! CSC doctors also added more cataract cases using donated supplies from SEE.

The sheer volume of patients and surgeries are always a challenge, but I think this last visit was one of the busiest that I have enjoyed. Challenges are also present since there are so many advanced cases and a higher level of acuity and pathology than what we typically see in our daily practices in the U.S. I take care of pediatric cataracts and glaucoma, facial and lid surgeries, as well as squint surgery to realign eyes and help to ensure more normal visual development and function.

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The Singapore/UK team comprises of a team of plastic and hand surgeons from various hospitals who have been coming since May 2013 to the Children’s Surgical Centre. First introduced by former CSC fellow, Dr. Saqib Noor, the team is led by Dr. Vaikunthan Rajaratnam, a Consultant Hand Surgeon from Khoo Teck Puat Hospital in Singapore and Dr. Wee Lam, a Consultant Plastic Surgeon from the Royal Hospital for Sick Children in Edinburgh. Other vital members of the team include Professor McGrouther from the Singapore General Hospital, Dr. Andrew Yam, a hand surgeon in private practice and also Roma Bhopal, a physiotherapist from Edinburgh. In addition, we are always accompanied by Sheryl Lee, a senior sister from Khoo Teck Puat Hospital, who had offered her invaluable experience in training the local nursing staff and also Annavally, another scrub nurse from Singapore.

Our focus has predominantly been hand surgery although quite a number of lower limb injuries have been treated as well. Since 2013, the team has concentrated on not just providing a service but more importantly, on the defining, designing and delivering of a hand surgery curriculum. The idea was to ensure we do not simply import a curriculum, but that we find out what the local community needs and work around that.

The work revolves around three main areas: the deformed hand, the paralysed hand and the congenital hand. Since 2013, the team has worked closely with the local health professionals in treating over 200 patients. Most importantly, these surgeries are increasingly being performed by the local surgeons with the team supervising only. The uncompromising vision to teach the locals so they can teach their own has paid off. A new service, the brachial plexus service has been established and we eagerly anticipate that this would allow the local staff at CSC to treat patients who present with these devastating injuries.
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Many friendships have been formed over the past few years. CSC now forms an integral part of not just our work calendar, but also our lives. The staff at CSC has become family to us, especially Jim and Kanya Gollogly, who have so kindly hosted us at their home every time we visit. The staff at CSC, including Vanna, Ratha, Tholly, Yong, Ngiep, Oy and so many others have become our close friends. Our biannual trip to CSC is something we look forward to very much and we are excited to bring our families with us one day to this amazing place that offers so much hope to suffering patients.

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Meningoencephalocele (MEC) is a congenital condition caused by the failure of the neural tube to seal in the early stages of embryonic development. The bone fails to form around the end of the neural tube allowing the brain to herniate into the embryo’s sinuses, deforming eye sockets, interfering with tear ducts and allowing cerebral fluid and non-functioning brain material to protrude outward beneath the skin.

MEC is a life-threatening condition that afflicts thousands of people in Cambodia. Most of the sufferers located are children and young adults. Few reach old age.

The condition causes significant distress. It often results in community out-casting of the individual, especially in poor village situations where it is prevalent.

In August 2013, the Rotary Club of Phnom Penh (RCPP) joined forces with CSC and in the three years, have located and counseled over 200 patients. Of these, 80 have been transported and operated on, changing lives.

The project team arranges all of the transport, meets them on arrival, and counsels. CSC attends to all of their surgical and medical needs and, once discharged, the homebound transport is arranged and paid for by the project team. Check-up and follow-up visits are arranged similarly.

There is no cost to the patient and caregiver through the whole process.

On 1 December 2016, the RCPP donated $15,000 to CSC to maintain its valuable support to the MEC project.

CSC is also supported by volunteer teams of maxillofacial surgeons from France who visit every six months to continue the development of the in-house Cambodian surgeons.

Excellent progress has been made and it is always heart-warming to see the many happy patients as they return for check-ups.

“MEC is a life-threatening condition that afflicts thousands of people in Cambodia.”
The holidays are a busy time, but please consider donating to CSC to give a life-changing operation to someone in need.

In 2016, CSC has provided over 4,000 surgeries and over 20,000 consultations. Every donation counts!

CLICK HERE TO DONATE TO CSC