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CHILDREN'S SURGICAL CENTRE

Rehabilitation surgery for poor disabled Cambodians

www.ChildrensSurgicalCentre.org

Providing free rehabilitation surgery for Cambodia's disabled children

Issue 4

4th Quarter 2006

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Dear Readers,

Best wishes for the new year and I trust your annual celebrations have been happy!

We have seen a sharp rise in the incidence of acid attacks this quarter, with four new cases in November alone. These patients have required many, many hours of surgery as a result of a senseless act of violence.

Unfortunately, the injuries sustained by one of these patients resulted in her death on Boxing Day, leaving her two young children bereft, orphaned & sobbing in the arms of staff. (see page 8).

This crime infuriates me, destroying what makes us human, but it's particularly jarring at a time of year when we expect compassion toward our fellow beings.

It is hoped that the legal reform being instigated by our partner NGO, CASC (Cambodian Acid Survivors Charity), will

serve as a deterrent to would-be perpetrators, with a view to preventing such attacks in the future. I, for one, truly hope so.

The urgent need to improve surgical services in developing countries is a need we live and work with daily. In this issue you will be confronted by just some of the problems we face, all exacerbated by delay in treatment due to the un-affordability of surgical procedures.

At CSC we are committed to training all our medical staff, believing that the flow-on effects from this reaches all levels of Cambodian society and ultimately, makes surgery more affordable to everyone.

We haven't conducted any studies on access to health care by gender in Cambodia; but it does seem that women are often the last to receive care, economic circumstances forcing

them to tolerate problems for a significant time.

Effectively, this 'putting up with things' has the potential to become dangerously problematic and can result in patients requiring much greater surgical intervention with associated health risks, including the potential loss of a significant family member and carer.

You may think the examples in this issue are extreme, but this is the reality we face in light of the "health backlog" that Cambodia must deal with on its road to development.

And this is why we need your help folks! Small-act humanitarianism is what we do and we're great at it and we keep on growing, so please donate this year and help to keep it happening in 2007!

Dr Jim Gollogly

Cambodian women's illiteracy rates at 71%.

A recent Cambodia Gender Assessment report, 'A Fair Share for Women' by the World Bank, has put Cambodian women's functional illiteracy rates at a staggering 71%. Functional illiteracy rates for men are listed at 50%.

The report states that traditional attitudes toward the education of girls and "appropriate" occupations for women have shaped much of the gender inequalities that exist and continue to perpetuate disparities in education and employment in Cambodia today.

Patient Profile: Vik Chy

Twenty-four year old Vik was a well known figure around the beggars area of the Central markets. He was known more, unfortunately, for his extremely large facial disfigurement, a very large right facial flap of neurofibromatosis, than for anything else.

CSC was alerted to his presence by an Australian tourist early in 2006, concerned by the young man's plight and his poor prospects in life.

Fortunately for Vik, the kind-hearted Aussie had enough initiative to contact the OIC of CARE in Cambodia, Ms. Sharon Wilkinson, who in turn contacted CSC for help. Staff were given enough information to track Vik down to his favoured begging spot where they were eventually able to convince him to come to CSC for an assessment.

This proved to be a logistical miracle, taking many, many months and the ongoing committed involvement of many people sympathetic to Vik's plight.

Once Vik arrived at CSC in July we found to

our amazement that he had visited CSC for assessment years before. Vik couldn't articulate why he'd chosen never to proceed with surgery in the past, possibly due to fear of surgery or loss of income from his



disfigurement—we may never know.

Vik was assessed as suffering from neurofibromatosis (Von Recklinghausen's disease), a potentially fatal congenital condition that had produced a large mass on the face and at the back of the head with an associated misplaced right eye. Vik's case was referred to the French Maxillo-facial team arriving at the end of November.

Another long, tense wait ensued as November rolled around with no sign of Vik and the two and a half week window of opportunity for him was closing rapidly.

Many calls were again made to locate Vik and gently remind him of his appointment and that there was still space available for him.

Such was his perceived reluctance that even Dr Frederick Lauwers from the French Maxillo-facial team, who had encountered Vik on one of their previous trips years before, protested vehemently that, "No, no, no, he'll never come!"

Thus it was to the collective amazement of CSC when Vik arrived late morning of Thursday 7th December, just one day before the departure of our specialists, and agreed to surgery that afternoon. Due to unreliable supplies of blood, Drs Lauwers & Gollogly chose not to remove both growths at once.

In a four and a half hour operation, the facial flap was removed to give him a more normal appearance with plans made for a future procedure to remove the posterior growth.

The day following Vik's surgery we checked on him, and as he appeared to be asleep and we, reluctant to wake him, noticed a solitary tear roll down one cheek. Vik then opened his good eye and smiled. He was chuffed!

Vik was discharged after 10 days in post-op with instructions to report back in one month for the removal of stitches and check-up on the posterior growth.

We will keep you posted on his progress!

Visitor Profile: Isaac Mussomeli (Aug-Nov 2006)

Most volunteers here tend to be medical students looking to fulfill an elective for their medical degree - my story is slightly different.

When I began at Children's Surgical Centre (CSC), I was not yet in medical school - in fact, I hadn't even completed the majority of premedical requirements and had only just graduated from my undergraduate college with a BA in Psychology.

My main reason for coming to CSC was to make sure that medicine was what I really wanted to do. I enjoy helping people and I was sure I didn't want to end up at a desk job for the rest of my career. However, the thought of a four year commitment to medical school (and associated loans), followed by three years of residency is a daunting one that needs to be considered carefully.

Another reason for volunteering at CSC was having visited Cambodia before as a tourist, I saw that while it is a charming country, Cambodia is in desperate need of help.

Its people suffered terribly under the Khmer Rouge and are still recovering, making the need to contribute all the more important. Through CSC I had an opportunity to make a positive difference, however small, and to turn down this opportunity would have been simply wrong.

CSC is an indispensable organization in Cambodia. Every injury repaired results in one more able bodied person able to work, who would have been unable to otherwise.

This improves people's personal lives and the lives of their families, and it also helps nurture the Cambodian economy. I've never seen an organization that does so much with so little, or seen one execute its tasks with such efficiency.

Working at CSC was a truly rewarding experience, one I will never forget. I regularly observed operations and not only learned a lot but felt that I was able to do my small part.

It was a pleasure working with the staff

here - surgeons, nurses, administrators - everyone. CSC has a dedicated team of energetic, intelligent, and motivated individuals - this has been the only period in my life when I looked forward more to Mondays than to Fridays.

My CSC experience confirmed my interest in studying medicine, regardless of how long the path to qualifying may be. After my first day I was committed to being a surgeon.

I had always been nervous about doing dissections but after the first surgery I observed,

I realized that I could handle just about anything - not perhaps in capability, but at least in nerves.

What really brought it home for me was when I saw a cleft palate being repaired. It was magical to see a child's mouth repaired with incisions and stitches and knowing the long-term implications this simple operation would make for the life of this child.

I would highly recommend supporting the Children's Surgical Centre for anyone looking to make a positive difference in this world.

Isaac Mussomeli



Visitors and Events

CSC's first corneal transplant

The visit in December of U.S. Ophthalmologist, Dr Branson Cole, was a double blessing for CSC as he brought with him four corneas from the International Cornea Project of California. As no other organisation in Cambodia runs a corneal transplant program, the need is a long overdue one with the few who can afford it flying elsewhere for the vision restoring procedure.

CSC hopes to establish a permanent transplant program and is currently investigating possible donor organizations as partners. We now have in our employ Dr Pok Thorn, trained in performing these transplants in India, London and the Philippines who is now currently teaching our other eye doctors the procedure—a great example of CSC's 'can-do' philosophy in practice!



Above: Dr Pok Thorn, performing the first cornea transplant at CSC, with Dr Jim Gollogly and Nurse Peou observing.

Introducing our French maxillo-facial team

The French maxillo-facial team found themselves extremely busy this quarter with numerous highly unusual cases scheduled for their arrival. Pictured are (left to right) Dr Jim Gollogly, Nurse Sylvie, Dr Claudine, Dr Lauwers and Paulette. Missing from the photograph is Dr Roux.



ANZ Royal Bank paints the town!



Above: Dean Clelland, ANZ Royal CEO, hard at work

The ever-energetic staff at ANZ Royal Bank have again proved to be of invaluable assistance to CSC. Staff, including CEO Dean Clelland, turned out in a day-long event to enliven the eye and burns wards painting murals. Thanks ANZ Royal!



Above: ANZ staff with Dr Jim, Kanya and baby Rustum

Wonderwoman—Dr Grace Warren: Super-energetic 73 year-old rehabilitative surgeon Dr Grace Warren has enlivened the compound again with her recent visit. Dr Grace developed her techniques of hand & foot repair in leprosy hospitals across SE Asia and has modified her techniques for burns. She has assisted CSC for many years and is seen here in surgery with Dr Gollogly.



Staff Profile: Mr. Lim Sokheng (Receptionist/Patient Recorder)

Mr. Lim has a background fairly typical for a Cambodian male of his age. Born in Siem Reap in 1960, he was orphaned by the Khmer Rouge in 1975. To escape the violence of the times he then lived in a forest, as many did, coming out of hiding to join government soldiers fighting the KR in 1979.

As a conscientious soldier he was used to the concept of clearing mines for his fellow comrades. In 1984, while clearing a path of mines he thought familiar to him, he picked it up by both sides as he had been instructed.

Too late he realised he had mistaken the mine in his hands for similar model, a designers ploy to fool its victims. It exploded in his hands, shearing them off at the forearms and taking out his right eye. The impact of the blast broke one leg and

permanently tattooed his face and chest with shrapnel scars. employed by VI for several years.



After his recovery many months later, Mr. Lim was given English language training under the Maryknoll rehabilitation program in Phnom Penh and fitted with prosthetic hooks for his hands under the Veterans International (VI) program. He was then

Mr. Lim says it took him many years to “stop dreaming that I still had my hands” and he “still sometimes think I can feel my fingers”. Now he says he’s “used to it” and he adds proudly, he can “lift more than 20kgs”.

He is now adept at many skills, including writing, and in his job at reception has developed a script finer than most able-bodied western doctors, a feat of which he is proud.

One of Mr. Lim’s concerns of having a handicap was always that he would never marry or have a family, however his wife-to-be was charmed by his attitude to life and the now happily married couple have 6 children to attest to this. They, he adds hopefully, “might even look after me in my old age”. After a mass redundancy at Veterans International Mr. Lim was laid off and later invited to work at CSC as a receptionist where he’s always busy.

He says work at CSC is great as he gets to meet many people and give them advice about how CSC can help them. He is “happy to be a part of doing a good thing for poor people”.

Diplomatic visits:



CSC was visited this quarter by the Myanmar Ambassador to Cambodia, Dr Aung Niang, a former doctor himself (Left).

Additionally, the head of AusAID in Cambodia, Mr Peter Lindenmayer, a former nurse, visited the MEC program at CSC. Seen here taking a break with Dr Jim & Dr Kayte Evans (Right).



Volunteer Specialist: Dr. Judith Newman, US Paediatric Ophthalmologist & Regular CSC Volunteer

It is no exaggeration to say I love working at the Children's Surgical Centre (CSC).

I have trained, witnessed and participated in CSC's Eye care department's development for several years and I appreciate how hard and ingeniously the eye doctors work to deliver a high standard of care to the truly poor who have no other means of eye care.

Some of the eye doctors recruited by CSC had gaps in their knowledge and training in surgery but much of this has been addressed by the ongoing focus and commitment to training at CSC and I have never seen doctors so keen to acquire ophthalmic skills.

Though the equipment at CSC is not of the latest model, these doctors achieve fine surgical outcomes. It is a pleasure to work with and train them in the areas of my personal expertise.

Prior to my initial visit in October 2004, the doctors were not operating on paediatric cataracts nor strabismus (misaligned eyes) in children or adults. Now,

after four visits (eight weeks in total) they perform both pediatric cataracts and strabismus repairs with very good results.

The CSC doctors have also refined their pre-operative cataract measurements for more accurate lens implant powers as a result of training and more equipment. With other pieces of equipment they have learned to



manually determine refractive errors and to prescribe glasses for patients who have blurred vision or indeed may even be legally blind due to a need for glasses.

Of course the high volume at CSC ensures that they perform these tests and procedures over and over again (under my supervision!) until I feel they are as capable as I am in their measurements and

surgical technique. I've taught pediatric ophthalmology to doctors in 14 different countries and the doctors at CSC have progressed farther and faster than in 11 of the other countries with less equipment AND a huge language barrier. That is dedication!

The speciality of ophthalmology is extremely equipment intensive. The equipment

expertise. In the areas of corneal transplant, glaucoma and retina surgery—all of which require expensive diagnostic and surgical instruments and equipment, I can say that there is no equipment.

I know the CSC doctors could become proficient in all the above-mentioned areas but this requires a big input both financially and of skills transfer.

CSC makes a profound difference to Cambodia - many studies have been done on the effectiveness of the expenditure in youth health of developing countries and they all conclude that it is by far one of the best social long-term investments any government or private donor could choose to make. And this is exactly what CSC does!

I truly enjoy being a part of CSC's ophthalmic development and indeed I predict that with more training and equipment, CSC Eye department will deliver the highest standard of care in Phnom Penh and best of all...it is and always will be delivered to the indigent.

I am not the only ophthalmologist who trains doctors at CSC. There are oculoplastic surgeons and general ophthalmologists also giving their time and

Patient Profile: Ms Mom Yat & Ms Siv Hour

CSC came by the two patients of Ms Mom Yat and Ms Siv Hour via a local newspaper as they had been featured as waiting for sponsors to finance their surgeries at a Phnom Penh hospital.

CSC staff went to offer them assistance and confirmed the women had indeed been waiting at the hospital for some months in the hope of a private or organizational donor funding their surgery.

As is often the case for Cambodian women, their health care needs are frequently the lowest priority in limited family finances, resulting in problems that are compounded by a lengthy wait.

This un-affordability of essential surgery has a profound impact on families as the death of a mother or grandmother in the family unit is often the cause of breakdown in family cohesion, leading to irreversible and entrenched social problems.

Both women were experiencing difficulty in breathing, eating and speaking and both growths appeared to

be steadily increasing in size, presenting an outcome that, without intervention, would prove fatal.

With no prospects of donors on the horizon, and both women having waited over ten years for surgical repair, they agreed with alacrity to come to CSC for assessment.

The women were fortunate in coming to the attention of CSC staff prior to the arrival of the French Maxillo-facial team, so both received the best collective specialist care in surgery and follow-up.

Both women had their surgery performed by Drs Lauwers and Gollogly, requiring in excess of three units of blood. Biopsies of both growths have been sent overseas for histological analysis and we are currently awaiting the return of these results.

In the interim, both women have been advised to return for monthly check-ups and will soon be directed to the services of our volunteer Speech Therapist, Liliانا Camargo.

Ms Siv Hour, 66 yrs

Ms Siv Hour initially had her tumour operated on "about the time of UNTAC" and it had re-



grown steadily, causing difficulty in breathing, eating and sleeping.

Ms Mom Yat, 40 yrs

Mother to six children, the youngest only 3 yrs.



Ms Mom Yat had a large mandibular tumour, starting some 14 years ago. Surgery required the insertion of an artificial mandible, the repair of her tongue and the rebuilding of her lower lip.





Cambodian Acid Survivors Charity (CASC)

CASC has had a busy quarter and one which has seen the start of many new positive initiatives.

Mr Hafiz Khairul has come to CASC from the Acid Survivors Foundation of Bangladesh where he had over four years experience. Hafiz is learning the difficult language of Khmer and will be immediately employing his new language skills in managing 'PT House' as well as Program Co-ordination.

Such has been the enthusiasm of the Acid Burn patients to the idea of working together in a



business, that our boundlessly optimistic CEO and founder, Kanya Gollogly, has invested her own money in the establishment of a small Massage and Beauty Shop, to be staffed by former CASC patients.

Located in Toul Kork, a suburban area increasingly popular with expatriates, 'Kanya Massage' is designed to

appeal to expats and Khmers alike. At the very reasonable price of \$4USD for a one hour traditional Thai massage and presenting a soothing, hygienic environment, the initiative is gradually coming to the attention of local residents.

The services it offers are extensive, ranging from foot massages to facials and slimming massages—all of which have required considerable input in training hours for the acid burn victims on their road to financial independence.

The ladies are delighted to be able to stay together and benefit from the positive support of the close-knit group. As well as working together, this four-storied, leased property also offers the ladies accommodation, a major benefit for uneducated and unskilled workers.

CASC staff are trying to raise the profile of 'Kanya Massage' in an effort to encourage business by inviting journalists to come and try the massage and report in their newspapers.

Orphaned by acid attack



Slightly-built twelve year-old Sorn Thy and her 11 year-old brother, Sorn Hong, were tragically orphaned on Boxing Day. After a seven-week long battle, their 42 year-old mother Yin Thou died as a result of extensive acid burns, which extended from her head to her knees.

The attack that ultimately took Yin Thou's life also injured Sorn Thy when an attacker broke into their little house and threw acid on both sleeping victims. Both screamed for help, and ran into the river in an attempt to wash off the acid.

They were later taken by neighbors to a regional hospital, before being transferred to a hospital where burns surgery was a more common practice.

Being a modest income-earner as a seller of dried fish, and a widow, Yin Thou had no money for surgery, and was forced to an agonising return home without medical treatment.

She was then located by CSC staff who brought her in and gave her the best possible medical care and she remained with CSC until her premature death.

Sorn Thy has had a graft to her eyelid in an attempt to save the sight in her injured eye and appears to be slowly recovering from her ordeal. As she and her brother (who was not in the house at the time) have no other surviving relatives, CSC may be able to place both children in the care of 'Sunrise' Orphanage.

We will keep you posted on both children.

 **Cambodian Acid Survivors Charity (CASC)**

Education fund for victim's children

Acid burn victims experience far more economic hardship than average in Cambodia and as a result, entire families suffer, and particularly children's educations.

We recently discovered that Ms Nhi, one of our newly-trained

other students, she has no savings set aside. Additionally in this quarter, we discovered that several other patients had similar problems and were keen on the idea of an ongoing educational fund to ensure that all victim's children receive an education. If any of



masseuses, had recently been prevented from enrolling her children in school due to her limited economic circumstances. At \$5USD per month for her six year-old daughter to go to school for the first time, times were just too tough.

Widowed for several years, she has had the burden of being a sole breadwinner to her two daughters plus face the discrimination her disfigurement attracts in a competitive job market. As she has just started in 'Kanya Massage' along with

our supporters would consider donating toward a fund established specifically for the education of the children of acid burn victims, please let us know. At \$5USD per month, per child, this represents a good value, long-term social investment.

We believe education can change things for the better in Cambodia and free people from poverty. Your help can aid entire families and provide Cambodia with one of the best investments in its future.

ANZ Royal Bank donates ambulance



Our stalwart supporters, ANZ Royal Bank, have again come to champion our cause with a generous donation of \$6,000USD toward the purchase of an ambulance.

As all our programs are expanding at an average of ten percent per year, movement and transport of patients between facilities is becoming more pressured.

The ambulance will also be used for the collection of immediate acid attack cases once the 'Acid Attack Hotline' is established.

Pictured is ANZ Royal CEO, Dean Cleland, accompanied by Heng Phida, Marketing Manager, presenting a cheque to Dr Jim for the purchase of the ambulance.

Thanks ANZ Royal Bank!

Christmas party for all...

A great time was had at the combination Christmas and New Year Party held at 'PT' House by CASC for patients, staff and volunteers alike.

Some fifty presents were given to patients to enjoy the end of year celebrations and everyone enjoyed the dancing and singing followed by dinner.

Pictured dancing are CASC Psychologist, Ellen Minotti and patient, Khat Thim.



Volunteers Wanted:

BURNS NURSE

To train staff in current burns management practice.

ESSENTIAL

- Current experience in clinical treatment of severe burns.
- Great people skills.
- Patience.

DESIRABLE

- Ability to adapt practices to a developing world environment.

ENGLISH TEACHER

To train staff in medical and professional English and to develop lessons.

ESSENTIAL

- Recent experience teaching English as a second language.
- Great people skills.
- Patience.

DESIRABLE:

- Ability to determine extent of medical language required and train accordingly.

ADMINISTRATOR

To assist in the office administration & daily management of CSC.

ESSENTIAL

- Common sense.
- Ability to perform administration duties.
- Great people skills.

DESIRABLE:

- Recent admin experience and advanced writing skills.

SOCIAL WORKER

To work with acid attack survivors and train Khmer staff.

ESSENTIAL:

- Social work qualifications.
- Interest in development.
- Ability to multi-task.

DESIRABLE:

- Understanding of and experience with development issues.

A special thank you:

We thank all donors for the support they have shown us in this quarter and throughout 2006.

Not all of them wish to be named however, so while they know who they are and know that we are sincerely grateful for their assistance, we would also like to publicly thank:

- Sterling Stamos Capital Management (US)
- AusAID Australian Embassy
- Direct Aid Program (DAP) Australian Embassy
- NZAID (New Zealand Embassy in Bangkok)
- ANZ Royal Bank
- Women's International Group (WIG)
- Grapes for Humanity
- SmileTrain
- Kadoorie Charitable Foundation
- Ambassador Joseph Mussomeli & all the US Embassy staff
- Ms Michelle Garnaut
- Ms Kathy Fossati
- Mr Mark Allan
- Ms Sandra Eckersley
- Mr Dieter Pohlmann
- Dr Niten Vig
- Dr Kevin Gallagher
- Dr Mark Moser
- Mr Ian McDonald & Jan Ritske (Tabitha)
- Mr Lutz Franz & Mrs Hedda Franz
- Mr Don Hancey

Halloween ball:

US Embassy Community Liaison Officer Matthew Cuenca, and his partner, Public Affairs Officer, Jeff Daigle, held a Halloween fundraising Party for CSC.



Pictured are Matt & Jeff as 'Chips' characters.

The night was a great success, attended by US Embassy staff and the wider Phnom Penh community, raising \$5,000USD for CSC.

ANZ ambulance:



ANZ Royal Bank donated an ambulance to CSC in this quarter for humane transportation of acid attack victims.

The ambulance will be used for the transportation of patients between CSC & CASC (pre & post-op) as well as the immediate collection of victims when the 'Attack Hotline' is established.

It is also planned for outreach visits to distant provinces.

A year to save a twenty dollar fare to save an eye...



Fifty-five year old Peut Thoeung, a subsistence rice-farmer from Udong Meanchey (Northern Cambodia), first suspected there may have been something wrong with his eye when it itched persistently "behind the eyeball".

As a rice farmer, he was exposed to the elements on a daily basis and was familiar with the hazards this presented, particularly when rice-husking, but was not too

concerned at the time.

A few months later when it began to grow rapidly and "hurt all the time", he did get seriously concerned and, as he had heard of CSC, wanted to get to Phnom Penh as soon as possible for assistance.

With six children, the youngest only three years old, the trip presented an enormous financial burden for him as the twenty dollar

fare for himself and his wife was a cost not easily raised. Increasingly panicked by the eye's rapid growth, he borrowed funds from friends and family, presenting at CSC in early October.

Too late to save the eye, he was diagnosed on arrival with a Lacrymal gland tumour necessitating the removal of the eye, now rendered useless by the invasion of the tumour.

Corruption in government health providers

Following a report by Radio Free Asia, that the small village of Phluk Thnung, in Kampong Speu province, was suffering a sudden increase in health problems, the NGO LICADHO sent a team from its medical office to assist. The team was dispatched in March 2006, finding that the village was "plagued by poverty and insufficient infrastructure" with several villagers "gravely ill or disabled and lacking the resources to seek treatment".

Villagers said "corruption at government health stations was the primary barrier to seeking medical assistance for

problems including malnutrition, parasitic diseases such as malaria and temporary and permanent physical disability due to lack of medical care after an injury".

"Medical care for poor Cambodians should be free of charge."

www.licadho.org/articles/20060404/37/index.html

Further, one villager was "forced to pay with cattle before receiving treatment". The article further stresses that "Unfortunately, for most rural Cambodians, relinquishing even the most meager of possessions can have a huge impact on their ability to support themselves and their families".

Surgery from 01 October to 31 December 2006

	Adults >25		Children <25		Total	
	M	F	M	F		
Reconstructive Surgery	Cleft Lip	1	0	28	13	42
	Cleft Palate	0	0	6	7	13
	Club Foot	0	0	1	2	3
	Polio	0	0	0	2	2
	Acid Burn	8	14	1	0	23
	Burn Contracture	2	0	7	2	11
	Skin Graft	5	4	3	4	16
	Malunion Fracture	1	1	3	0	5
	Amputation	1	0	2	2	5
	Bed Sore	1	0	0	0	1
	Osteotomy	1	2	1	0	4
	Dislocation Reduction	1	0	1	0	2
	MEC	1	0	9	6	16
	Haemangioma	0	0	0	1	1
	Tendon Transfer	0	0	1	0	1
	Syn/Polydactyly	0	0	5	1	6
Other	23	24	22	29	98	
Eye Surgery	Cataract	100	135	11	9	255
	Pterygium	23	47	1	4	75
	Glaucoma	1	8	1	1	11
	Squint	11	9	16	32	68
	Corneal Repair	6	3	4	1	14
	Lid Surgery	3	8	1	2	14
	Evisceration	3	0	2	2	7
	Dacryorhinostomy	0	0	0	3	3
	Enucleation	1	0	0	0	1
	Cyst Removal	2	1	1	1	5
Other	28	27	15	18	88	
Total	223	283	142	142	790	
Outreach					25	
Grand Total					815	

