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CHILDREN'S SURGICAL CENTRE

Rehabilitation surgery for disabled Cambodians

www.ChildrensSurgicalCentre.org

Providing free rehabilitation surgery for Cambodia's disabled children

1st Quarter 2007

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Cambodia ranks 64th in Gender Empowerment Measure (GEM)

The Gender Empowerment Measure is a composite index measuring gender inequality in three basic dimensions of empowerment: economic participation and decision-making, political participation and decision-making and power over economic resources.

hdr.undp.org/reports/global/2003/indicator/indic_207_1_1.html

Dear Readers,

The first quarter of 2007 has been a busy one for CSC and, if any indication of demand for our services for the rest of the year, it will be our busiest ever.

The start of the year also appeared to be bring with it fewer acid attack victims than normal, but our hopes for a reduction in this most violent of crimes was dashed by March with an influx of new patients, dispelling this. Sadly, the majority of these attacks involved small children as innocent bystanders.

In February we joined forces with the U.S. Military for a joint medical outreach program to the remote corners of Cambodia where 995 consultations were performed with a further 376 surgeries. The mission was so successful we are busy planning another for this later this year.

Our Eye Department has been going at full

speed as you can see from the statistics of this quarter on page 11, and the addition of Dr Pok Thorn has been an invaluable one as his proficiency at corneal transplants is irreplaceable.

A huge need for corneal transplants exists in Cambodia, and, as there is currently no donation program for any organs, all donations of corneas have been well-received. Initiating this program has been a small miracle indeed and thanks to the superlative efforts of donors, volunteers and staff 17 patients have now been gifted with a corneal transplant.

Our last issue of the Newsletter with a focus on women's health appeared to be a premonition of things to come for the family of Ms Mom Yat, who died unexpectedly this January, leaving all six of her children technically destitute

and orphaned. Thankfully, our close relationship with Sunrise Orphanage saw the family delivered to an excellent environment for the children. We have visited again since their placement, and, despite one case of Chicken pox, all six kids appear to be happy and doing fine. See page 7 for more details.

We have been somewhat remiss we know in thanking our host of supporters, old and new. For those who have no objection to being publicly named as a donor, we have started a 'Thank you' column to acknowledge your contribution to our ongoing success.

For those who do not wish to be named, we thank you and trust that you know your contribution is acknowledged in the work we continue to do every day. We thank you all.

Dr. Jim

Patient Profile: Rath, Srey Mel

Tiny Srey Mel was abandoned at Kossamak Hospital when she was just days old.

Her parents, correctly perceiving that there was something seriously wrong with their beautiful baby's eyesight, probably assumed that whatever it was, was beyond their capacity to finance for her and abandoned her to a place they felt would give her the best opportunity in life.

From Kossamak Hospital she was later transferred to Kai's Village, an orphanage on the outskirts of Phnom Penh, where she is well-cared for and described by the CEO, Karen, as "a little darling".

Srey Mel's little head turns in the direction of any noise that most interests her, proving that there is nothing wrong with her hearing or mental faculties.

Her eyes have the very milky appearance of advanced cataracts, surprising in such a tiny baby, however her true condition was far worse.

On assessment at CSC, doctors suspected that Srey Mel may have been suffering from bilateral (affecting both eyes) Retinoblastoma.

Retinoblastoma (Rb) is a childhood cancer arising from immature retinal cells in one or both eyes. and, if caught early enough, is curable.

The Rb tumor originates in the retina, the light sensitive layer of the eye, which enables the eye to see.



Although rare, Rb can spread outside of the eye to the brain, the central nervous system (brain and spinal cord), and the bones.

Sadly, according to CSC Ophthalmologist, Dr Pok Thorn, "because of the lack of infant health facilities in Cambodia, most children aren't diagnosed and when they are it is far too late and ninety per cent I see will die".

Worldwide, 87% of children suffering from Rb will die. Of these, the majority are in the developing world and in developed countries, 97% of those who do live have moderate to severe visual impairment.

Some of the reasons for this late appeal for

administered through the peripheral blood vessels or into the brain for months to years after initial diagnosis of metastatic disease.

In less developed countries however, the most efficient way of preventing this is enucleation (removal) of the eye to ensure the adequate severing of the optic nerve through which the tumour forming cells will travel to the brain.

And this is what happened to Srey Mel, with CSC Ophthalmologists deciding that her best chance of survival was the removal of both eyes to prevent any further metastasization to the brain. She now hopefully has a much increased chance of survival. Early investigation is advised to detect Rb and parents should request pupil dilation of both eyes from a qualified pediatrician or ophthalmologist.

We will keep you posted on Srey Mel's progress.

For detection of common signs, refer to Retinoblastoma International webpage at:

<http://www.retinoblastoma.net/>

In developed countries, chemotherapy would be prescribed by a pediatric oncologist and would be

Student Profiles: William Singleton & Sandy Douglas (Oxford University)

'It's a 21 hour drive!' 'You'll have to be careful of the leeches' 'It'll be very, very cold'... It seemed that no-one in Phnom Penh had been to Mondolkiri, but all were to let us know what we might expect in the 'Wild East'. As medical students fresh off the plane from the UK, for our surgical elective unit with CSC, the idea of joining up with a combined CSC-US military medical relief mission to a distant province was an exciting one.

The drive was a mere 9 hours (though eventful!), no leeches and the weather was, well, pleasant. Our first conversations with the military team suggested, however, the sparsely staffed and equipped hospital was not one of the province's plus points- their efforts to resuscitate a patient had been hampered by finding the emergency room's oxygen bottle lacked any gas tubing, let alone the luxury of a mask.

We arrived at the hospital with slight trepidation early the next morning, it seemed that the patients had no such reservations about us; a lively scrum a

hundred strong awaited outside main entrance.

Inside, a system of screening sent patients to primary care, dental and ophthalmological consulting rooms with fittingly military efficiency. A military dentist and primary care physician were ably assisted by translators and CSC nursing staff, and less ably by two Brits on a steep learning curve.

Over 10 days in two locations, over 750 patients had dental extractions and 2,100 primary care patients were seen and treated. Conditions such as pneumonias, sexually transmitted infections and acid reflux could be managed with the available medication, while a number of patients were identified for referral to CSC and other secondary care in Phnom Penh.

Referrals to CSC included patients with lower limb deformities, and cleft lip, all of which CSC has considerable experience of correcting. Meanwhile a team of CSC's Khmer ophthalmologists were equally busy, aided by CSC's portable slit

lamp, identifying patients for eye surgery at CSC, including numerous children with congenital cataracts and strabismus.

As well as hospital patients, teams led by Dr Gologly visited the prison, orphanage and outlying villages. We medically assessed the prison inmates providing crutches for one weakened by a muscle-wasting condition and leaving a supply of medication with instructions for use. We distributed nets for malaria prevention to the villages, which varied from one which

had sent two children to CSC for cleft lip repair to one which was reached only after 3 hours of arduous 4WD driving with three winch recoveries of the CSC Land Cruiser. Few, if any, Westerners had previously made this journey!

This inaccessible extreme was something we could only have dreamed of as we sat in our final examinations among Oxford's academic ritual barely a week before. It was a true privilege to visit such a remarkable place with such a remarkable team, and



Adventurous travelers and Oxford medical students (Left to Right) Jane Southgate, Sandy Douglas and William Singleton having finished their surgical electives at CSC and prepare for the next leg of their respective course tours in the Solomon Islands, Papua New Guinea and Vietnam.

Visitors and Events:

A Big Day Out...



Was had by many Phnom Penh orphans as a some of the major orphanages were invited along to the Phnom Penh Water Park to help the Australian community celebrate Australia Day in January this year. Organised by CSC and the Australian Business Community, the 842 orphans who attended had a great time at the park and all left utterly exhausted and happy. Pictured are some kids in the wave pool with ANZ Royal staff as lifeguards. All proceeds of the day came to CSC to fund surgery. The major sponsor of the event was ANZ Royal Bank.



Marines unleash chaos...

Mild chaos was unleashed at CSC this quarter when the US Marines arrived with presents for all the kids. The Marines started their gift distribution program with a tidy queue which quickly dissolved into an unstoppable force. Pictured in the midst of a toy frenzy are the Phnom Penh-based Marines.

These sisters left their mark...

Fun-loving sisters Sass Colby & Judith Duncan were to determined to leave their mark in Cambodia in some small way. So when they offered up their services to volunteer at CSC for a few days in whatever way we chose for them, and as Sass is a professional artist, the ongoing murals of the main ward seemed a natural direction to steer them to. Proving to be excellent value in the entertainment they provided to patients, Judith & Sass weren't shy about recruiting able-bodied patients to assist for a few days and were happy to identify those with the most artistic talent. Both



Sass Colby: Busy recruiting patient talent

ladies have also been active supporters of our fund-raising activities are were recent donors to the auction of Don Hancey's 'Cocktails for Cambodia' in Perth, Western Australia. Thanks ladies!



Judith Duncan: Fiend with a paintbrush.

Staff Profile: Mrs Eam Hong (Cleaner)

Painfully self-conscious, thirty-three year-old Hong has gone through more in her short life than most in lives far longer. She has difficulty comprehending why the twin tragedies of acid attack and HIV have struck her.

As a twenty-seven year-old young mother, she was unintentionally injured with acid in an escalating domestic dispute when, hearing screaming, she intervened and was seriously injured along with the intended victim. Sent to Kossomak Hospital who performed the initial surgery, she was fortunate to meet Dr Jim, who was there collecting another acid burn victim and somehow, she says, found the courage to ask "Can I come too?" It was a question that was to change much of the course of her life.

The rest of her surgery was completed at CSC and provided her with the support of the monthly meetings for acid

attack victims, where she could meet other people with injuries like her own and was one of the few times she could feel comfortable with others.

Her association didn't end there as she noted one

day that CSC was short of staff, so once again mustered her courage and approached Kanya Gollogly for a job. She was rewarded for her initiative and secured the highly sought-after position of cleaner, essential

for her as a now single mum, to provide for herself and her daughter.

She then met and married her second husband, discovering after a brief marriage of only eight months, that he was HIV positive

jeopardize her daughter's future. She is no longer angry, she says, and has to focus on the future just to keep going.

She wants her daughter to have a better life than her own, she says, "a bright future and a good job" and has ensured that eleven year-old Ean Tola has stayed in school, despite the obvious difficulties she has faced in financing it.

She tries to ensure her health is a high priority and is assessed regularly on her ARV program by an AIDS NGO.

As she re-secures the surgical mask she wears in the course of her working day to disguise her disfigurement from colleagues and hospital patients, she musters up her courage, again, asking quietly, "If I die soon, will you make sure my daughter is looked after?"



Royal visit:



This quarter saw the visit of royalty to the Kien Khleang compound with HRH Princess Sisowath Kanthireth visiting the facilities of CSC, CASC and Kanya Massage. The Princess is a Goodwill Ambassador of CEALO and is currently President of Hope of Cambodia.

Pictured is Princess Kanthireth viewing surgery (L) and (R) observing CASC's physiotherapy techniques for patients.



Volunteer Specialist: Dr Mark Moser, US Anaesthetist & Regular Volunteer



I have been practicing medicine now for twenty five years. If someone had told me a few years ago that it was possible to do a major life altering operation with next to no equipment and for under one hundred dollars, I would have scoffed at them. Not only is it possible, but is done daily (at a miracle center in Phnom Penh), Children's Surgical Centre!

I first visited Cambodia in 1992 as a tourist to see the wondrous temples. I was awestruck by the majesty of Angkor, but at the same time heartbroken by the depths of suffering I encountered throughout Cambodia. The tragedy I saw had a profound effect on me. There are many parallels between what the Cambodian people endured at the hands of the Khmer Rouge and what my family suffered in eastern Europe one generation earlier. This

seems to be a recurring theme in human history and I resolved at that time to find a way of contributing to the rebuilding of a devastated Cambodia.

It took nearly ten years for me to find a way. I had volunteered over the years with other organizations. We did a lot of surgery with good results, but at the end of these trips, that was it. There was no teaching or skills transfer. There was some satisfaction in what we did, but something missing.

In 2001 a Cambodian colleague of mine invited me to lunch with Jim and Kanya to hear what they were doing. I sat and listened to a matter of fact description of what surgeries and services were being provided by CSC and an outline of their budget and sources of funding. I frankly had a hard time accepting that anyone could accomplish what Jim outlined on the less than shoestring budget they were working on! Before I began contributing in any way, I had to see for myself what was happening.

It took a quick trip to the CSC facility to convince me not only was it possible to accomplish

this much, but it was happening in Phnom Penh! It has been six years since the first visit to CSC when I decided on the spot to devote what time and resources I have to spare to CSC. I have not regretted that decision, not even for an instant despite the great distances and difficulty in getting to Cambodia from where I am. Now when I describe what is being done at CSC to other people, I see the same skepticism in their faces that I initially had, and can only smile.

CSC is truly a place where a little can go a long way. I see tremendous surgeries being done with little equipment and technology, but without a complaint and the ever-present "can do" attitude. Last year, I was present when a young man was to undergo removal of a huge facial tumor. We did not have enough blood available for such a procedure. The entire surgical team made the trip to donate blood the day before surgery to secure enough blood supply to save this young mans life!

As CSC has grown, new challenges have surfaced and met with a plom b with consideration for the

physical, emotional and economic future of the patients and their families. New programs are constantly being developed to meet the physical and social needs for these challenging patients, for example physical and vocational therapy programs for the unfortunate acid burn victims have been implemented and even an attempt to look after the education of the victims children is being addressed! This is truly looking at the patient as a whole.

The Cambodian physicians I have been working with are keen to adopt new techniques and particularly learn about new equipment. They all appreciate the opportunity to work with and learn from a fine group of visiting specialists who pass along new skills, techniques and equipment to the excellent staff at CSC.

It has been a privilege and honor for me to work with such dedicated, talented and caring professionals, something often lost in the American health care factories. I hope I can continue to contribute on some level for many years to come.

Patient Profile: Ms Mom Yat



Regular readers of the newsletter may recall in the last issue we featured two women with large facial growths who had been awaiting surgery at a Phnom Penh hospital.

Both held hopes a private donor or NGO would finance their surgery as both had waited many years for assistance and found life increasingly difficult due to their plight.

In a presentiment of our last story on the general neglect of women's health in Cambodia, and how this neglect has a profound effect on broader society if these women die, mother of six, Mom Yat, died in January this year of u n f o r s e e a b l e complications.

As a single mum, she has left behind six children aged from three to fourteen years. All were

technically destitute, as despite having a few surviving blood relations, the size of the family precluded any of the aunts from taking responsibility for them as they had sizable families of their own to care for.

areas, and the aunt by the fact that all the kids would attend school as well as being provided with after-school classes of English, computer skills, art & music. Only the eldest boy, Bun Cheoun, had ever attended school, so the prospect for the whole

'family friend' had asked the aunt if ten year old Sathorn could go and work in his plastering business.

The aunt had agreed, intending to bring him to the orphanage at some later stage, but due to Sunrise's policy of family integrity, the Orphanage placed strict conditions on the aunt to have him presented within three days, threatening her with the return of all children and further investigation by the Cambodian Trafficking Police if she refused to comply.



Pictured are the surviving children of Mom Yat. From smallest to biggest, Ro Chia, Sothol, Sathorn, Sok Nouen, Sok Noth and Bun Cheoun.

So it was that CSC had reason to call on the assistance of Sunrise Orphanage yet again. The family were shown the orphanage along with their aunt and all agreed that official placement there was the best for all their futures.

The kids were delighted by the swings and play

family was quite an exciting one.

On admission day the next week when the family presented at CSC for the drive to Sunrise Orphanage in the outer area of Phnom Penh, only five children were present.

On questioning the aunt, it appeared that a

It is, according to Gerald Trevor, Financial Secretary of Sunrise Orphanage, a common scenario, where children, in the absence of parents, are lured away to work in jobs for minimal or nil pay.

Fortunately for Sathorn, he was duly returned to the Orphanage on the appointed day and has resumed his place with his siblings.

Neither of the girls in the family had ever attended school, and since starting, have been described as "very quick learners". We will keep you posted on the family's progress.

Cambodian Acid Survivors Charity (CASC)

Yet more attacks...

CASC has seen a drop in new admissions at the start of the year, lulling CASC into a false sense of security with more new patients being admitted later in the quarter. Sadly, the majority of these attacks have included yet more small children.



Ming Yang Va, 4 years old, injured in a domestic dispute with acid, is comforted by her grandmother while her badly injured mother receives surgery.

Acid attack patients get first option in CSC's corneal transplant program

CSC Ophthalmologist, Dr Pok Thorn, has now performed several corneal transplants with donated corneas from our Ophthalmologist supporters in the US. CSC will be working with CASC to identify the acid attack survivors

whose vision will be restored by a corneal transplant. All acid attack survivors will be given the first priority in receiving a corneal transplant.

Donation of dressings...

We are always keen to try things that will reduce the stress on our patients and a recent sizable donation of the dressing *mepitel* was greeted with some delight. Too expensive for the resources of CASC/CSC to purchase as a standard medical consumable, it was one that came highly recommended from our supporters in the U.K.

Mepitel can be left on injuries or skin grafts for several days, reducing the pain of dressing changes for patients. They are ideal dressing for acid attack patients as they come in a range of sizes and are suitable fits for a range of injuries.

The donation was made by Ms Alison Garrett last year and we had carefully stored it up until a suitable injury and grafting patient was admitted.



Seen here in surgery is the application of the *mepitel* to the skin graft of an acid attack patient.

Our Education Fund for the children of acids attack victims is growing nicely.

Thanks to the donations of several of our supporters, our Education Fund for the children of acid attack victims has kept growing. The Fund now has a total of **\$1,600USD** and is currently supporting the children of **seven** families to continue their education and stay at school.

According to the UNDP's *Cambodia Human Development Report 2000: Children and Employment*, "poor physical and economic access to quality education is also an important reason for large numbers of children, especially girls, to be engaged in child

labor." This labor is then considered more harmful to children in that it then further diminishes their educational opportunities. The Report further estimates that "42% of children aged 5-17 years (are) engaged in some form of work".

Sorn Thy is doing well at Sunrise Orphanage.

Sorn Thy, the young girl who was injured in a brutal acid attack aimed at her mother, was orphaned along with her brother on



Boxing Day 2006.

Thy has come back to CSC for a small contracture release on her neck and says she enjoys school and her teachers and carers say that she and her brother, Sorn Hong, are both doing well.

Cambodian Acid Survivors Charity (CASC)

Hook, line and sinker...



Young acid attack survivor, Sorn Thy, learning how to tie fishing flies prior to her move to Sunrise Orphanage

In CASC's ongoing quest to locate appropriate sustainable rehabilitative employment, an idea of training in the making of fishing flies was offered to us to by Mr Skip Woodward, a longtime supporter of CSC and CASC and Alaskan resident and keen recreational fisherman.

Skip, a keen summer fisherman, has happily purchased many hundreds of fishing flies in his lifetime and had become a bit of a connoisseur about them.

So, when he put the idea to Kanya to train Acid Burns patients in tying of fishing flies, who better than himself to do the training?

So with bags packed and a spouse too busy to accompany him, Skip headed to Phnom Penh for four weeks of ongoing training in fishing flies, little suspecting that his lifetime of acquired tying skills were about to be rapidly surpassed by a fine group of multiply-talented Cambodian women, some whom had been weaving for decades.

To Skip's great surprise, and a little-known fact, was that most Cambodian women and girls grow up learning the fine art of silk weaving, with many rural families growing the silkworms.

Much of this industry and the knowledge that would have been passed on from generation to generation, had been destroyed in the Khmer Rouge years, severely inhibiting the once high annual production of silk. A national interest in sericulture and the once famous Cambodian 'Yellow silk', a particularly hardy, yet super-

soft when spun strain, has begun a resuscitation of the industry, with many small farmers again raising silk-worms.

Much to Skip's delight, the women were extremely fast learners, rapidly surpassing his own tying skills and producing far more than he had anticipated.

Retailing at a minimum of \$4USD per fly, Skip reasons that the many keen Alaskan fisherman should keep CASC patients employed in sustainable income for some time to come.

Thanks Skip!



A delighted CASC CEO, Kanya Gollogly, and bright ideas man, Skip Woodward, with the finished product of some hundreds of professionally tied fishing flies. The next step, says Skip, is to "find a retailer."

A Speech-Language Pathologist in Cambodia: Liliana Camargo

When I first arrived in Cambodia with my husband, I wondered whether it would be possible to continue working in my profession—I had doubts.

I had been working as a speech therapist for the previous eight years, but decided not to actively seek positions in my field at first, as I wasn't sure that it would be possible for me to provide the same high-quality therapy and support to patients of a different language background.

However, after visiting the Children's Surgical Center and witnessing its fantastic work with children born with cleft lip (as well as a host of other problems), I decided to volunteer my services and learned that it was indeed possible to make a significant difference in a person's life in Cambodia by applying the same skills and services that I had provided to patients back at home.

Using a translator, I soon started giving therapy, performing evaluations and providing training to family members and caregivers to ensure that the patient would receive

the best attention possible.

The children that came to therapy were scared initially, but grew happier in each session as they learned how to improve their communication abilities.



Liliana pictured with a small patient.

ties.

In order to achieve these improvements, it was crucial to develop a relationship of trust with my patients that allowed them to feel comfortable making phonetic "errors" during our sessions.

Linguistic errors in Khmer language

were easily identifiable with the help of our CSC translator, Mr. Sita.

For evaluation purposes, it was very important to have a basic knowledge of the key elements of

a sense of satisfaction that I was able to share my skills with some of my Cambodian colleagues at CSC who will hopefully be able to continue supporting the great work of the medical team.

Making someone smile by helping them improve the quality of their lives has given me a great sense of pride that I will always carry with me. I hope that one day comprehensive speech and language services will be available to people with communication disorders in all regions of Cambodia.

I enjoyed my time at CSC immensely and would highly recommend the Children's Surgical Centre as a place for speech therapists wishing to volunteer some of their time and skills.

I can highly praise the work of CSC team of staff who always included me in activities at the Centre and perform an invaluable service in Cambodia.

Liliana Camargo

Khmer comprehension, expression, intonation and pragmatic communication in order to initiate a personalized program adapted to the unique needs of each patient.

Even though I wasn't able to spend a lot of time with my Cambodian patients, I feel very fortunate to have been able to help and feel

Delighted to be here...



Suos Phab: "Lucky to be alive at my age".

In Cambodia, spotting a truly silver head of hair amongst the masses of youngsters is enough cause for a double take. On the social demographic pyramid, there are few elderly Cambodians, with the majority of the population ballooning at around 28 years of age down to new-borns.

Thanks to our donors for your support...

Australian Women's Connection, Phnom Penh

Bruce Annabel & Angela Herde, Sydney, Aust.

Chris Mills, US Embassy, Phnom Penh, Cambodia

Dan Tagliere, Hong Kong)

Don Hancey, Perth, Aust.

In as Much Foundation

Jacqueline Pirota,

Marriott Hotels, Hawaii

Judith Duncan, Duncan House N.M., USA

Kodiak Rotary Club

Lindsey Family, Anchorage, USA

Marilyn Thomas

So it is that eighty-two year old Suos Phab must surely be one at the top of this pyramid, as she herself says, she has "been here a long time".

Delighted to be able to have her cataract repaired at no charge, she is still able to care for herself and her ninety-two year-old husband, her improved vision ensuring this for some time to come.

She is, she says, very lucky to be able to avail herself of this service and says Cambodia has improved remarkably in her lifetime to reach a stage where "simple people like her" can be given such a service. As a mother of nine

children, with eight surviving the Khmer Rouge years, she feels truly blessed to have been able to see most of her children survive.

She was lucky then too, she claims, as she was "sent to look after the commune children", a job far less arduous than being sent into the fields to labor in long shifts with little rest, food or medical attention and one in which she could also surreptitiously tend to

the needs of her own children. Her children, now ranging in ages from 36 to 63 years-old, have produced "more grandchildren than I can remember" she says with a 'salaar' (Khmer betel nut) blackened grin.

Her life has been a simple one, she says, of "never needing much". A fortunate attitude she thinks, as it later was to become a case of "never having much but each other".

Surgery from 01 January to 31 March 2007

| | | Adults >25 | | Children <25 | | Total |
|------------------------|-----------------------|------------|------------|--------------|------------|-------------|
| | | M | F | M | F | |
| Reconstructive Surgery | Cleft Lip | 0 | 1 | 31 | 27 | 59 |
| | Cleft Palate | 2 | 1 | 28 | 16 | 47 |
| | Club Foot | 0 | 0 | 1 | 2 | 3 |
| | Polio | 0 | 0 | 0 | 0 | 0 |
| | Acid Burn | 5 | 4 | 6 | 1 | 16 |
| | Burn Contracture | 2 | 4 | 7 | 6 | 19 |
| | Skin Graft | 0 | 1 | 4 | 4 | 9 |
| | Malunion Fracture | 3 | 2 | 3 | 0 | 8 |
| | Amputation | 2 | 0 | 1 | 0 | 3 |
| | Bed Sore | 0 | 0 | 0 | 0 | 0 |
| | Osteotomy | 1 | 1 | 3 | 2 | 7 |
| | Dislocation Reduction | 0 | 6 | 0 | 2 | 8 |
| | MEC | 2 | 0 | 8 | 1 | 11 |
| | Haemangioma | 0 | 0 | 1 | 3 | 4 |
| | Tendon Transfer | 0 | 0 | 1 | 0 | 1 |
| | Syn/Polydactyly | 0 | 0 | 4 | 5 | 9 |
| Other | 43 | 33 | 88 | 32 | 284 | |
| Eye Surgery | Cataract | 100 | 159 | 10 | 3 | 272 |
| | Pterygium | 15 | 85 | 1 | 1 | 102 |
| | Glaucoma | 6 | 10 | 3 | 1 | 20 |
| | Squint | 3 | 1 | 6 | 9 | 19 |
| | Corneal Repair | 5 | 7 | 3 | 1 | 16 |
| | Lid Surgery | 6 | 11 | 1 | 0 | 18 |
| | Eviceration | 11 | 4 | 2 | 0 | 17 |
| | Dacryorhinostomy | 0 | 6 | 0 | 0 | 6 |
| | Enucleation | 0 | 0 | 1 | 4 | 5 |
| | Cyst Removal | 2 | 2 | 1 | 6 | 11 |
| | Other | 26 | 37 | 27 | 19 | 109 |
| Total | 214 | 378 | 226 | 135 | 953 | |
| Outreach—Surgery | | | | | | 376 |
| Grand Total | | | | | | 1329 |

YOU CAN HELP

Children's Surgical Centre urgently needs your ongoing assistance

•

CSC has no political or religious affiliations. We aim to improve the quality of life for Cambodian children by providing **free** rehabilitation surgery.

•

Over 6,500 free consultations are done at CSC each year.

•

CSC receives all of its funds from the generosity of individuals, organisations and grants.

•

CSC makes **no profit** from funds received. All funds are spent on providing rehabilitation surgery and care, training of Khmer staff and the provision of support services.

•

Your support is critical to the continued success in treating the poor and disadvantaged patients, and in training Khmer doctors.

•

Children's Surgical Centre

National Rehabilitation Centre
Kien Khleang
Route 6A
Chroy Changvar
Phnom Penh
Cambodia

Phone from outside Cambodia: + 855 23 43 02 02

Phone from inside Cambodia: 023 43 02 02

csc@online.com.kh

www.ChildrensSurgicalCentre.org

Yes, I would like to support the CSC and provide a regular **monthly** donation of:

\$30 \$50 \$100

Other amount, please specify: \$ _____

Method of Payment

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Credit Card Number

Security Number (3 digits on rear of card)

Expiry Date /

Name on Card _____

Signature _____ Date _____

Your Details

Name _____

Address _____

Email _____

Phone _____

In Cambodia, a little money goes a very long way. Your annual support of just \$60 per month could:

- Save the life of 3 MEC sufferers.
- Restore sight to 20 cataract patients.
- Give mobility to 7 children with club feet.

Thank you for your generous support.

Please send this form to:

| | | |
|--|----|---|
| Children's Surgical Centre P.O. Box 1060 Phnom Penh Cambodia | or | The Secretary P.O. Box 2545 Kodiak Alaska 99615 USA |
|--|----|---|

**Or register your donation online at:
www.ChildrensSurgicalCentre.org**