



ប្រជុំបណ្ណាល័យ: កាត់កុមារ

CHILDREN'S SURGICAL CENTRE

Rehabilitation surgery for disabled Cambodians

www.csc.org

Providing free rehabilitation surgery for Cambodia's disabled children

Issue 7 3rd Quarter 2007

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Dear friends,

This quarter has again been a busy one with many of our staff just returning from a US military combined medical outreach to Kampot, in Southern Cambodia, one of the country's least serviced areas for health facilities and care. Working from the town's main wat (temple), the team have seen an extraordinary number of patients.

As seen at this and all our previous outreaches, numbers of patients were overwhelming, with over 4,000 consultations being performed. All manner of patient ailments presented from general backache to sadly, advanced brain tumour, with operable cases referred back to Kien Khleang for further treatment.

On the home front, we have been on the lookout for some time for a suitable hospital site in Phnom Penh. Our patients continue to outnumber our available space and beds, with

many sleeping on the floors and hallways. We have been advised by the Cambodian Government that they will persevere with a search for a suitable site and we remain quietly hopeful that a good location will be found.

For the first time, we have hosted a team of final year speech therapy students from Hong Kong University, to work with our cleft lip and palate patients. We hope to be able to establish a permanent program of visiting speech therapists to benefit our post-op maxillo-facial patients.

We have also had another visit from Dr Des Bokor, an Australian elbow and shoulder specialist, who was kept extremely busy in his two weeks here, working on long-neglected fractures and hope that this will be the first of many more visits from him.

Dr Judy Newman, our tireless volunteer pediatric

ophthalmologist, has returned home to the US after two weeks of extremely busy work with over 200 patients presenting every day for the eye clinic.

Judy has been a driving force in CSC eye care for over 4 years and has mentored many of our ophthalmologists and key eye staff, and has our continued gratitude.

Our popularity continues to grow with applications from medical students now so high we have imposed some tougher criteria to limit numbers.

We have many supporters and donors to thank in this quarter. Some have done unusual and brave fundraising activities on our behalf and have been faithfully recorded here. We thank you all for your continued support to the people of Cambodia.

Dr Jim

Cambodian Acid Survivors Charity (CASC) featured in Globe Magazine (August 2007)

Globe Magazine have run a story on CASC's work in Cambodia this quarter. To see the online edition, please see:

www.se-globe.com

Speech Therapy: University of Hong Kong

When we were approached to go to Cambodia, we were unsure if speech therapists could fit into the premature health care system. Complicating things, we do not speak Khmer and no one we knew had worked as a speech therapist there. We were wrong. The trip was amazing and we were fortunate to go.

On 23rd July, 2007, we, a group of five speech therapists and student speech therapists, from Hong Kong packed and flew to Phnom Penh to see how we could help.

The Children's Surgical Center was the first place we visited, supported by their enthusiastic hospital staff. Many children with cleft palate and lips came to visit us with their parents, encouraged by CSC of the importance of speech therapy after surgical closure of the anatomical clefts. They came hoping for our intervention to lessen their children's problem in speech production, not an easy task because of the language barrier.

Using home-made bubble bottles to test intra-oral pressures,



HKU Clinical Instructor Ms Lorinda Chen (L) with students Connie Chan, Joyce Fong, Christy Chung & Gigi Lo with CSC translator, Mr Sitha.

candies for rewards, and only a few barely-learned Khmer words, we braced ourselves for the first few sessions. The children listened attentively, their parents smiled politely back, we were very encouraged to see how this primitive work comes into form. It

was beyond our expectations how responsive these children were towards us. We fit in nicely into the health system—being a service provider, a multi-professional team worker, referral agent, and patient-advocate.



HKU students practice breathing exercises with a survivor of acid attack at 'PT House'

Everyone learned something, the children and their family learned the importance of speech therapy for post-surgery cleft palate and lip follow ups. CSC staff observed the progress in this multi-disciplinary approach and we practiced speech therapy across a different culture and language.

Our experience was multi-faceted as we were introduced to patients suffering from severe acid burns, said to be one of the fast-escalating crimes in Cambodia. The acid-damage have left these patients deformed in their oral and facial structures. Feeding and speaking have been compromised, and worst of all, their damaged facial structures have heavily restricted them from daily social activities, leaving them rejected and neglected in the community. We were unable to provide more complete speech therapy programme, but future exploration in this area is needed.

Our trip inspired us - we came wondering how to help, but leave with hearts full of hope.

Lorinda Kwan

University of Hong Kong

Student Profile: Erin Frotten, Scott Penner & Anna Pietkos (University of Toronto, Canada)

Our summer at CSC has been an incredibly rewarding experience for us three. We arrived in Cambodia in June for a 10 week summer research and clinical program run by the Office of International Surgery at the University of Toronto, Canada.

Much of our time was spent in the operating room, where we gained invaluable clinical experience. We were welcomed immediately by a staff of nurses and physicians who were more than willing to teach. We have watched them constantly overcome the many challenges of providing free, high quality care in a developing country.

We have seen surgeries that we will never forget. One such surgery was a full leg amputation that was performed on a 19 year-old pregnant woman to prevent the spread of a very aggressive bone tumour. We also observed the agonizing series of debridements and skin grafts endured by acid burn victims.

We were able to meet and shadow two foreign teams who visit & teach at CSC, Dr. Gumley

and Dr. Bokor, surgeons from Australia who worked on orthopedic injuries of the shoulder and elbow, as well as congenital deformities of the hand.

Dr Lauwers and Dr Roux from Toulouse, France, performed craniofacial procedures, including meningoencephalocele (MEC) repair. An MEC is a deformity that occurs when the bones of the skull do not fuse properly, leaving a hole that is sometimes filled by an out pouching of brain tissue. This is a life-threatening condition with a 100% mortality rate—few of these sufferers will survive beyond their 25th birthday.

Both teams have been teaching CSC surgeons complex procedures that can be performed at a fraction of what they cost in the developed world. Their visits made a strong case for medical trips to countries where physicians and healthcare professionals are such a valuable commodity.

Outside the operating room, we each worked on a research project that will hopefully benefit the country that has taught us so much.

Erin interviewed numerous diplomats, NGOs and healthcare workers in an effort to understand some of the issues surrounding acid violence in Cambodia. She then used these findings to construct a survey that is currently being circulated in Phnom Penh. Scott surveyed local school children on road safety.

His goal is to inform the production of a series of public service announcements on injury prevention. Anna carried out a cost-effectiveness analysis of the surgical procedures at CSC in an effort to demonstrate that rehabilitative surgery is an affordable means of treating disability in the developing world.

On weekends, we took the opportunity to experience much of what Cambodia has to offer. We learned about the ancient Khmer empire through the temples of Angkor. We headed up to Kratie to experience the simplicity of rural life along the Mekong and see the Mekong dolphins. In Sihanoukville, we took in the beautiful coast.

This experience has opened our eyes to the importance of international medicine and as students we encourage others interested in volunteering at CSC to take advantage of this great opportunity and help out where they can. We recommend it.



CSC MEDCAP Outreach—Kampot



Daily queue Kampot

South-eastern Cambodia has long been underserved in medical facilities and general medical and dental skills.

The main town of this region, Kampot, a mainly rural and fishing town, was spun into a hive of activity this quarter with the arrival of the MEDCAP team. The team, made up of US military medical, Cambodian Mini

-stry of Defence and Kampot Provincial Hospital staff as well as CSC's team, arrived in Kampot for a two-week stay to provide free consultations and dental care for the regional population.

The town responded with some enthusiasm and the teams saw 2,968 general medical consultations with another 1,125 dental consultations.

The venue for this was Kampot's main wat (temple), being the largest facility in town able to accommodate the numbers presenting for

consultation.

The majority of these patients were women in the 40-50 year-old age group, reflecting the skewed age & sex demographics of Cambodia, with children then making up the next largest demographic.

Of these child consultations, the two major problems were viral illnesses, requiring antibiotics, and respiratory infection—still the primary cause of death in under 5 year-olds in Cambodia.

The dental team were kept extremely busy



Monks registering

with a minimum of 1,125 teeth (i.e. a minimum of one per patient) pulled for the stay.

Dentally, extraction is often the best option in Cambodia, as little opportunity may exist for the majority of patients to see another dentist or be able to bear the expense this incurs.

Hit & run victim: Koy Chan Than

Koy Chan Than was paralyzed from the waist down by a hit and run accident. In September 2006, while crossing a busy Phnom Penh street, he was hit by a passing motorbike, knocking him unconscious. Concerned bystanders sent him on to a private clinic where he regained consciousness the next day, and realized that the accident had paralyzed him from the waist down.

As a poor young man, he also realized that the private clinic costs (\$458 p.n.) were unaffordable and had to seek out another hospital where the

treatment may be less expensive.

He then transferred himself to Phnom Penh's Russian Hospital, where he thought he may get



Than receiving therapy from CSC's physio, Arth.

some affordable care. This however, was not to be as doctors there advised he had suffered serious spinal trauma and that the type of surgery he needed wasn't available in Cambodia.

Distressed by this unhappy news, he checked himself out, to be cared for at home by his mother. Worse news however, quickly

followed as his wife left him, taking the couple's small son with her. Unable to protest that he would be able to care for the child, Than's condition forced him into a reluctant agreement.

At home, his mother did the best she could to look after him while trying to earn enough to keep them going, however her long absences and his lack of sensation soon developed into significant bedsores that required medical attention and eventual surgery at CSC. He is now required to lay face down for some weeks while these heal.

CSC is hoping that the visit of a spinal specialist in the coming quarter may provide some degree of mobility to Than. We will keep you posted on his progress.

Staff Profile: Dr Pok Thorn (Ophthalmologist)



Dr Pok Thorn has had many years of local and international training. He started his career as a medical student at the University of Phnom Penh and became a general surgeon at Calmette Hospital in Phnom Penh, before realizing one of the greatest needs he saw on a daily basis was for a need for skilled Ophthalmologists to work on correctable blindness.

To achieve this end he has trained in

Ophthalmology in the U.K (Leeds) for 3 months, the Philippines for 2 months and in India for 2 years. It was in India where he began his specialization of training in corneal transplants at L.V. Prasad Eye Institute, a skill highly prized by CSC as this makes him one of the very few Ophthalmologists able to perform this much-needed surgery in Cambodia.

As one of the most skilled health professionals in the country, he "loves all the things about my job" but especially being able to restore someone's sight. He remains deeply effected by many of the problems he sees on a daily basis and has been known to cry along with the parents

of children whose vision has been damaged irreparably.

Cambodia, he says, still has a shortage of skilled Ophthalmologists, and he he believes he is fortunate to be working at CSC where the equipment is good and there is always enough training from western specialists to teach new methods and discuss case management.

At 40 years of age, he says he is still young enough to contribute to Cambodia's development by adding a layer of expertise to one very important area of health care, and one that makes a profound difference to the patients who receive it. Gifted with fine people skills, he is always happy to share his knowledge and

teach his colleagues all he knows.

He recognizes the need for small countries such as Cambodia to be more self-sufficient in supplying organs such as corneas, but thinks that Buddhism inhibits many people from donating organs at their death (for fear of going into the next life without these organs) and then from receiving them when needed for fear of being haunted.

He believes this stage will pass though and he foresees a time when Cambodia will be more self-reliant in more areas of health. To this end he has been extremely active in engaging the government about commencing a national organ bank.

Eye emergencies

As in most organizations, Friday afternoons have a particular tone well known to its staff. At CSC, things tend to be at the extreme ends of the scale with emergency cases presenting very late in the day.

It was under such circumstances that 5 year-old Chhea Maneth presented to CSC late one Friday afternoon with a

nail in her eye, requiring immediate corneal repair to save as much of her sight as possible.

Fortunately there were enough ophthalmologists on hand to deal with this but unfortunately for her, her well-meaning family had fed her in the hour prior to her arrival at CSC.

This precluded any emergency surgery as she would have to wait

before any surgery could be safely attempted. By lunchtime on the following day, Chhea Maneth had had her cornea repaired with a good chance of almost total recovery.

Although the injury required several weeks of antibiotics to reduce the chances of infection to the injured eye, her prospects are good with almost 70% vision expected.



Five year-old Chhea Maneth at CSC. She is expected to recover well.

Volunteer Specialist: Dr Des Bokor (Orthopedic Surgeon)



I arrived in Phnom Penh on Saturday and spent my first week end doing a few tourist things like visiting the Russian Markets, the Palace and museum, all worth traveling for in their own right. This restful idyll was not to last however as I braced myself for the very busy week ahead.

I traveled to Phnom Penh after some persuasion from friends and medical colleagues not really quite knowing what to expect, Cambodia being a long way and vastly different from my own medical practice in Sydney, Australia.

A consistent thing everyone said was that my type of speciality, that of elbows and shoulders, was one sorely needed in Cambodia as there were many long-neglected injuries of this type that most Khmer surgeons didn't know how to fix.

Eventually my decision to go was based on the fact that I could train some Khmer surgeons in how to do some of these procedures and that I would be contributing to upgrading the medical skills of the whole country.

On Monday I commenced work and spent my time divided between several institutions, all treating poor people for free, these being Children's Surgical Centre (CSC), Sihanouk Centre of Hope, and Kossamak hospitals.

All were treating high volume of patients with long-term medical and surgical problems that had been deferred for lengthy periods. This was generally due to the lack of availability of free surgical and medical treatment. Public hospitals in Cambodia are not what they are at home and most patients are faced with unaffordable fees for care as the majority of the population, particularly the rural population, have a low income.

Monday started with a ward round at Sihanouk

Hospital. That afternoon I visited CSC and saw many patients and evaluated their suitability for surgery. A large number of these patients had congenital deformities of the hand and upper limb, post-traumatic deformities of the elbow and brachial plexus palsies both partial and complete. In short, a long and complicated surgical queue awaited me.

Tuesday morning we traveled to Kossamak Hospital for a ward round in the morning and then I stayed behind to assist with a take down and internal fixation of a 8 week old Monteggia fracture. In the afternoon I went to CSC and assisted a local surgeon in doing a shoulder arthrodesis in a middle aged lady with an upper brachial plexus palsy.

Wednesday morning saw me in a regular monthly meeting of the combined orthopaedic departments of the Russian, Kossamak, Sihanouk and Children's Surgical Center hospitals. The meeting involved case presentations by the local surgeons and discussion by the visiting surgeons including myself as to

management options. In the afternoon I went to Sihanouk Hospital and performed an internal fixation of a midshaft humerus fracture.

Thursday was spent all day at the CSC doing operations (10 month old nonunion of inter/supracondylar fracture of the humerus and Two Supracondylar Valgus Osteotomies for medial growth arrest of the distal humeral condyle).

Friday morning I was again at CSC to perform an open fixation of an 8 week-old displaced and rotated lateral condyle fracture of the elbow in a 10 year old boy.

I found that my time at CSC was incredibly interesting and the depth and breadth of serious deformity and orthopaedic problems means that there is a long-overdue need for many surgeons to visit in the future to help train the local surgeons to be able to handle these difficult and challenging problems. I left feeling that my visit was a worthwhile one and have no hesitation in recommending CSC as a training facility for other surgical specialists.

Dr Des Bokor

Patient Profile: Chhoeun Srey Nath

Chhoeun Srey Nath is a young girl, who at two years old has had a rollercoaster ride in her very short life.

Brought by her mother from the family home Kandal, Kaoh Thum, Preaek Thmei, Kampong Svay Leu, to the CSC at the end of June, it seemed like her luck was in. History and examination suggested that she had a meningoencephalocoele (MEC), which refers to a protrusion of the meninges and brain tissue through unfused bones of the skull.

Coincidentally the visiting team of French maxillofacial surgeons, Dr Fred Lauwers, was on one of their regular visits to the centre to give ongoing training and mentoring to CSC's local surgeons.

Thus, only two days after her initial registration, little Chhoeun was in the OR. Whilst in theatre, it became apparent that, contrary to the initial diagnosis, they were dealing with a haematoma, a simpler procedure, which merely required drainage.

If Chhoeun was not such an extraordinary girl, this is where this story



Chhoeun Srey Nath with her mum. Pictured at CSC in August 2007, after her Factor 8 treatment.

would end. Operation finished. Problem fixed.

Yet, shortly after the operation, the doctors and nurses became concerned that Chhoeun's wound was not healing correctly. This concern led them to transfuse several units of blood to compensate for the blood she was losing from her operation site.

However, there was an awareness that these transfusions could only be a temporary measure. This led to blood samples being sent to pathology to analyze whether Chhoeun's blood had the capability to clot effectively.

Though they confirmed what the doctors at the CSC had suspected, the results of these tests were astonishing –

Chhoeun was diagnosed with Haemophilia A, an absence of one of the vital ingredients required for blood to clot and scab correctly.

This is traditionally recognized as a disease affecting males and its rarity in females is apparent from the statistics – 1 in 25 million females are significantly affected. To put that figure in context, it is worth remembering that the population of Cambodia is just less than 14 million. It is possible, even probable, that little Chhoeun is the only girl with this condition in Cambodia.

Armed with this extra information, the staff at the CSC could change their management for little Chhoeun's benefit.

However, whilst much progress has been made in the long-term treatment of haemophilia in Europe and the US, in countries such as Cambodia, it is a complicated and expensive business. So far, two bottles of Factor VIII, the essential component missing from Chhoeun's blood, have been ordered and administered.

These bottles cost \$160 each – a significant expense for CSC, particularly when in the developed world it is considered necessary to give two of these bottles per week for life! Additionally, just one of these bottles probably represents half her family's income for the whole year.

As this Newsletter goes to print, Chhoeun is very well and the prospects for her immediate recovery at CSC are extremely good.

With many people in Cambodia living on just \$1USD per day, the question remains, however, how her complicated and expensive condition can be managed in the future.

Cleft lips, palates & hearing loss



Soneang being fitted with her hearing aid at 'All Ears'

For the visit of the HKU Speech Therapists, CSC called in many of our past cleft lip and palate patients who were having ongoing speech difficulties.

Of those who presented, most were given a program of exercises to take home and to practice and were given a greater understanding to the root cause of their

problems. Some however were fortunate to have been assessed at this time, as the thorough work of the Speech Therapists identified several children with hearing problems and partial deafness.

Such was the case of Nak Soneang, who, at 7 years-old, finally has an explanation as to why it is she has had such difficulty in learning to speak properly.

Born with a right-sided complete facial cleft, she had corrective surgery for this and her right ear deformity at CSC in 2002 and again in 2006. Her family had put her slow speech

development down to her shyness.

Suspecting there were auditory problems behind her speech delay, the Therapists soon confirmed this. Little Soneang was then referred on to one of the only free NGO's in Cambodia working with hearing impairment, 'All Ears Cambodia', where she was assessed as having a left ear Eustachian tube dysfunction, leaving her with impaired hearing acuity.

As there was gross hypoplasia of the right pinna (microtia) with partial atresia of the external auditory meatus (an underdeveloped ear)

and a short and unconnected ear canal, the reliance and preservation of her left auditory function is of major importance.

Congenital malformations of the lip/palate/face predispose this type of tube dysfunction and in Soneang's case 'All Ears' decided, in conjunction with her parents, that the best option was to trial a small post-aural hearing aid.

Her progress with this will be reviewed by 'All Ears' in one month and we will keep you posted on her progress.

A Big Cheque

Long-term supporters of CSC, IGORS Group of Hong Kong, presented a big cheque to CSC this quarter.

The donation of a cheque for \$2.3 million (HK) was raised over two years, by adding a \$1HKD surcharge on all meals from IGORS participating outlets.

Owner of IGORS Group, Mr Chris Lenz, came up with the idea some time ago and initiated it believing that it is an effective and easy

way to raise money for charities and the diners of Hong Kong have been very supportive.

Chris, who delivered the

big cheque in person, was delighted to see how the donation was to be spent and spent some time in scrubs viewing surgery.

Participating HK outlets of IGORS include:

- Stormies Crab-shack
- Café de Paris
- The Keg
- La Bodega
- Typhoon
- Marlin
- The Cavern
- Crow's Nest Lounge
- Big Ernie's Diner
- Swindlers
- Nomads
- Wildfire
- 8 Kitchens





Cambodian Acid Survivors Charity



Chan Nary & daughter

Regular readers may recall from our last issue the story of Chan Nary, who had just completed her two years of sewing training with the NGO, HAGAR.

Chan Nary has been reluctant to start work in a garment factory, as a single parent with two small children the long hours would necessitate lengthy separations from them. She was keen to start a business of her own and lacked the funds to do this, and, simultaneously, has had to move out of the shelter's accommodation.

CASC have been extremely impressed by Chan Nary's most commendable achievement of completing her training and bringing up two small girls on her own and have gifted her with a \$180 USD for a small business start up.

We will keep you posted on her progress.

Happy news

Some happy news in this quarter has been the excellent academic performance of Ean Tola who has done so well in school that she has been advanced one year.

Ean Tola is the 11 year-old daughter of CSC's cleaner, an HIV+ acid attack victim, Em Hong. Fearing for her daughter's future due to her own progressively failing health, Em Hong asked CSC to assist her in finding a place for her Ean Tola and CSC achieved this with the help of Sunrise Orphanage.

Em Hong is delighted with her daughter's progress and visits her daughter weekly at the orphanage.

She no longer fears for her daughter's future and is grateful to CSC for assisting her.

Ean Tola with her mum, Em Hong, on her admittance to Sunrise Orphanage with founder, Geraldine Cox.



Bags aplenty...



Srey Ong and her bags—looking for a retailer...

Srey Ong first came to the attention of CASC when an aid worker brought her to CSC this quarter to check if anything could be done for her eyesight and damaged face.

Blinded by an acid attack over five years ago, and with no source of support, she has learnt to be self-reliant.

To this end she learned to make handbags from a concerned NGO volunteer and has agreed to teach other blind ladies at CASC the same skills.

The bags, selling at \$10 (Large) and \$5 (small), take Srey Ong one day to make (small) and up to three days for the larger ones.

It has, she says, supported her through some very lean times and she is delighted to be able to assist other women in a situation like her own.

CASC is hoping to find an appropriate retail outlet for these bags and would welcome the assistance of any readers. Please contact:

penny@csc.org

Fundraising efforts: Brian Culbert - On your bike!



Brian during the race

Brian Culbert, a long-term Canadian supporter of CSC, outdid himself in effort in August. His 24hr 343km bike ride raised \$18,000 for CSC.

A still-recovering Brian writes:

The highlights:

- I survived the race with a personal best of 343km and a 13th place finish.
- The temperature during the race reached 38C .
- We kept our total pit time for the entire race to under 10 minutes.
- I only threw up the day after the race!!!
- I'm not sure what was

worse, the race itself or the 14 hour drive

back from Wisconsin.



A tired Brian, finally able to sit down (not on a bike) for the first time in 24 hrs.

Fight Night: Martin Bradley (HK)



Martin (L), referee and 'Mongkok Mike'

CSC is always appreciative of our donors fundraising efforts and would never expect anyone to knock themselves out on our behalf.

Martin Bradley is a man who takes things literally as his kickboxing round in Hong Kong proves.

On Saturday 25 August in front of a packed crowd in Lan Kwai Fung Martin went 3 hard-hitting rounds with 'Mon-

gkok Mike'. Martin, bravely, "went the distance" in his fight, lasting the 360 seconds required, raising almost \$10,000USD in the process.

At one point the referee did a standing eight count and just barely ruled Mike cogent enough to take a few more beatings (spectators suspected it was a TKO but perhaps the referee knew Martin was raising money by the second!) As you can see from this photo, Mongkok Mike's grandkids are going to feel a few of those punches in future!

A big congratulations and thanks to our philanthropic pugilist.

Thanks Martin!!

Surgery from 1 July to 30 September 2007

| | Adults >25 | | Children <25 | | Total | |
|------------------------|-------------------|------------|--------------|------------|------------|------------|
| | M | F | M | F | | |
| Reconstructive Surgery | Cleft Lip | 1 | 0 | 30 | 24 | 55 |
| | Cleft Palate | 0 | 0 | 7 | 9 | 16 |
| | Club Foot | 0 | 0 | 1 | 1 | 2 |
| | Polio | 0 | 0 | 0 | 0 | 0 |
| | Acid Burn | 1 | 0 | 0 | 0 | 0 |
| | Burn Contracture | 2 | 4 | 6 | 4 | 16 |
| | Skin Graft | 3 | 0 | 7 | 9 | 19 |
| | Malunion Fracture | 3 | 3 | 5 | 2 | 13 |
| | Amputation | 0 | 0 | 1 | 0 | 0 |
| | Bed Sore | 0 | 0 | 0 | 0 | 0 |
| | Osteotomy | 0 | 0 | 1 | 1 | 2 |
| | Dislocation | 6 | 3 | 5 | 2 | 16 |
| | Reduction | | | | | |
| | MEC | 0 | 0 | 0 | 1 | 1 |
| | Hemangioma | 0 | 0 | 0 | 0 | 0 |
| | Tendon Transfer | 0 | 0 | 2 | 0 | 2 |
| | Syn/Polydactyly | 0 | 0 | 2 | 2 | 4 |
| | Other | 28 | 30 | 76 | 32 | 166 |
| | Total: | 44 | 40 | 143 | 87 | 312 |
| Eye Surgery | Cataract | 109 | 173 | 11 | 6 | 299 |
| | Pterygium | 18 | 63 | 0 | 4 | 85 |
| | Glaucoma | 8 | 6 | 2 | 0 | 16 |
| | Squint | 3 | 6 | 7 | 21 | 37 |
| | Corneal Repair | 0 | 0 | 5 | 1 | 6 |
| | Lid Surgery | 8 | 10 | 4 | 2 | 24 |
| | Evisceration | 2 | 1 | 5 | 2 | 10 |
| | Dacryorhinostomy | 1 | 10 | 0 | 1 | 12 |
| | Enucleation | 1 | 2 | 1 | 2 | 6 |
| | Cyst Removal | 4 | 1 | 2 | 1 | 8 |
| Other | 20 | 63 | 20 | 16 | 119 | |
| Total | 175 | 339 | 58 | 60 | 632 | |
| Grand Total | 219 | 379 | 201 | 147 | 944 | |

Where are they now?



Baby Pia now

Regular readers of the CSC Newsletter may recall the story of baby Pia (Issue 1, 2006), who had been abandoned at Kossamak Hospital in Phnom Penh at 3 weeks of age with suspected acid burns to her head and neck.

Pia was then transferred to the Maryknoll orphanage in Phnom Penh before she was identified by CSC staff as needing surgery for the contracture that

had fused the back of her head to her upper back.

Pia, now adopted by your humble scribe, is a happy and healthy 2 and a half year-old with a great appetite for fun. She is a gifted comic & mimic who enjoys alarming pedestrians by squashing her face to the glass of the car windows when out in the car and pulling with a vice-like grip the hair (or nose) of those least expecting it.

She has recently had surgery again at CSC for the contractures on both sides of her neck that had, because of a growth spurt, began to pull her right shoulder up about 1.5cms, a situation that would have impacted on her normal growth and development.

She has through this, unfortunately, learned to fear

anyone in scrubs, and wails inconsolably when approached by anyone wearing them.

Pia was recently assessed by the Speech Therapists from HKU as her vocabulary of three words ("mumma", "nose" and "hot") was increasingly a cause for concern. They found that she has no mental or inherent physical disability but suspect that, like many early trauma babies, she has focused all her energies into her environment rather than on communication.

Following three major surgeries in her short life this is not surprising and they believe this will pass and her communication and verbal skills will accelerate. Pia's future prospects for a nor-

mal life are bright. and while she still needs skin extensions to re-grow the little that is left of her scalp, this procedure will be done at 4 or 5 years of age when the skull can withstand the pressure and this will improve her appearance to near-normal.

Pia in 2006



Thanks to you...

It is entirely due to the generosity of donors that CSC has grown to the extent we have and can never say enough thanks for helping Cambodia.

Our donors, volunteers and supporters around the world have made this possible and a heartfelt thanks from all of us here. Those of you who wish to remain anonymous, thanks to you too. For special

mention this quarter;

- Katherine Anthony & Peter Hayes, Henley Properties Group, Australia
- Brian Culbert, Toronto, Canada
- Ross Gregory, Macquarie Bank, HK
- Michelle Garnaut, M at the Fringe, HK
- M on the Bund, Shanghai
- Alison Garrett, UK
- Dr Ebby Elahi, US
- Piers Brunner, HK
- Don Hancey, Australia
- Dr Doug Jackson, US
- Dr Branson Call, US
- Martin Bradley, HK
- Chris Lenz & Linda Kwan, IGORS, HK
- Chris Lund, World Wide Movers, Alaska
- Norval Loftus, UK
- Kodiak Providence Island Medical Centre
- Jacqueline Pirotta, Marriott Hotels, US & Hawaii
- Glenn Mills, UTI, Australia
- Sian Griffiths, The Peninsula Hotel, HK
- Noelene Henderson, Hotel de la Paix, Siem Reap, Cambodia
- Stephen Michie, Space @ Bali Villas, Bali
- Dr Judy Newman, US
- Arlene Willis, Grapes for Humanity, US
- Angela Herde, Australia
- Bill Countryman, Kauai Marriott Resort, Hawaii
- Benita Sharpe & Amber Murray, CAMKIDS, UK
- Chris Mills, US Embassy
- Ms Kelly Byrne, New Zealand

