



Stichting  
INTERPLAST  
HOLLAND



ANNUAL REVIEW

2019



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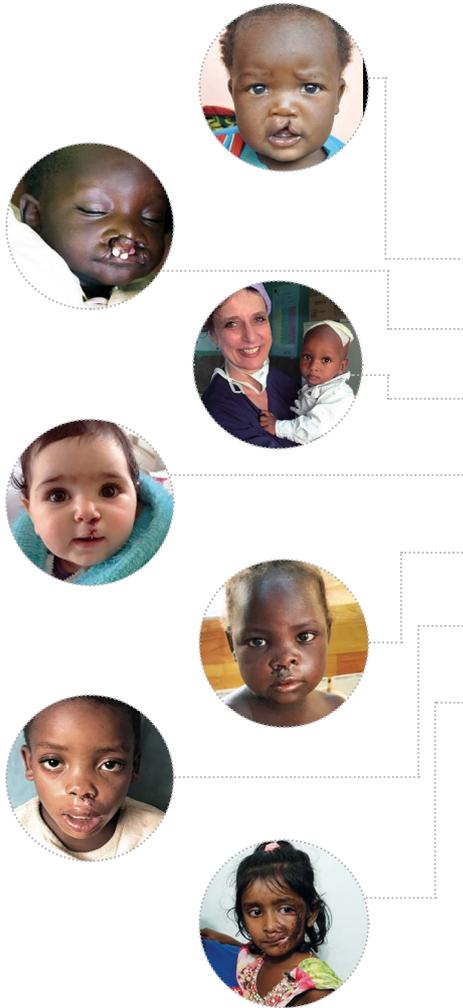
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# STICHTING INTERPLAST HOLLAND

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annual review **2019**

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## From the chairman

We are pleased to present you with the 2019 Annual Review of Stichting Interplast Holland containing concise summaries of our missions and other activities during 2019. Detailed mission and financial reports can be found on our website [www.interplastholland.nl](http://www.interplastholland.nl).

The team missions to Guinea Bissau, Kenya, Morocco, Burundi, Zanzibar, Bangladesh - with two teams - and Nigeria, twice, were all successful.

Our professional fundraisers raised enough money for the missions and for the office while the Dutch Sport Horse Sales again enabled us to support the basics for the Burns Prevention Programme in Uganda. This programme also took off on a smaller scale in Mangu, Nigeria (Kefas Tuwan).

The UBPSI (Uganda Burns and Plastic Surgery Institute) is still going strong. We are receiving more referrals to the expanding reconstructive department from all over Uganda. In cooperation with the Ugandan Cancer Institute we are doing more primary breast reconstructions after mastectomy while we are also taking in patients with pressure sores for treatment.

Our work has been hampered in the last few months, however, by shortages of blood and some materials like Silvarex (silver sulfadiazine), blades for Humby knives,

and suture material etc.). With the election this coming year financial constraints are likely to increase and require us to improvise in managing patient care.

Our team is trying to cope with the increasing demand for educational sessions from students, interns and fellows, go to page 25 for more about this

I would like to thank all our volunteers (nursing committee and team members) for their contribution to Interplast Holland this year and especially Annemarie for coordinating all the missions while the chairman was in Uganda for most of the year.

The coming year will see some changes in the board of Interplast Holland about which you will be notified in due course.

And of course our special thanks to our donors! Without their support we would not be able to help so many patients in low and middle income countries.

*Veel dank, thank you, merci beaucoup, vielen dank, shukran djazilan, asante sana, webalenyo, obrigado!*

**Rein J. Zeeman**



*This annual review for 2019 has largely been created and sponsored by volunteers*

[www.youtube.com/watch?v=PGDMU99BsCU](http://www.youtube.com/watch?v=PGDMU99BsCU)



## Introduction

Stichting (Foundation) Interplast Holland is a charitable organisation that performs reconstructive surgery on children and (young) adults in developing countries. Each year the organisation sends teams of experienced plastic and reconstructive surgeons, anaesthetists and theatre assistants on missions to developing countries.

The doctors and assistants, who are assisted by local doctors and nurses, work during their holidays and provide their services free of charge. Their assistance includes:

- performing reconstructive operations free of charge for children and adults with cleft lips and palates, disfigurements caused by burns, tumours and other congenital deformities
- training local medical personnel in reconstructive surgery, anaesthesia and nursing techniques
- helping to set up burns and reconstructive surgery units in hospitals and assist in setting up burn prevention programmes

To secure lasting results Interplast Holland works intensively with local hospitals, doctors, nurses, universities and NGOs. In order not to burden local hospitals unduly, almost all materials required to perform around 100 – 120 operations are brought from the Netherlands or bought locally if available.

Interplast is an international organisation which was founded in the United States in 1969. Stichting Interplast Holland was founded in 1990. By now Interplast is represented in several other Western countries. As a foundation, Interplast Holland is fully independent from its fellow Interplast organisations. They are regarded as sister organisations.



Interplast Holland currently concentrates its activities in Nigeria, Zanzibar, Uganda, Bangladesh, Kenya, Morocco, Burundi and Guinea-Bissau. Missions to these countries take place every year. In the past teams have also been to Indonesia, Yemen, Vietnam, Rwanda, Pakistan, India, Bhutan and Lebanon.

### 8 missions

There were 8 missions with 9 teams in 2019: one to Kenya, two to Nigeria, one to Zanzibar, one to Guinea-Bissau, one to Morocco, one to Bangladesh (2 teams) and one to Burundi. Also several individual programmes were carried out in Uganda (Burns Unit and Burn Prevention Programme).

### Visionary goal

Interplast Holland has a vision of a society in developing countries in which children and adults with physical disabilities are given medical treatment so that they can fully participate physically, mentally and socially in their community.

### Mission

Interplast Holland is a charitable organisation that seeks to give help in developments in the field of reconstructive surgery and treatment in developing countries by participating to achieve the self-reliance of local doctors, nurses and other staff. The organisation works towards this goal by carrying out operations and providing training and courses during team missions, by founding and supporting plastic and reconstructive surgery units and burn centres, and by setting up burns prevention programmes. Cooperation with other organisations in The Netherlands and abroad is high on the agenda of Interplast Holland. In the Netherlands the organisation aims to run its office with the structured, administrative and policy support of mainly volunteers.

## 1990 FOUNDATION OF INTERPLAST HOLLAND

**173** team missions

**22** countries

**14,395** operations

# KENYA

Official name	the Republic of Kenya
Capital	Nairobi
Location	East Africa
Surface area	580.367 km <sup>2</sup>
Number of inhabitants	52 million
Climate	tropical

8 – 16 February 2019

## Team

Plastic surgeon and team leader	Corstiaan Breugem
Anaesthetist	Volker Gerling
Theatre nurse	Janneke van der Brugge - in 't Veld
Visited hospitals	Nairobi General Hospital Muranga County Hospital
Local partner	Help a Child Face Tomorrow



The complete Muranga team

Corstiaan Breugem is a Dutch professor in plastic surgery and is head of the Pediatric Plastic Surgery Unit Amsterdam. He specializes in pediatric plastic surgery and then specifically in treating children with a cleft lip/palate and microtia. In 2019, he led Interplast Holland's first team mission to Kenya. Here is his report

### Changing needs for surgery in Africa

The 6th Pan African Cleft Lip and Palate Scientific Congress, to which I was invited, took place from 25-27 March 2018 in Nairobi. While at the congress I met and spoke at length with the congress secretary, Dr Meshach Ong'uti, a dental surgeon, who is also the founder and CEO of the local 'Help a Child Face Tomorrow' foundation.

Much was said at the Congress about the changed need for support for cleft lip and palate patients in Africa. Many organisations providing help from the West still tend to come and go a lot while what local surgeons really need is more structural support and, crucially, training. This applies in particular to secondary surgery, for example interventions to improve speech but also to find out more in primary surgery about the levator (*levator labii superioris*) muscle that is used in facial expression. Emphasis was placed on the need to work on a permanent basis with one or more centres in western countries.

Dr Ong'uti impressed me with his enthusiasm and said he was very keen for us to work together. We agreed on a reconnaissance mission to take a critical look at a possible partnership.

### First mission to Kenya

Dr Ong'uti was waiting for us when we arrived in Nairobi off a night flight on 9 February 2019 at 6:45 am. We were taken to our hotel, where we showered and around 10 am we went off to the Nairobi General Hospital. The idea behind the exploratory mission was to examine prospects of working together in the Nairobi General Hospital and/or in Muranga County Hospital. Several children were ready and waiting at Nairobi General Hospital to be operated on a cleft lip or palate. We operated on 13 patients on Saturday and Sunday, working together on Sunday with the plastic surgeon Dr Joseph Wanjeri. On Monday morning we did the ward rounds, looked round the hospital and talked to the hospital coordinators/superintendent about future cooperation. Clearly Nairobi General Hospital is willing to place its infrastructure at the disposal of future missions and visits. Afterwards we drove on to Muranga 100 kilometres away where we also talked to the hospital superintendent. From Nairobi an outreach programme was in place with a general surgery team



Patient with keloid before and after the operation

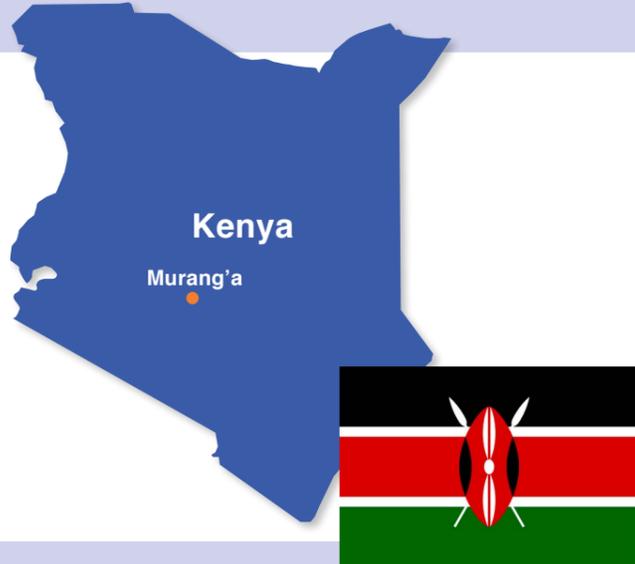
## KENYAN NGO






HELP A CHILD FACE TOMORROW

([www.hcftafrica.org](http://www.hcftafrica.org)) is an African charity which provides free surgery for cleft lips and palates, severe burn contractures and other surgical conditions, to help bring a smile to the poor in society. In some countries, the birth of disfigured children is sadly considered a curse. They have no friends, no joy and no future. Plastic surgery can give these children back their future.



Kenya is a country in Africa with 47 semiautonomous counties governed by elected governors. At 580,367 square kilometres Kenya is the world's 48th largest country by total area. With a population of more than 52.2 million people, Kenya is the 27th most populous country. Kenya is bordered by South Sudan to the North West, Ethiopia to the North, Somalia to the East, Uganda to the West, Tanzania to the South and the Indian Ocean to the South-East.

represented by Dr Tenega and our team represented by Dr Ong'uti. We worked full time from Tuesday to Thursday inclusive with the three teams, and on Friday only with two operating tables (local and general anaesthesia). Altogether 65 patients were operated on in Muranga, many with cleft lips but also keloids, burns, large lipomas and for general surgery, inguinal hernia and thyroid operations (10). Dr Ong'uti intends to see the patients with keloids again in Nairobi for radiotherapy or bleomycin/5FU injections. His daughter is the coordinator of the 'Help a Child Face tomorrow' foundation which he set up and is responsible for making appointments for these patients in Nairobi. On the final evening before our return flight we had positive talks with the Honourable Sabina Chege from the Health Ministry. She is very keen for us to become involved with the training in Nairobi also with a university from the Netherlands.

### Opportunities for the future?

It is perfectly clear that our colleague Dr Ong'uti can perform primary cleft surgery but that improvements can be made in terms of primary levator veli palatini surgery



A lot of patients waiting in Muranga

and secondary speech surgery and fistula surgery. There is also a need to provide further training for other colleagues in Kenya for many of them have had insufficient support. A centre for this could be set up in Nairobi. Mrs Chege was interested in the initiative which could also enable more information and guidance to be provided for ear, nose and throat cases and dental care possibly with preparation for orthodontic interventions, cleft palate closure and logopaedics at a later date. Such care can only be supplied if more enthusiastic specialists are recruited. It was apparent after talks with our colleagues Dr Ong'uti and Dr Wanjeri that there is a definite need for help and teaching regarding cleft surgery (as well as for keloids and burns). Dr Ong'uti would be in the Netherlands in June 2019 at the invitation of the European Cleft Palate Craniofacial Association to talk further about future developments. The provisional plan is to cooperate in organising a congress in Nairobi in March 2020 followed by an outreach programme. During this first mission to Kenya 78 operations were performed, about half of them on children.



On-the-job-training in the operating theatre

## GUINEA-BISSAU

Official name	Republic of Guinea-Bissau
Capital	Bissau
Location	West Africa
Surface area	36.152 km <sup>2</sup>
Number of inhabitants	1.9 million
Climate	tropical

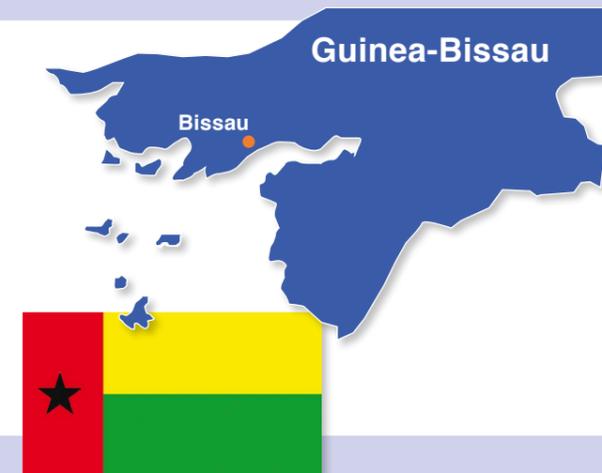
9 – 22 March

### Team

Plastic surgeon NP and team leader	Rein Zeeman
Plastic surgeon	Patrick Ferdinandus
Anaesthetist	Muriel Siepel
Anaesthetic nurse	Saskia Keijzer
Theatre nurses	Marie-Thérèse de By – de Bakker Kelly Bos

Local team	Jan van Maanen Eveline van Maanen Johannes Mooij and Samora
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Visited hospital	Hospital Nacional Simão Mendes, Bissau
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Guinea-Bissau is a small West African country with an estimated population of 1.9 million. It is one of the least developed countries in the world and among the poorest listed number 177 out of 189 on the United Nation's Human Development Index (2018). Average life expectancy is 57 years and infant mortality in the first year is around 60 in every 1,000. The country lives primarily from agriculture and is the biggest exporter of cashew nuts worldwide. Interplast teams have been working in Guinea-Bissau since 2008



Proud of their achievements and certificates

### A happy return

The last Interplast mission to Guinea-Bissau took place in 2017. 2018 was skipped in the hope that the 2018 elections would turn the tide for the better in the country. In the end though the elections were postponed until March 2019 which meant they would exactly coincide with Interplast's visit. After talking extensively with our local partner Jan van Maanen it was decided that the tenth mission should go ahead. Elections in Guinea-Bissau are a time for reflection and celebration in contrast to the situation in many other African countries.

After a good flight, a short night and the comforting news that the suitcases and the boxes with all the materials had finally arrived the team started screening. As Rein Zeeman writes it was quite remarkable that there was not a single young patient with a cleft lip and/or palate. Later it emerged that a team had been there earlier, probably plastic surgeons from the US, who operated solely on cleft cases.

Many burn victims (a lot of children with hand contractures) were presented, however, so that a well-filled operating programme could be drawn up for the first week. Little had changed in the hospital apart from a new head of the operating theatre, Dr Malam Sabali. He was keen to help and ensured that everything went smoothly. Handyman Orlando again proved to be invaluable.



Before surgery in 2016, and after three years

**New equipment comes in handy**

The operations started on Monday and all went well once everyone had become used to one another. On Friday the new Zimmer Meshgraft came in very handy for a few burns patients who had been lying untreated for months. Skin grafts still cannot be done.

Unfortunately no local doctors were allocated to the team so the training element was out of the question. Thankfully, there were a couple of experienced surgery assistants present who the team had worked with for years.

On the second Saturday some patients arrived from Buba who had already been seen by Jan van Maanen during a pre-screening, and among them were a number of cleft cases. New patients also came or patients who had failed to turn up in the first week for one reason or another. That meant that the schedule for the second week was well-filled after all.

Certificates were presented at the end of the mission and Dr Malam took upon himself to see to the aftercare.

**OPERATIONS GUINEA-BISSAU**

**6 cleft lip and/or palate**

**32 post burn contractures**

**2 burns**

**23 other**



Jan van Maanen

Local partner former Honorary Consul Jan van Maanen, who has been involved in all Interplast missions to Guinea-Bissau, has written a book which also features his work for Interplast. A twelve-year-old girl who had a cleft lip was operated on and the result was simply wonderful. She went back to school and sat down in her usual place. The other children told her not to sit there because it was Maria's seat. But, she said, I am Maria. Only then did the other children recognize her. They cheered, clapped their hands and danced and there were tears of joy. Stories like these inspire me to spend days preparing a visit from Interplast and supporting the team when they arrive. I am very proud of my team, even though I have never performed a medical procedure in my whole life.

**ZANZIBAR**

Official name	Zanzibar
Capital	Zanzibar city
Location	island in the Indian Ocean, east of Tanzania
Surface area	1554 km <sup>2</sup>
Number of inhabitants	1.2 million
Climate	tropical

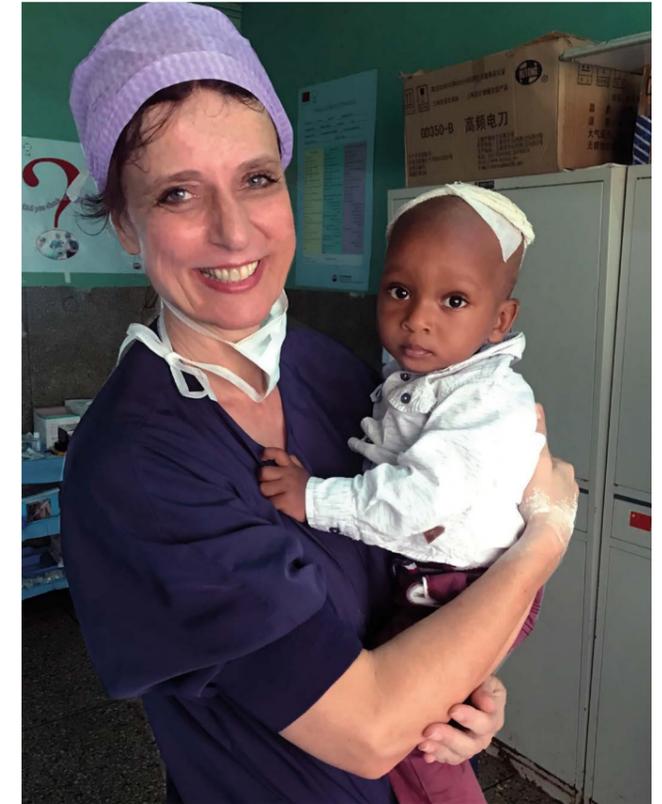
22 February – 9 March

**Team**

Plastic surgeon and team leader	Tallechien Tempelman
Plastic surgeon	Ed Hartman
Paediatric Urologist	Liam McCarthy (UK)
Anaesthetist	Jurjen Oosterhuis
Anaesthetic nurse	Maura Neervoort
Theatre nurse	Jolanda Eskes
Visited hospital	Mnazi Mmoja Hospital



The island of Zanzibar lies off the east coast of Africa and is a semi-autonomous part of Tanzania. The island of Pemba close by is often considered to be part of Zanzibar. As in the greater part of the African continent there is no plastic reconstructive surgery here. Before the arrival of Interplast Holland patients were sometimes referred to a clinic for reconstructive surgery in Dar es Salaam on the mainland, which was a very expensive exercise. So the Interplast teams are very welcome on Zanzibar, where they have been working since 2008 in the Mnazi Mmoja Hospital, a government hospital with 430 beds and a range of specialists.



Jolanda with young patient

**Excellent pre-selection of patients**

The 12th Interplast mission to the beautiful island of Zanzibar took place at the end of February 2019. Paediatric urologist Dr Baiya Abdulla Rashid (Dr Baiya for short) who had worked alongside Liam McCarthy for the full fortnight the previous year was unfortunately unable to be there; but a familiar face, Dr Juma, was present and together with colleagues Dr Makame, Dr Rukiya and Dr Ali he made all the arrangements for the team and assisted as much as possible in the operating theatre.

In contrast to the previous year, a great many patients were waiting to be screened either by Liam (paediatric urology) or Tallechien and Ed (plastic surgery). Practically all the young patients who were waiting for Liam were eligible for an operation thanks to the excellent pre-selection by local doctors but this time there were far too many! Those whose cases were least urgent would have to wait until the following year.

**Great results from training local staff**

Liam wrote in his report that there were significantly fewer small boys with post circumcision fistulas. This was thanks to Liam's training and instruments donated by Interplast. Local Dr Baiya is now able to perform these repairs himself in the course of the year.



Young patients of Liam's waiting for their check-up

Urogenital cases are still a big problem in Zanzibar, certainly in comparison with our other host countries, so since 2010 a surgeon specialising in these has been part of the team. For the last five years this has been Liam McCarthy a paediatric urologist from Birmingham with whom Interplast has an excellent working relationship.

Again there were a lot of burn contractures for the plastic surgeons, mainly small children's hands. The team also saw a few patients from the previous year which doesn't happen often. Contact among the doctors is kept up in the course of the year so the team knew how the majority of patients had recuperated after the operation but actually seeing how they were a year later is much better.

The operating days went well apart from power cuts that were worse than usual. Four local doctors were on the team Dr Makame and Dr Rukiya with Liam and Dr Juma and Dr Ali with Tallechien and Ed.

Tallechien's report reveals how extremely eager Dr Juma and Dr Ali were to learn and the fact that after the two weeks both of them were able to cut skin transplants and perform a Z-plasty (a corrective incision in the form of a Z to treat contractures). Tallechien expects that next year there will be fewer minor contractures because they can now be treated immediately in this way. Interplast's mission to train local doctors and nurses in Zanzibar is more than being met in both specialisms.

It was anaesthetist Jurjen Oosterhuis's first mission to Zanzibar and he was called in a few times for advice in the



Portable ultrasound proves its value during surgery

other operating theatre. The use of the Philips' ultrasound apparatus which he had brought with him attracted enormous interest.

As team leader Tallechien wrote in her report, 'it was an honour to be part of this mission; it was hard work, but also a lot of fun!'

**OPERATIONS ZANZIBAR**

- 1 cleft lip and/or palate**
- 30 hypospadias**
- 8 urethral fistula**
- 22 post burn contractures**
- 29 other**

**MOROCCO**

Official name	the Kingdom of Morocco
Capital	Rabat
Location	North Africa
Surface area	710,850 km <sup>2</sup>
Number of inhabitants	35,7 million
Climate	Mediterranean

16 – 28 March

**team**

Plastic surgeon and team leader	Chantal van der Horst
Plastic surgeon	Leonie Woerdeman
Anaesthetists	Ziska Jong Thao Nguyen Markus Stevens
Theatre nurses	Albertine Schmüll Olga Dücker - van Eijsden
Foundation Noor	Rachid Arras Karima Chbiki Lamyae Arras



First Interplast team to Morocco has arrived

**First Interplast mission to Morocco**

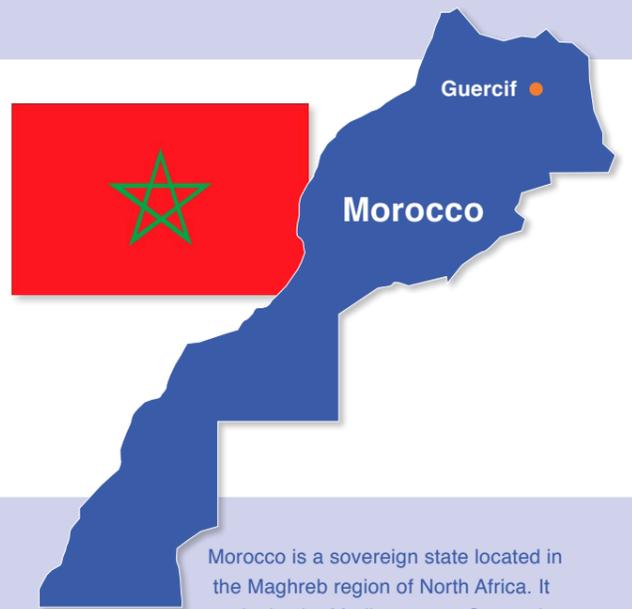
The mission to Morocco in March 2019 was the third mission to Guercif. The first two were under the auspices of Dokters van de Wereld/Médécins du Monde but now for the first time the mission was under the flag of Interplast Holland.

Guercif is small town between Fez and Nador close to the Rif mountains in the north of Morocco. The agrarian sector is the region's major source of revenue though the economy of the area is otherwise underdeveloped as the figures reveal with the fewest number per capita of doctors, nurses and hospital beds than anywhere else in Morocco.

The government hospital in Guercif has 60 beds and a limited number of specialisms.

The hospital staff are always extremely enthusiastic about the arrival of the team and they are glad to cooperate.

Rachid and Karima Arras, both from the area originally, initiated the project by founding *Stichting Noor* in 2019. It is with this foundation that joint missions with Interplast take place with the full cooperation of local government. The pre-screening began two weeks before the team was due to arrive in Guercif carried out by Karima and her



Morocco is a sovereign state located in the Maghreb region of North Africa. It overlooks the Mediterranean Sea to the north and the Atlantic Ocean to the west. A large part of Morocco is mountainous. The Atlas Mountains are located mainly in the centre and the south of the country. The Rif Mountains are located in the north of the country. Tourism is one of the most important sectors in Moroccan economy. Only about 45% of the Moroccan have access to health insurance and especially in rural areas poverty is high.



Little girl with cleft lip before and after surgery

daughter Lamyae (nurse in training) together with a number of local doctors from the hospital. They visited several mountain villages in the vicinity with a view to patients coming to Guercif for treatment. About 500 patients were screened.

**Extra luggage to help more patients**

The Interplast team, accompanied by Rachid, arrived on Saturday afternoon and were picked up by Karima and Lamyae. They had arrived two weeks earlier with a Transavia flight, on which they had each been given 100 kilos extra luggage for the good cause enabling them to bring with them a substantial amount of medical supplies so that the team could set to work well-equipped.

The final screening took place on Sunday by the two surgeons and the anaesthetist. Karima and Lamyae were present as interpreters. A room had been made available in the hospital with a screen divider in the middle of the room so that the two doctors could consult during the screening of no less than 250 children and adults. The other team members meanwhile arranged the operating theatre. The team started operating on Monday. The goal was on average around 20 operations a day in the eight days available.

**Enthusiastic local support**

Operations such as severe burns, cleft lips and palates were primarily done in the first week to allow for any post-operative checks in the second week. A local doctor, Yusef, assisted and was very enthusiastic, immediately saying he



Chantal van der Horst operating together with local doctors

wanted to join the team again in the coming year! The smaller interventions, such as removing lipoma, took place in the second week when the help was available of an anaesthetist, Zineb, who worked together with Ziska in the Netherlands. Zineb is Moroccan by birth so communications with local colleagues went really well enabling everyone to coordinate smoothly before, during and after the operation. More than 160 operations were carried out in the two weeks during which cooperation with the local medical community was further consolidated. Looking back we can safely say that the mission was extremely successful and we look forward, together with our local partners, to our next time in Guercif!



**OPERATIONS MOROCCO**

**21 cleft lip and/or palate**

**33 post burn contractures**

**87 lipoma / cyst / keloid**

**29 other**

**NIGERIA** SPRING MISSION

Official name	the Federal Republic of Nigeria
Capital	Abuja
Location	West Africa
Surface area	923,768 km <sup>2</sup>
Number of inhabitants	190 million
Climate	from tropical to sub-tropical

16 – 31 March

**Team**

Plastic surgeon and team leader	Rens Huisinga
Plastic surgeon	Jorien Werkman
Paediatric Urologist	Tom de Jong
Anaesthetist	Gerben Baake
Theatre nurses	Annet Brouwer - Kerssies Clemens Herbrink
Anaesthetic nurses	Geesje Bonhof – Boer Suzanne Hulst
Visited hospital	COCIN Hospital & Rehabilitation Centre, Mangu



Nigeria is located in West Africa and shares land borders with the Republic of Benin in the west, Chad and Cameroon in the east and Niger in the north. Nigeria is roughly divided in half between Muslims, concentrated mostly in the north, and Christians, who mostly live in the south. Nigeria is the most populous country in Africa and despite huge oil revenues there is still great poverty. The country is far behind others in terms of health care. The COCIN Hospital & Rehabilitation Centre is situated in Mangu on the Jos Plateau in Northern Nigeria. This hospital, formerly belonging to the Nederlandse Leprastichting or Netherlands Leprosy Relief (NLR), has been visited twice a year since 2007 by a team mainly comprising plastic surgeons from the north of the Netherlands.



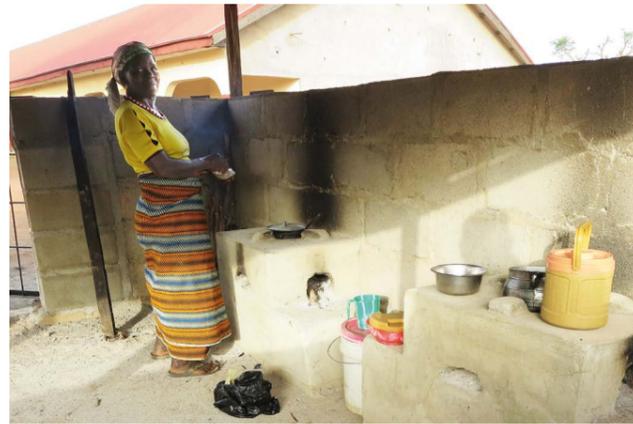
The Interplast team together with Phoebe and Kefas

**Spring mission to help many children**

The first mission to Mangu in 2019 took place in March. The security situation permitting, a team has travelled to Nigeria twice a year since 2007 bringing the total missions to 22. Again urologist Professor Dr Tom de Jong was on the team. Young patients with urological and gender problems are numerous and being able to do something to help this group is very rewarding.

The journey via Frankfurt went well as Jorien says in her report. The flight always arrives in the late afternoon in Abuja so the teams traditionally stay at a guest house attached to a convent in Abuja since travelling at night is dangerous. The drive the next day to Mangu takes at least six hours. A new guest house named after Neeltje Spronk was built some years ago in the hospital grounds in Mangu and this is where the team members stayed for the two weeks pampered by the housekeeper, Phoebe, who cooks, cleans and does the laundry.

The doctors started screening on the Monday after their arrival while the operating and the anaesthesia assistants, together with local colleagues, organised the operating theatre. Young patients, mainly children with burn contractures (scars after burns) were in the majority. It was



Newly fenced-off cooking place thanks to the burn prevention programme



Child with cleft lip before and after surgery

good to see that the cooking area in the hospital grounds at least is now fenced off!  
The nine operating days went well and together with the local colleagues 94 operations were carried out, most of them on children.

Lastly an extract from Jorien's report: 'The thing that made our stay so remarkable was the way we did everything as a team; the anaesthesia people easily gave a helping hand with small procedures or putting on a cast and on the other side assistance was readily forthcoming as well. The local team, comprising the two Noas and Timothy was always supportive and cheerful. Every morning Timothy greeted us with: "Did you sleep well? I myself slept like a baby and woke up like a giant man!" This was particularly funny because Timothy measures less than 1.60m. The enthusiasm of Dr Patience and Dr Emanuel to learn new skills and the good care that Kefas, Dr Mike and Phoebe took of us made our stay an unforgettable experience.'

Dutch paediatric urologist Tom de Jong, who joined the spring mission to Nigeria, was able to help many patients.



Busy in the operating theatre and the Philips Lumify (ultrasound) in action

He is emeritus professor in paediatric urology with a 35 year career in the University Children's Hospital in Utrecht (Wilhelmina Kinderziekenhuis), from 2008-20017 combined with the University Children's Hospital in Amsterdam (Emma Kinderziekenhuis). He wrote the following report.

The young patients with urological complaints comprised mainly children with visible congenital abnormalities of the genitalia. These were mainly boys with serious birth defects in the urethra which is often too short so that the opening is in or behind the scrotum, severe forms of a so called hypospadias. These boys also always have a serious congenital curvature of the penis. Treatment requires surgery to correct the curvature and extend the urethra to allow standing urination and sexual intercourse. Many children also present with unclear gender due to abnormal and unclear genitalia. Lack of possibilities for specific laboratory research to determine the right sex in these intersex cases meant that some of them could not be treated. They were referred for further tests to a paediatrician in a teaching hospital 80 kilometres away. The next mission will reveal whether this has helped. A dramatic case was treated involving a young man who had lost his penis as a result of an accident with a high voltage cable.

**OPERATIONS NIGERIA MARCH**

- 2 cleft lip and/or palate**
- 39 post burn contractures**
- 19 other**
- 34 hypospadias and other congenital deformities**

**NIGERIA OCTOBER MISSION**

5 – 21 October

**Team**

<i>Plastic surgeon NP and team leader</i>	Cees Spronk
<i>Plastic surgeons</i>	Pauline Huizinga Jenda Hop
<i>Resident plastic surgeon</i>	Niels Noordzij
<i>Anaesthetists</i>	Ina Groustra Itxaso Oña Mendez
<i>Theatre nurses</i>	Femke Annema Annet Banga
<i>Anaesthetic nurse</i>	Petra van der Hulst
<i>Visited hospital</i>	COCIN Hospital & Rehabilitation Centre, Mangu



A proud moment for Cees in the middle of his team!



Comforting a young burn patient

**October mission by team 'Sterrenmix'**

Because all team members happen to enjoy a particular brand of tea flavoured with star anise, they styled themselves 'team sterrenmix'. The real star of the show, however, was Cees Spronk on his final Interplast mission. At Abuja airport, clearing all the materials the team members always bring with them in numerous suitcases through customs is proving more and more difficult. Fortunately, the packing lists were in good order and the contents were given the go ahead. The first night was again spent in the convent guest house and the team set off the next day for Mangu where Phoebe was waiting for them.

**Excellent support by local staff**

Monday was the day of the screening which Niels describes in his report; 'We screened over 200 patients that day, sometimes having to deny an operation when a procedure seemed too dangerous for the given circumstances. Not an easy message to deliver. At the same time our nursing staff was working hard, getting the OR prepared and ready for the next day. After a long day we had planned around 105 patients for the next 2 weeks. A few more would follow and be added to the list in the following days.'

The days of the operations usually started at 8 am. The assistance provided by the local staff was excellent as usual and the local doctors showed keen interest and were happy to operate with us. Rounds of the ward took place twice a day which offered a photo opportunity for the family of the patients to snap them with their doctors.

The anaesthesia team had brought the Philips Lumify echo transducer with it for the first time which allowed an easy and safe use of regional blocks. The days flew by and the team carried out 112 operations altogether on 109 patients.

Lastly a few words from Niels: 'As is tradition we had dinner with the managing staff of the hospital. This proved to be a big surprise for them and our team: Cees announced that this was to be his last visit. A tough decision but one he had been thinking about for the past two weeks. The news was met by tears and many words of gratitude. It was very special to have been present at this moment and to see the high esteem in which Cees is held by the people in Mangu.'

**OPERATIONS NIGERIA OCTOBER**

- 3 cleft lip and/or palate**
- 70 post burn contractures**
- 17 tumours**
- 22 other**

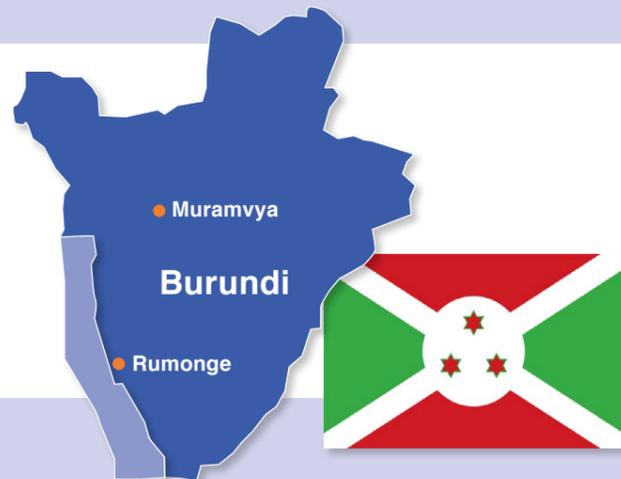
# BURUNDI

Official name	Republic of Burundi
Capital	Bujumbura
Location	Central Africa
Surface area	27,834 km <sup>2</sup>
Number of inhabitants	11 million
Climate	tropical

15 – 30 November

## Team

Plastic surgeon	Rein Zeeman
NP and team leader	
Plastic surgeon NP	Andrew Posma
Plastic surgeon	Edris Kalanzi (Uganda)
Anaesthetists	Karin Feddes Gijs Witte
Anaesthetic nurse	Vanessa de Roos
Theatre nurses	Elles Loenen Ingrid van Ginkel – van der Knaap Ellen Campagne – de Rijcke
Local partners	Dr Jean Claude Bizimana André Nkeshimana / Izere Burundi
Visited hospitals	Rumonge Hospital Muramvya Hospital



Burundi is one of Africa's most densely populated countries and the smallest. The civil war lasting from 1994 to 2005 has meant that it is also one of the world's poorest. (185 out of 189 on the United Nation's Human Development Index of 2018). It is located in the great lakes region of Central Africa and is landlocked. Medical care is accessible to very few. Around 48 out of 1,000 children die in their first year.



Team with patients at Muramvya Hospital

## Tough journey to Rumonge

After the mission in June 2018 when the wonderful film was shot (see QR code on page 17) this year the mission to Burundi went off as usual in November. Unfortunately Kenya Airways had made changes to its flight times so there was no longer a good connection from Nairobi to Bujumbura! The only solution was to fly via Uganda, stay the night and fly on to Bujumbura the following afternoon. The unique aspect of this mission was the presence of Dr Edris Kalanzi, one of Rein Zeeman's colleagues in Uganda, who joined the team on Saturday in Entebbe. Dr Kalanzi worked together with the team for ten days.

Team leader and chairman of Interplast Holland Dr Rein Zeeman flew from Uganda to Burundi two days in advance of the team's arrival to put the finishing touches to all the arrangements with Interplast's partner from Izere, André Nkeshimana.

On Saturday the team arrived from Entebbe - Kigali and was picked up by Rein and André. After spending the night in Bujumbura the journey to Rumonge began. It was a trip full of bumps and potholes on a road that if anything was worse than the previous year. The director of the hospital, Ernest Nditoreye, met the team on

arrival and offered the members' dinner. It was clear that he was very happy to see Interplast again.

## Kidnapped patients

The screening had been planned for the next day. It was busy again with a lot of patients suffering from neurological or orthopaedic problems that sadly Interplast could not treat. As Rein Zeeman writes in his report the most surprising thing was the absence of a single child with a cleft lip or palate despite them having been announced in advance. After a father was found who was looking for his wife and child and who had reported their loss to the director it rapidly emerged that the children and mothers had been put on a bus going to Bujumbura to be operated on there by Ugandan surgeon who was receiving a lot of money to do this by the American Smile Train organisation.

The director took immediate action and called in the police and arrested the 'mobiliser'. Among the children was a baby just two weeks old and others who were far too young to be operated on. Smile Train pays local doctors for each cleft operation on a child. The ministry of Health in Burundi is going to protest about the way this is being done.



Dr Kalanzi (on the left) joined from Uganda



Before and after cleft lip surgery



Grateful patient dropped by to thank the Interplast team

## Team experience pays off

Meanwhile the screening went ahead and the operating theatre programme was arranged. It was busy week with 10 to 12 operations a day but all went well thanks to the years of experience of the majority of team members and the pleasant cooperation with the local staff. During this mission, more than fifty children under 16 were operated on.

A patient from the previous year who had suffered from a large ameloblastoma or tumour of the lower jaw arrived to thank the team. She was doing well. (see picture above)

On Sunday, after spending the night in Bujumbura, the team went on to Muramvya, a new location for Interplast, this time on a better road. Again there were a lot of patients with all kinds of pathologies which Interplast was unable to treat. The great number of patients with upper and lower jaw tumours was striking.

As Rein wrote in his report: 'with Edris who was fortunately there until Thursday I operated on a couple of large tumours of the maxilla and mandible using free rib grafts. The days passed harmoniously with excellent support from the local people. Local doctor Parfait arranged a lot for us. There were no complications and the partnership with Edris suited everyone and is definitely worth repeating.'



## OPERATIONS BURUNDI

12 Cleft lip and/or palate  
39 tumours  
25 Post burn contractures  
12 Other

<https://www.youtube.com/watch?v=q5-OE3nIWWQ>

# BANGLADESH

Official name	the People's Republic of Bangladesh
Capital	Dhaka
Location	South Asia
Surface area	147,570 km <sup>2</sup>
Number of inhabitants	165 million
Climate	tropical



9 - 23 November

## Team Faridpur

Plastic surgeon NP and team leader	Paul Spauwen
Plastic surgeons	Kalam Ahmed Wouter van der Pot
Anaesthetist	Kees Punt
Anaesthetic nurses	Karin Plantinga – Dijkstra Gerda Dekker
Visited hospital	General Hospital Faridpur
Local partner	Faridpur Welfare Foundation

## Team Munshiganj

Plastic surgeon and team leader	Chantal van der Horst
Plastic surgeon	Menno Huikeshoven
Anaesthetists	Ziska de Jong Zineb Mzallasi
Theatre nurses	Albertine Schmöll Olga Dücker - van Eijsden
Anaesthetic nurse	Jacques van der Meer
Visited hospital	Munshiganj Hospital
Local partner	Jamuna Bank Foundation

Bangladesh is one of the world's most densely populated countries, with its people crammed into a delta of rivers that empties into the Bay of Bengal. Poverty is deep and widespread, but Bangladesh has in recent years reduced population growth and improved health and education. Health care is not free in Bangladesh. The majority of the people are extremely poor and cannot afford to pay for an operation. There are few Bengali/Bangladeshi plastic surgeons but a lot of patients who need operations. The fact is that relatively more children with clefts are born in Bangladesh than elsewhere. Moreover, burns care is badly underdeveloped. Patients who survive serious burns usually end up with very serious deformities (source: Stichting Faridpur website).



Saying goodbye at Schiphol Airport to 14 team members

## Two locations, one old and one new

The plan for the mission this year was to go with a fairly big team to work in a university hospital in Faridpur. The team would then be able to operate on four operating tables at once. Everything was ready to go in early September, when the message came through that the hospital would unfortunately be unable to accommodate the mission. So the team switched to its old familiar small hospital in Faridpur where it had all begun in 2002.

This location would, however, not be able to accommodate the original big team and it was quickly decided to try adding a second location.

Another three team members were added and off the mission went to two locations! One team to Faridpur and one to Munshiganj, facilitated by Faridpur Welfare Foundation and the Jamuna Bank Foundation. Our filmmakers Martin van Bennekum and Fred Brinkman were



Most of the Faridpur Interplast team with their local colleagues

already among those who had originally planned to join the team so the group that assembled at Schiphol was a big one. Paul and Elisabeth Spauwen joined the rest in Dubai. The two Interplast teams left for Bangladesh for the sixteenth mission as a joint venture of the local Faridpur Welfare Foundation and Interplast Holland as it has been since 2017.

## Joining forces since 2002

The Faridpur Welfare Foundation was founded in 2002 after plastic surgeon Cees Spronk visited his brother-in-law Shamin Haque in Faridpur, Bangladesh in 2000. While he was there Cees offered to operate children without charge. The number who took up the offer was enormous. More than 30 children could be operated on but many had to be turned away. So Cees promised he would be back. The Dutch Faridpur foundation was set up and since 2002 he has worked in Faridpur later accompanied by teams of Dutch medical professionals and always together with the local surgeons in Faridpur. The two foundations have joined forces to build a children's home where by now 100 children live; [www.faridpur.nl/bangladesh/het-kindertehuis-in-faridpur/](http://www.faridpur.nl/bangladesh/het-kindertehuis-in-faridpur/)

## Hurricane Bulbul causes delay

On arrival in Dhaka the tail end of hurricane Bulbul was still causing trouble so that the team soon realised that the ferry boat crossing was not an option. Luckily, next day all the ferry boats were sailing again so the team arrived in time for the screening. Hundreds were waiting for assessment by the surgeons and the anaesthetist. In the end, altogether 200 people were seen and assessed with the help of local doctors and an overloaded operation programme was drawn up. There were a lot of cleft patients



Operating on two tables at the same time



Ward rounds



Four-year-old girl with severe burns contractures before surgery

for Paul and many patients with burn contractures and scars for Wouter and Kalam.

An extract from Wouter's report; 'Sobbing loudly, the man handed over his four-year old daughter for the operation on her burnt face. "Please look after her; she's everything to me!" he called after her, translated by Kalam Ahmed, plastic surgeon in Haarlem, but born and bred in Bangladesh so an ideal interpreter.' Because her burns scars ran very deep, she was one of the first patients to be operated on, which gave Wouter and his team the opportunity to check up on her recovery and provide further treatment.

Everything was extremely well-organised on the spot thanks to Shamin Haque and his team which includes his son Stefan.

Wouter writes in his report: 'The operating theatre was simple, but also very effective with the local staff present who worked hard and were completely unfazed by the long days that were sometimes required. As ever, a scientific seminar was organised at which Paul Spauwen spoke about amputations and Kalam Ahmed about burns and I myself about local transposition flaps in the face. The attendance was impressive with between two hundred to three hundred medical students coming to listen!'

Wouter continues: 'The operations went smoothly and efficiently with the whole team working together pleasantly and in harmony along with the local operating theatre staff. Professor Dr AC Paul, a local paediatric surgeon, joined



Patient with severe burns contractures before surgery in 2018, and one year later

the team a number of times, as did a plastic surgeon from Dhaka.'

The team saw a few patients from the previous year, and hopes to be able to do much more like this in the coming years because the necessity for this was abundantly clear.



**OPERATIONS FARIDPUR**  
**35 Cleft lip and/or palate**  
**45 Post burn contractures**  
**60 Other**

[www.youtube.com/watch?v=s8fm\\_CxvK24](http://www.youtube.com/watch?v=s8fm_CxvK24)



Little girl with cleft lip before and after surgery

**First Interplast mission to Munshiganj**

A team had been to Munshiganj on three earlier occasions (under the auspices of Dokters van de Wereld/Médécins du Monde) but this was the first time for Interplast. Contact had been sought in early September with the Jamuna Bank Foundation to see whether they could organise a mission for November. They were very enthusiastic and Mr Boshir Uddin, someone familiar to most of the team members, and Mr Zahangir Alam became Interplast's contacts. They superbly organised everything in the space of two months while the team and the office manager were often in daily touch. After consulting with local contacts another three team members were added and by early November all was in place.

A warm welcome awaited everyone at the airport and in the hospital. As in Faridpur it was astonishing to see how involved the hospital staff and the employees of the Jamuna Bank were. They do everything they can to help their poor fellow countrymen and nothing is too much for them as you can read in the various 'eye witness' reports. Long days operating ensued after a hectic day of screening during which 300 adults and children were seen. Here again the Interplast team encountered many clefts and burn contractures.

Menno, who was part of the mission for the first time, soon got the swing of things and Zineb and Jacques rapidly felt at ease as an excerpt from Jacques' report reveals.

'A heart-warming partnership rapidly emerged between the local staff, including our bankers Boshir and Zahangir who had guided and facilitated the whole project in excellent fashion on behalf of the Jamuna Bank Foundation. The volunteers Jawad and Sanjay remained at our disposal as interpreters both during the screening and in recovery.



It truly was a team effort

They were present every day until the last patient had left, sometimes until late at night. "

No less than 161 operations were carried out in two weeks. Sammi, who is a medical student, will be in charge of their aftercare. During the operations he proved to be extremely skilled in closing wounds which makes him a welcome eager-to-learn assistant for both Menno and Chantal.



**OPERATIONS MUNSHIGANJ**  
**53 Cleft lip and/or palate**  
**71 Post burn contractures**  
**37 Other**

[www.youtube.com/watch?v=YV08QTq0dRU](http://www.youtube.com/watch?v=YV08QTq0dRU)

# Uganda Burns & Plastic Surgery Institute

In Uganda, more than 60% of burns victims are young children under six years of age. The Burn Prevention Programme was established in 201 to raise awareness amongst both children and parents and has so far reached thousands of people, mostly in Kampala's slum areas. Finance manager Stephen Kato reports on the progress that was made in 2019.

## Annual report 2019

The BPP team on the ground includes our Patron and Interplast Holland representative Dr Rein Jacobus Zeeman, The Project Manager Mr Richard Chaddy Amadro, The Project administrator Mr Joseph Ssentongo, The Project Coordinator Mr Charles Kyakulaga and The Finance and administration manager Stephen Kato. This is the core team running the Burns Prevention Programme. The team endeavours to meet as often as possible or when the need arises.

## News strategy: involving health centres and secondary schools

The beginning of 2019 was slow as is normally the case from the long Christmas season preceding this time. However, with increased vigour the team was able to pick up in terms of activities and outreach. The programme continued with the new strategy of empowering volunteers from schools and health centres. These volunteers once empowered help the team in

spreading the message of Burns prevention in the schools and the community at large. On the 1st June 2019 a meeting with cluster leaders plus other selected BPP patrons was held at St Martin Primary school. Seventeen participants attended representing all the different clusters. Among the resolutions from this meeting was the inclusion of health facilities in our activities.

Also under the schools programme on 27th November 2019, the BPP in partnership with the fire brigade were invited by ATII AND KATI to a children's Christmas party at Nalya Primary school. At this occasion 131 children and 67 parents were sensitized. Through the schools programme the BPP was able to sensitize a total 31,255 people.

By the end of 2019 the number of partnering schools had increased to 55 schools. BPP also started with one secondary school as a model secondary in which the Burns Prevention Programme was able to roll out. A full list of these can be found in our reports on request.

Students and health workers help to spread the message. In these schools the students come together to form Burns Prevention clubs under two alternate patrons who are teachers in these schools. Through these clubs which meet bi-monthly the BPP team is able to train and empower students who in turn go out to the rest of the school and in



Burn Prevention Programme at a Muslim school in Kampala

the communities from which they come to sensitize the public. This sensitisation is done either one on one or at school assemblies for the students and at school open days to the parents' teachers and the community. This therefore creates multiplier effect by which the sensitization is done. This model has worked very well and has been a huge success which we are happy with.

We also have continued with the health centres programme whereby we empower the health workers at these centres who in turn spread the message of Burns prevention to the patients and the community within which they work. Health workers are a group of people who are very much listened to and the ones who have been trained have been a very effective tool and medium through which the message has been spread. During 2019, 27,033 people were sensitized in total through 25 health centres with which we have partnered. A comprehensive list can be availed on request. The programme is still mainly based in and around the 5 divisions of Kampala.

At Kiruddu where we have the office through our coordinator we have been able to sensitize 2779 people on the outpatient department. Mr Kyakulaga has done a commendable job in this respect.

## Interplast Holland provides supplies and training

Dr Zeeman our Patron continues to work on the Burns unit seeing and operating on patients 5 days a week. He has continued to carry out daily ward rounds training sessions both bedside and lectures for senior house officers and intern doctors and medical students. Through him as well IPH has continued to provide the Burns unit with equipment and supplies that are not easily available in Uganda but are very critical in improving on the level of patient care provided to the patients on the Burns ward.

In 2019 through Interplast Holland we received two visiting resident doctors who were trained under the supervision of Dr Zeeman. These are Ms Jenda Hop and Mr Thibault van der Dungen. They stayed and worked on the burns unit for a considerable amount of time. We hope the time they spent was beneficial to both the patients and themselves in training. We would like to thank our sponsors Interplast Holland for the continued support to the Burns Prevention Programme and for sharing our dream.

## Together we can prevent burns!

**Stephen Kato**

Financial and Administration Manager  
Uganda Burns and Plastic Surgery Institute



Plastic surgeon Jenda Hop

## A 'mzungu' doctor in Uganda

As Stephen Kato mentions, trainee plastic surgeon Thibault van den Dungen spent the summer of 2019 assisting at the Uganda Plastic Burns & Surgery Unit (UBPSI), which Interplast Holland has long been supporting. He wrote the following report.

This summer I had the great pleasure and opportunity to experience the amazing work that is being carried out in the Burns Unit in Kampala, Uganda. The country is divided into more than a hundred districts, populated by over fifty different tribes, each with their individual and unique traditions and dialects. Despite their differences, what they have in common is their hospitality towards other people.

The Burns Unit is part of two wards on the fourth floor of the Kiruddu Hospital, grand and imposing looking from the outside but once inside you are met with the strong scent of the septic tank, deteriorated walls and small spaces. Everywhere you look it's crowded with patients with entire families and nurses and doctors going from pillar to post helping wherever they can. The wards do not only include burn patients but also oncology and trauma patients in need of plastic surgery, divided among children, men and women. Everyday Dr Zeeman would start off the rounds - followed by a large entourage - going from patient to patient, evaluating



Dr Thibault attending a patient

and making a medical plan at their bedside. Together with nurses, nutritionists, surgeons and young doctors every patient is reviewed, wounds unpacked and x-rays held to the windows. It is during these rounds that you discover most of the problems; anaemia, malnutrition, infections like yellow fever or tuberculosis, respiratory problems, pressure sores, immobility etc. Every patient is reviewed, and every child gets a fist bump from Dr Zeeman.

Before we head out to the operating theatre, we evaluate outpatients together with some of the junior doctors. These patients have come from all over town or even further beyond; they are referrals or have been previously treated here.

After having seen some or all of the outpatients Dr Zeeman and I make our way to the operating theatre hoping there are no hiccups in the programme. We manage to perform four to five operations every day mainly helping patients with burn wounds, excising scar tissue, transplanting skin grafts or (re) dressing wounds.

Most of the people treated in the Kiruddu Hospital come from small villages where local medicine men still reside abiding to the old 'traditional' medicine. Traditional medicine opposes modern medicine mainly due to a lack of knowledge about modernization and holding on to traditions in fear of the unknown which unfortunately results in terrible cases and difficult discussions with patients due to a lack of

understanding. Among the advice given is to treat epilepsy by pouring boiling water on a patient's head resulting in extensive facial burns, putting herbs in venous or diabetic ulcers resulting in infections and a slower healing process. Poverty and lack of transportation result in late diagnosis allowing tumours to turn into cabbage-size cancers. All are scenarios that are unimaginable but real nevertheless.

During my stay I was also invited to join Charles - advocate of the Burn Prevention Programme - for a day. Charles would take me with him into the suburbs not only to show me how people live but also to show what the impact of the Burn Prevention Programme has been in more rural areas. Most of the burn cases in Uganda are a result of accidents in the home environment, the majority of them involving children playing near stoves, open fires or within reach of pots of boiling water or hot food. The Burn Prevention Programme intends to make environments safer by educating people and coming up with alternatives to open fires by supplying homes with fences, or advising families to create fenced-off areas designated as small kitchens where children can't come near. Another part of our day included going to a nearby school where students are educated on burn prevention and are encouraged to educate families and friends to make homes safer.

At times, it was overwhelming. With so many burn patients (mostly children), many boda (motor cycle) accidents and



Tanzanian Dr Adelaid operating together with Dr Edris and Dr Rose

tumours the size of cabbages, some patients have left imprints in my mind that I will never forget and will remember as anecdotes and inspiration for my own career. As I've tried to explain to other colleagues, friends and family, this was truly a 'seeing is believing' experience. I am really grateful that I have been able to learn from this experience not only from a medical point of view but from a humanitarian one as well. I've come to learn a lot about the Ugandan people, their struggles and their beauty, and I hope that one day I can return to enjoy their hospitality once more, either as a doctor or a visitor.



Thibault participating in Burn Prevention Programme for a day

## The UBPSI and training

Training has always been a major part of our work besides setting up a burns centre and a reconstructive surgery department.

We are part of the Mulago University Hospital and receive an intake of:

- 1 Interns, two every fortnight
- 2 Senior house officers who have almost completed their training, for six weeks
- 3 Fellows who have received a scholarship for three years to train as reconstructive surgeons.

At the moment we have a Tanzanian surgeon (Dr Adelaide) and a Ugandan colleague working with us.

In previous years we had Dr Etuh from Ghana who has since set up a small Burns Unit in Tamale. Dr Jean Marie Tsimbila from the Democratic Republic of Congo is endeavouring to do the same in Goma (eastern DRC). There are now two reconstructive surgeons in the DRC.

This illustrates how UBPSI is expanding its reach to different countries where, if need be, Interplast offers support with materials.

# Stichting Interplast Holland

## [Foundation]



**GOED DOEL**

A NONPROFIT ORGANISATION  
PROVIDING FREE RECONSTRUCTIVE  
SURGERY AROUND THE WORLD



Information leaflet

Interplast consists of volunteer medical personnel (plastic surgeons, anaesthetists, theatre and anaesthetic nurses and other specialists), who work free of charge during their holidays. Travel expenses, medical supplies and instruments are funded by donations raised in Holland from companies as well as the general public.

Interplast teams provide reconstructive operations that transform the lives of children and (young) adults with physical disabilities and thereby improve the future of the whole family of those children as well. Interplast has no financial, political, racial or religious interest.

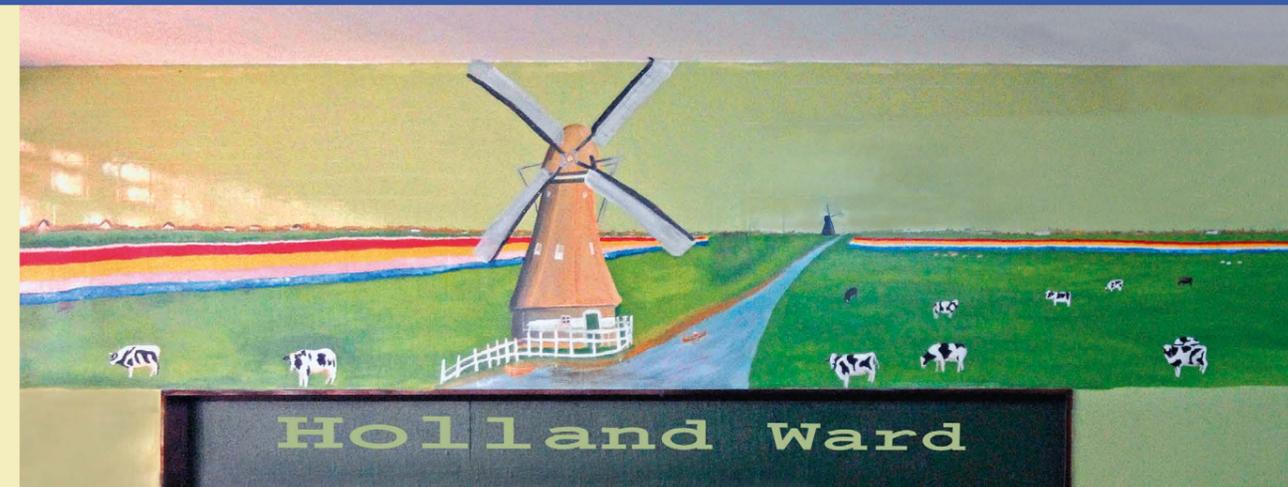
The aim is to provide (and teach) reconstructive surgery to improve function, not to perform cosmetic surgery. Cooperation with local medical staff and working at existing hospitals close to the patients' home is efficient and offers education in a specialist field for all involved. Apart from medical staff, local volunteers with social commitment are essential for the preparation and the smooth running of a successful Interplast mission.

If you, your town, your hospital, or a charitable organisation you know think about hosting an Interplast team, here are some important issues to consider:

- Advance notice for the team should be given at least 6 months before the intended date.
- Duration of the mission is usually 2 weeks, i.e. 10 operating days. Depending on the severity of cases, about 100 patients can be operated during that time.
- Size of the team varies depending on the number of operating tables, anaesthetic facilities and local staff available. On average, a team will consist of 6 people, 2 surgeons, 1 anaesthetist, 2 theatre nurses and 1 anaesthetic nurse, thus being able to run 2 operating tables (smaller or larger teams possible on request).

- Local staff, i.e. doctors, nurses, interested volunteers are essential for the smooth running of a mission.
  - Local doctors should perform the patient pre-selection during the months before the arrival of an Interplast team. If possible, they should inform the team about the type of surgery and special cases beforehand to allow appropriate planning of instruments and supplies for the trip.
  - The first day consists of screening and selecting the patients for the operating lists, unpacking equipment and setting up the operating room(s).
  - Types of operation: burns contractures, congenital deformities like cleft lip and palate, functional deficits or disfiguration from injury, infection (polio, leprosy, Noma etc.) tumours – in children and (young) adults.
  - Long working hours have to be anticipated by all involved to make an Interplast mission effective.
  - Apart from operating, ward rounds and change of dressing sessions take place every day.
  - The hospital should offer: two operating tables, anaesthetic machines, a recovery room, enough beds, electricity supply, water, normal saline for infusion, sterile sheets and gowns, oxygen, halothane and some dressing material and plaster of Paris.
- The Interplast team will provide: special instruments and medical equipment, suture material and special drugs and dressings.
- You are requested to provide: (if possible, but if you don't have the means, other arrangements can be discussed) basic, clean accommodation, food and transport for the team. Government / Ministry of Health permission for the mission; assistance with customs, excess baggage clearance etc.

Many years of experience and thousands of grateful patients are proof of the success of Interplast activities. YOU can be part of it.



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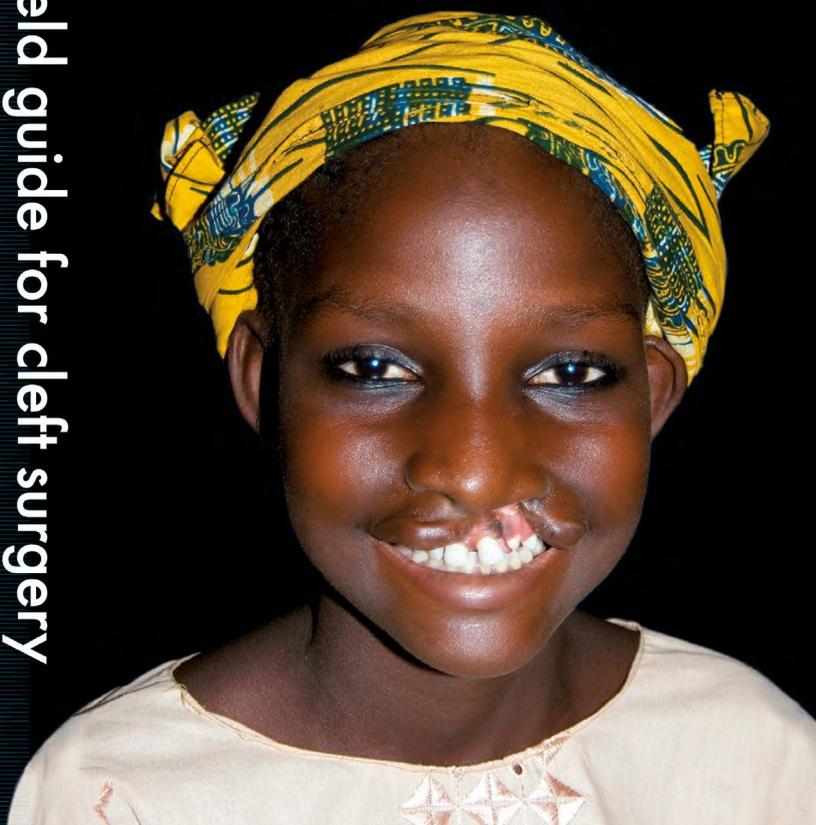


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