

Feature

# Ensuring Greater Access to Surgical Treatment

THE Fourth International Surgical Congress organised by the Society of Surgeons of Bangladesh (SSOB) was inaugurated on December 17, 1993. The three-day Congress was participated by some 500 surgeons, allied professionals and experts from Japan, Pakistan, India, Singapore, United States and Bangladesh.

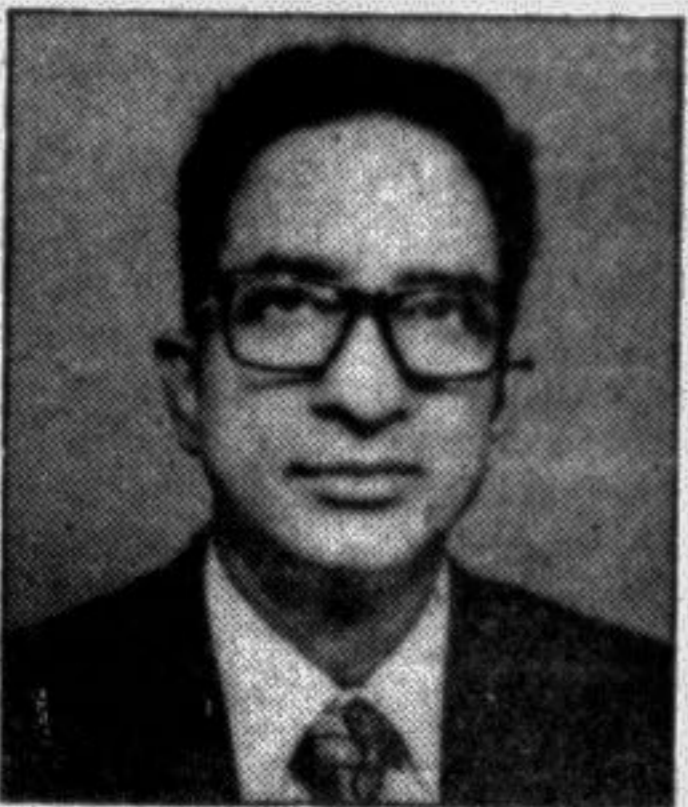
"The society had to go through a lot of ordeals to make this Congress a success or, at least, a near-success," said Dr Kabiruddin Ahmed, President of the Society. The main problem in materialising this programme was to generate a handsome fund. As an international meet like this demanded a heavy sum of money, fund raising became difficult. The main sponsors were the various pharmaceutical companies. Dr. Kabir was candid enough to confess, "To be frank, we couldn't provide to our foreign colleagues the kind of facilities that we usually receive when we go to their country to attend a meet of the similar nature." In their fund raising efforts, the Society earned a substantial amount through membership registration fees. They also collected fund in the form of donations and offered sponsorships. For instance, one pharmaceutical company produced fluids. There was a discussion on Fluid Therapy in Surgery, so that very pharmaceutical company was interested in sponsoring the session as the benefits proved to be mutual. Other than these, the Society received advertisements and in some cases few companies have come forward to sponsor lunch and dinner also.

When asked how will this Congress help improve the standard of surgical treatment in our country Dr. Kabir stressed that, "In any international meet the main objective is one of exchanging views and ideas formed through professional observations and research. In these conferences one projects his or her ideas on a certain issue so that it can be tested, improved, shared and also debated upon. In the process, one professional is enriched by the experience of others, one country is helped by another. It can be said to be a stage where professional ideas are formed. And because our country is lagging behind many other countries in the level of medical advancement, we definitely have a lot to reap from international meets such as these. For instance, prior to this meet we did not have a clear idea about the use of fluid therapy in surgery, but after a long discussion on the subject, now the confusions have been

Many people complain about the current state of surgical treatment available in our country and much of these complaints are not unduly imposed. That time is yet to come when our citizens will not have to opt for surgical treatment abroad and spend huge amount of foreign exchange in the process. Dr. M. Kabiruddin Ahmed and Dr Shafquat H Khundkar, the outgoing President and the Secretary General, Society of Surgeons of Bangladesh (SSOB) in an interview with The Daily Star discussed the current state, the problems and prospects of surgical treatment in Bangladesh.

greatly removed."

There was also a panel of discussions on breast cancer. It was jointly organised by Breast Cancer Study Group and the Society of Surgeons. They have decided to form a recommendation on the basis of the discussion and surgeons in the country will work on this for next couple of years. Then they will feed-back their study results and based on those results, a consensus will be formed on how to treat breast cancer patients in Bangladesh. "Delayed marriage, belated pregnancy and reluctance of breast-feeding have been pointed out as few of



Dr. M. Kabiruddin Ahmed

the reasons for breast cancer. But in our country we have young married woman with healthy children who have contacted the fatal disease. True also, that here many cases of breast cancers go unreported and therefore, untreated, for the lack of enough female doctors and surgeons. Khaleeda Osmani, a surgeon from Pakistan, who attended the Congress, stressed that in such cases many women feel shy to go to a male doctor. So there's a vital need for more female surgeons in our country," mentioned Dr. Kabir.

"We are always trying to improve the professional skills of our surgeons. And I'm sure that we have many, if not enough, surgeons, who will be able perform complicated cases of surgery without great difficulty. But we are in dire need of proper and adequate medical equipment," says Dr Shafquat H. Khundkar, the outgoing Secretary General of the Society. He also complained

that the radio therapy machines that are there are too old to operate well and that they have asked the government time and again to replace these with newer ones, but little was the response.

"If government reduces taxes on the import of medical equipment then many specialised surgical units may be opened through private entrepreneurship. In that way it will also reduce the pressure on government hospitals. Those who can afford will definitely opt for private clinics," added Dr. Kabir.

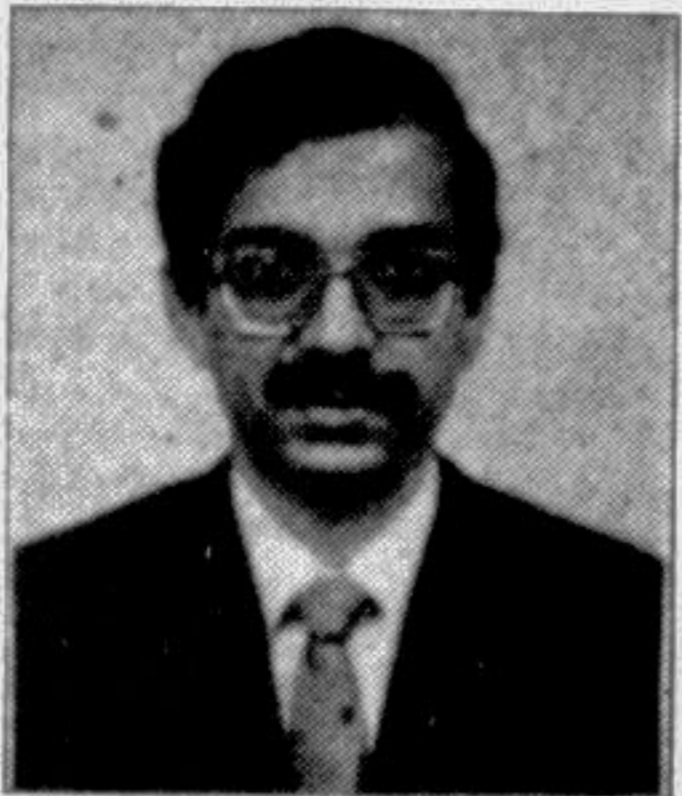
"Not only that we have a scarcity of adequate equipment and medicines, but we also have an acute shortage of skilled personnel. But those that we have, are not properly utilised for the shortage of medicine, equipment and proper working atmosphere. For example, in the district levels we have a few excellent surgeons, but they cannot be properly utilised, because, perhaps there isn't any personnel from the anesthetic department, or they have not been provided skilled assistants, or that the surgeons are being constantly being transferred from one place to another. Coping with so many professional and bureaucratic hassles, they really cannot be expected to perform miracles. More incentives should be given to them for creating a congenial working atmosphere," emphasised Dr. Kabir.

"Actually, the number of general surgeons that we have currently, are fairly capable of taking the load. But we have an acute shortage in sub-speciality. For development in sub-speciality appropriate training and post-creation is very vital," argued Dr. Shafquat. Of late, some posts were created, said the doctor, in pediatric surgery and now young surgeons are quite enthusiastic about it and are opting for those posts.

Dr. Shafquat mentioned that previously general surgeons had to perform in the sub-special categories too, mainly for the lack of skilled personnel in the relevant fields. But now there's a distinct division between general surgery and sub-speciality. For instance, new surgical on-

colists or cancer surgeons have now emerged as a result of post-creation in this field. Now general surgeons too, can shift to sub-speciality if scopes are created. Because our general surgeons are really very skilled. In this Congress, says Dr. Shafquat, they have produced some excellent papers which have again proved their potency.

On reflecting as to how people's confidence can be restored to a home-based surgical treatment, specially in sub-specialities like cardio-vascular surgery, orthopaedic, plastic and reconstructive surgery, Dr



Dr. Shafquat H. Khundkar

Shafquat said, "For this, I believe that media should play a constructive role. In most of the media coverages our faults are usually exposed in a magnified scale. But we have success stories too. And I believe that the success stories greatly outnumber the failures. So the media should equally portray the success for building people's confidence in our health system."

"Another vital thing is that in sub-specialised surgery we need younger generation surgeons, who have a neat and steady hand and can perform even a complicated surgery with a natural dexterity. Because for the aged doctors it will of course be a difficult task to try their hands in by-pass surgery. I am a plastic surgeon myself. Here too, I have observed that the young surgeons are doing excellent. But as in any other surgical disciplines, here also, are lack of posts. We have nine or ten plastic surgeons in our

country which is by no standards enough. Burn injuries that occur so often in our country can be treated by plastic surgery, but we do not have any burn units in any of the hospitals of the country. In such a situation little can be expected from a handful of surgeons," commented a displeased Dr. Shafquat.

"Now, there's no such thing as general surgery in the developed world. Every form of surgery has been divided," said Dr. Kabir.

"In the newly independent Bangladesh we were in desperate need for orthopaedic surgeons. Professor Ghate, an American orthopaedic surgeon came to Bangladesh and trained our surgeons in this sub-speciality. Now we have some good orthopaedic surgeons in our country. Similarly, we have some very competent surgeons in Urology. Patients suffering from kidney and prostate related complications can be treated through urological surgery. We also need a very good number of cardio-vascular surgeons. With the growing threat of heart disease looming large, their expertise is badly needed."

To my knowledge there are about 10-12 surgeons in this sub-speciality and a few among them are expected to retire from government service in a year or two. An experienced surgeon is made to retire like any other government employee at the age of 57, when he can easily contribute positively to the profession for five or six more years. So, it leaves a definite negative mark on the overall state of surgical treatment in our country," argued Dr. Kabir.

The Society of Surgeons of Bangladesh (SSOB) was formed in 1989 with the dream of promoting professional excellence and quality of surgical treatment in this country. It organises a national conference every year and an international one every two years. It has constructed a plan on how surgical treatments should operate from the union to thana levels, from thana to districts and from there to the specialised hospitals, and the plan has been submitted to the government. "If this plan can be implemented, I believe 75 per cent of our surgical needs can be internally dealt with and will eventually provide

a home-based solution to all our surgical problems and needs," concluded a hopeful Dr. Kabir

## International Surgical Congress A Platform of Progress

by Sharier Khan

THE fourth International Surgical Congress which brought together some 500 surgeons from home and abroad in the city concluded Sunday, December 19, 1993.

The congress, organised by the Society of Surgeons of Bangladesh (SSOB) discussed over 100 scientific topics and helped exchange of ideas and projection of new thoughts and success.

The purpose of such congress was to bring together the surgeons of the region to develop and promote acquaintance and understanding providing a forum for the surgeons to exchange ideas towards solutions of different types of problems they face in their everyday practice, according to the organisers.

The congress inaugurated by President Abdur Rahman Biswas at the Osmani Auditorium was addressed among others by Chairman, Reception Committee of the Congress A S M Fazlul Karim, Secretary General of the SSOB Dr Shafquat H. Khundkar and President M Kabiruddin Ahmed.

"Medical education all over the country is suffering from a three prolonged bureaucratic mismanagement," Prof Kabiruddin told the inaugural function of the congress, "while other disciplines like engineering, agriculture, and general education enjoy administrative autonomy, medical education is sadly devoid of it."

Prof Kabiruddin urged the authority for speedy implementation of the proposed medical university.

The SSOB President observed, although there had been an increase in the number of

qualified general surgeons in the country, the country was yet to make arrangements for post-fellowship training in the specialized branches, ensure appropriate posting of the trained fellows and provide requisite facilities for meaningful delivery of service.

"Within two decades of independence, when we started from a scratch, it is heartening to see that many difficult and specialized operations like the kidney transplants, brain tumour surgery and open heart surgery are being done with success," he said.

He further pointed out,

fast moving towards subspecialisation with high-tech sophistication and we are striving to keep pace with it. Significant developments have been achieved in different fields of surgery," He said and added, "however, further developments are still required. Support from all quarters in this regard is essential for such achievement."

Prof A S M Fazlul Karim said, "In the last congress, held two years ago, in my presidential speech I predicted a march forward in surgery. Indeed some development has taken place since, namely lithotripsy and laparoscopic surgery, but these have remained confined in one or two small centres in Dhaka." He suggested that those pro-



cedures needed further evaluation because of difference of opinion so that the common men could get the benefit.

The society was formed in 1979 with 57 founder members. Today, the number rose to over 200.

The SSOB is the Vice President of the Society of Surgeons of SAARC countries and a memberbody of the International Federation of Surgical Colleges. A large number of its members are also elected fellows of the International College of Surgeons of which Bangladesh is now a new section.

Other than developing the surgical skill in the country, the SSOB also carries free voluntary surgical service programmes in non-urban areas and free surgical services for the poor and deserving patients outside government hospitals in urban and city areas.

commonest problem unfortunately taxes the hospital resources and manpower. The situation should be improved by social motivation. Since a good number of cases could not be managed without general anaesthesia, this facility should be made available to all district hospitals. At the same time trained manpower should be provided to the outpatient department to handle the minor surgical procedures efficiently.

**Frequency of head and neck cancers, a one year study of cancer patients attending the dept. of radiotherapy, Dhaka Medical College Hospital**  
Dr. Parveen Shahida Akhtar  
Department of Radiotherapy, Dhaka Medical College Hospital, Dhaka.

During the year 1992, 3272 new cancer patients were seen in the Radiotherapy Department of the Dhaka Medical College Hospital. Out of these 3272 patients, 2160 were male and 1112 female. 849 (25.94%) were head and neck cancers, males comprising 659 (30.51% of all cancers in males and females 190 (17.09%) of all cancers in females), male:female ratio being 3.46:1.

In males, 75.64% of head and neck cancers occur in larynx and pharynx. On the other hand in females 73.69% occur in oral cavity and pharynx. Cancers of oral cavity, larynx and paranasal sinuses occur rather in advanced age, the peak being in between 60-69 years. In oro and hypopharynx nose and salivary glands they occur one decade earlier, peak occurrence being between 50-59 years. Nasopharyngeal malignancies are neoplasms of still younger adults, 50% occurring between the ages 10-29 years.

Neck node metastasis is a common presentation (50.77%) in head and neck cancers, among which pharyngeal malignancies show the highest frequency (70.32%) of neck node involvement.

Squamous cell carcinoma is, predominantly the main histopathological variety (95% to 100%) in tumours of oral cavity, larynx, oro and hypopharynx. On the other hand Histopathology of different varieties are found in cancers of nose, nasopharynx, paranasal sinuses and salivary glands.

Above are some of the scientific papers presented in the International Congress, along with the names of the papers and their writers.

## Highlights of the Scientific Papers Presented in the Congress

### Radiotherapy for intracranial lesions-report of two cases

Dr Md Golam Mohiuddin, Prof Tatsuo Hirai

Gamma Unit Centre Heisei Memorial Hospital, 123 Mizukami, Shizuoka Japan 426

Radiotherapy (Surgery without knife) can be performed by using Gammak Knife, heavy particles like Protons or Helium, or photons from Linear accelerator. It is used for intracranial lesions without opening the skull and with minimum risk of damage to the surrounding non-target neural tissue.

In collaboration with Gamma unit center, Heisei Memorial Hospital, Shizuoka, Japan, we have treated 2 cases with intracranial lesions: (1). "A 17 years old, male, higher secondary school student with huge Arteriovenous Malformation (AVMs) of Brainstem and Cerebellum. (2) The second a 40 year old male, businessman with right sided Acoustic neuroma extending to cerebello-pontine angle (CP angle). Operated two times before, and presented with recurrence. Both the cases underwent Gamma Knife surgery in January, 1993, the subsequent follow up of the cases are discussed.

Gamma knife surgery has brought about a revolution in Neurosurgery. It is painless and bloodless, and deep seated lesions once considered inoperable, can be treated with it now.

### Spinal Tumours: Analysis of 92 cases

Dr Mainul Haque Sarker, Dr. Rafiqur Rahman, Dr. R K Chakravarty, Dr. Ragib Ahsan, Prof. Ata Alahi Khan Dhaka Medical College Hospital 92 Cases of spinal tumours were admitted in DMCH between 1985 & September 1993. We analysed these cases retrospectively with reference to their age & sex, presenting symptoms and signs, localization of tumour and their relation with dura and cord, diagnostic procedures, modalities of treatment given, histological types and over all results of the management. 80% patients were admitted with paraparesis (51%) and paraplegia (29%). 48% had autonomic dysfunctions. Only one case belonged to pediatric age group. Interestingly, there was not a single case of ependymoma which constitute 10-15% of all spinal tumours.

Except secondaries and other malignant tumours, most of the spinal tumours bears a good prognosis after careful & timely extirpation. We will draw the attention of all medical doctors for an early diagnosis of

spinal tumours and their immediate referral to a hospital with neurosurgical facilities for treatment with expectation of the best possible results.

### In Situ Femoro-Popliteal By-Pass

Dr. H Kabir Chowdhury, Dr. H Sarwar Ibrahim Memorial Diabetic Hospital (BIRDEM), Dhaka.

Chronic lower limb ischemia occasionally leading to limb loss and sometimes life loss is a critical problem to the sur-

geon. There are several advantages of an in situ bypass. The larger the diameter of the proximal saphenous easier its to anastomose to diseased common femoral, like wise small distal saphenous more closely matches the distal arterial tree. As the vein is not harvested the endothelium does not suffer from ischemic injury. Endothelial function like prostaglandin release is better preserved in in-situ technique. A vein of smaller caliber (2.5 mm) can be used in this procedure. With the back-

ground of our experience in doing reverse femoropopliteal by-pass we tried to do this procedure which is comparatively new but well accepted by vascular surgeons all over the world.

Results of treatment for gastric cancer have much improved during the last two decades. This is mainly due to development of new techniques for early detection of gastric cancers and partly due to refinement of operative techniques.

Upper GI-ray examination using double contrast technique and endoscopy using thin fiberoptic endoscope have made early diagnosis of gastric cancer possible and this has contributed greatly to the complete cure of early stage gastric cancers.

Five-year survival rate for Stage I gastric cancer is now over 96% in Japan after surgery. Recent analysis has revealed that mucosal cancer may safely be treated by partial resection or even by endoscopic resection of the cancer region.

For more advanced cancers, Stage II, and Stage III surgical resection with extensive lymph node dissection still seems the most effective modality of treatment. Extent of lymph node dissection may differ according to the location and stage of the tumor. Standard technique of our operation (subtotal gastrectomy with lymph node dissection) for gastric cancer will be shown using video-film.

For far advanced cancers, Stage IV, operation may only be indicated for palliation of symptoms (bleeding, stenosis). Here, immuno-chemotherapy may sometimes be effective for palliation of symptoms. Biochemical modulation using lilecovirin and 5-FU has proved to be effective for scirrhus cancer of the stomach.

### Scope of plastic surgery outside the capital city (Dhaka) in Bangladesh

Dr Shahidul Bari, Prof Md Sahidullah, Dr A H S Abul Ehsan

The number of patients suffering from congenital as well as acquired deformities are increasing significantly in Bangladesh. This was noticed when the Italian plastic surgery team visited Dhaka Medical College Hospital (DMCH) in the year 1990 and 1992. Thousands of patients with definite deformities attended the outpatient department of plastic surgery units in DMCH in Bangladesh. Only two small plastic surgery units are working, one in DMCH and another

at the Rehabilitation Institute and Hospital for the Disabled (R.I.H.D) in Dhaka. In Dhaka Medical College Hospital patients concentration is so high that one has to wait one and a half to two years to get admission into the plastic surgery unit.

Dr Shahidul Bari (First author) having a good training in plastic surgery in DMCH and specialized training in Italy and France, started working at Faridpur General Hospital with assistance of second author. He performed seventy seven (77) major and eighty (80) minor operations there with nine month's work. The operations included repair of cleft lip and palate, inguinal pedicle flap to cover defects in the dorsum and palm of hand and some rotation pedicle flap to cover defects in leg; work like rotation flap at the sole of foot based on medial calcaneal vessels to cover the defects there and reverse fasciocutaneous flap, cross leg flap to cover defects in posterior part of the ankle and heel area which in fact is the alternative to microsurgery in our country were also done. Dr Shahidul Bari also performed Estlander flap to correct lip-defects rhinoplasty and reconstruction of penis after degloving injuries.

The limitation which the first author faced while working at the district level hospital are as follows:

- Lack of referral of patients from the specialists.
- Excessive work load, because one surgeon is to perform both general surgery as well as plastic surgery.
- Lack of trained surgical team.
- Lack of awareness among people about their problems.
- Repeated venture for a single deformity generally make them unhappy.

**Comments:**  
We are convinced that plastic surgery outside the capital is feasible. We feel that a surgeon with sufficient training and sincere devotion can serve the community. It is possible for a surgeon to perform plastic surgery at a district level hospital despite all the limitations mentioned earlier.

### Trends in Surgical cases in a district hospital of Bangladesh

Dr. S A Siddiky, Dr D K Das Consultant Surgeon, Munshiganj District Hospital, Munshiganj. Community Health Sci-

entist, Institute of Child and Mother Health, Dhaka.

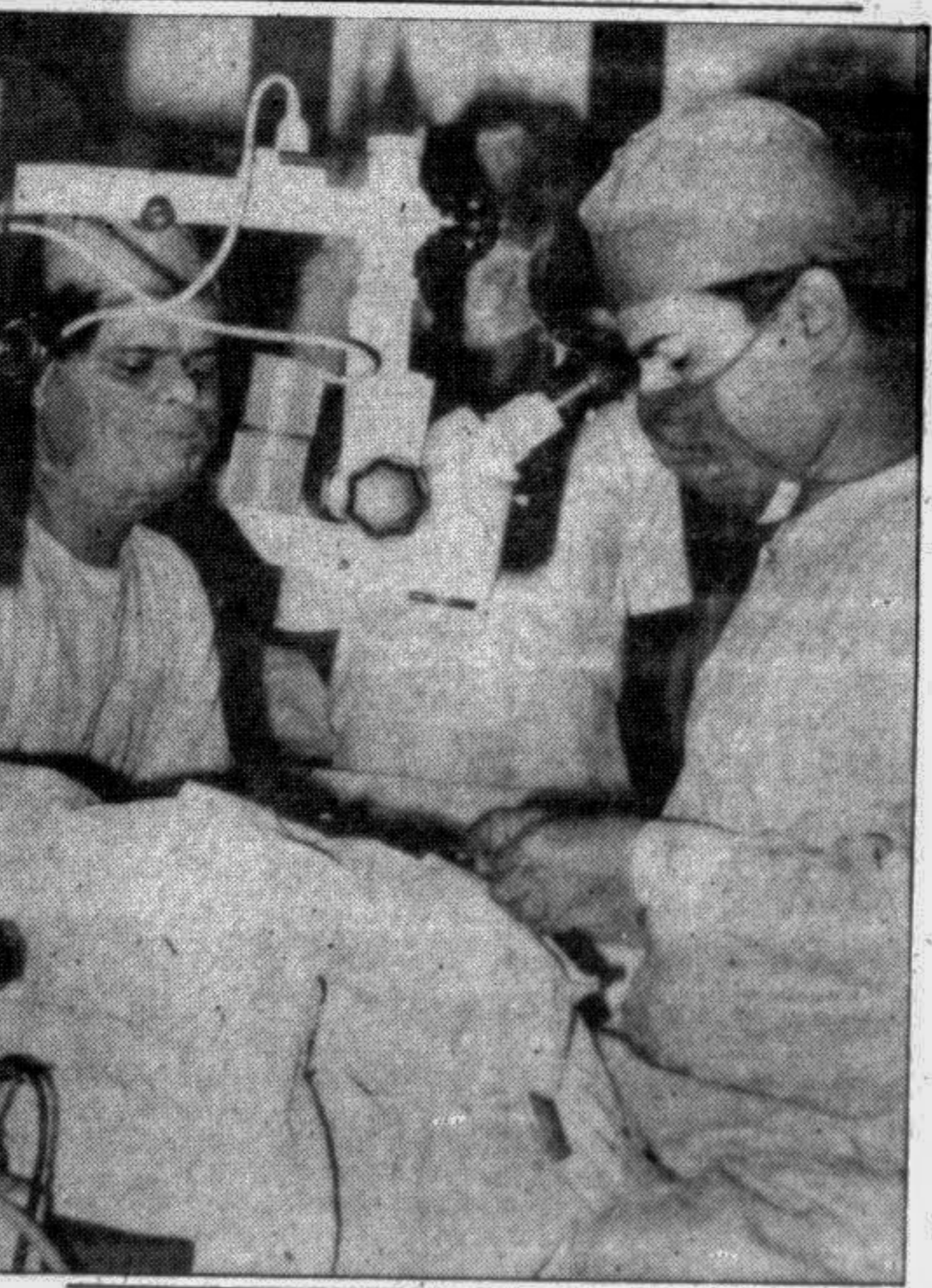
Although a large number of patients attended the surgical outpatient department, very few of them needed hospitalisation. Most of the patients in surgical wards were admitted through emergency department. The aim of the present study was to identify the disease pattern in surgery in a district hospital.

The study was done at Munshiganj District Hospital from January to June, 1993. It is a 50 bedded hospital with no fa-

cilities for general anaesthesia. Most of the cases were diagnosed by history and clinical examination. Relevant investigations including histopathological examination were done as necessary.

Total number of cases registered were 1568; of them 1049 were male and 519 female. Total admitted cases were 544; of them 79% were admitted through the emergency department. In the inpatient department physical assault topped the list (39%) followed by patients with abdominal com-

plaints (27%). Road traffic accident (RTA) and household injuries (15%) were in third position. Other cases included abscess/cellulitis (4%), but (3%) neoplasm (3%) and hernia and hydrocele (2%). Abdominal problems and burns were more common in females while RTA and injuries were more common in male subjects. In the Outpatient department total number of cases seen was 1024. Trauma causing fractures & injury topped the list (28%) followed by abscesses (14%).



Supracondylar fractures were more common in males whereas colles were more common in females. The commonest site of abscess was in the limbs (48%). Total number of cases operated was 370, of which 338 were done under local anaesthesia. Spinal and caudal anaesthesia were given in some cases. General anaesthesia was essential in 12.5% of the inpatients and less than 2% of outpatient cases, all of whom were referred to hospitals with general anaesthesia facility.

Physical assault, being the