Military & Hospitaller of St Lazarus of Jerusalem
Grand Priory of England & Wales
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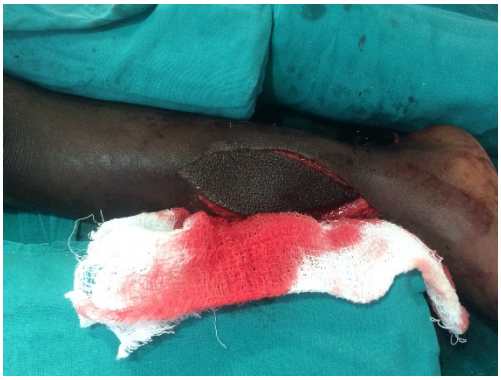
Bursary Student Elective Report 2019

Plastic surgery elective in Comprehensive Rehabilitation Services in Uganda (CoRSU) – Week Two

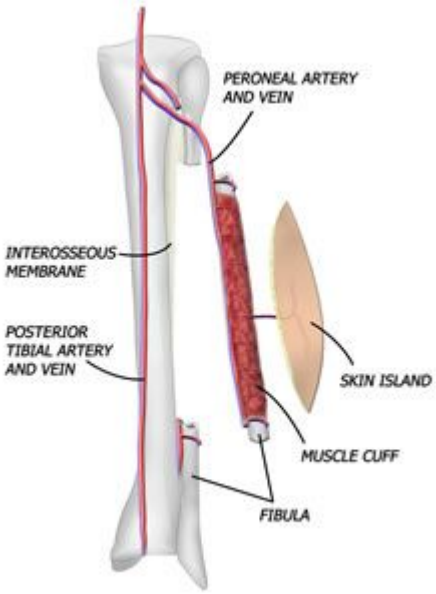
DAY 1

Today in the plastics theatre it was an all-day case. An 8-year-old boy with congenital pseudarthrosis of the right tibia needed a free fibula flap to replace his damaged bone. This required two surgeons to be operating at the same time – one to prepare the tibia, and remove the damaged bone, exposing the medulla and the anterior tibial artery and long saphenous vein, and the other to create the fibula flap. The fibula flap was created by dissecting along the anterior intermuscular septum and carefully removing the fibula so as to keep its blood supply – the peroneal artery and its vena comitans. The surgeons must then remove the skin flap and reattach it to the tibia side, fixing the bone in place. This requires microsurgery in order to attach the very tiny, very delicate blood vessels! Then a skin graft is put over the donor site. I helped suture the skin graft in place – but it will require a lot of training before I am able to do microsurgery on a patient! This was a very interesting case, and will hopefully make a big difference to this boy's life, as he will now be able to attend school.

Miriam Nyeko-Lacek



The free flap in place on the tibia



A schematic of the free flap (taken from Pinterest)

DAY 2

This morning we had teaching with a visiting plastic surgeon. He taught us about eyelid reconstruction, wound management and radiotherapy. It was really interesting. I then saw a cleft lip repair of a 3-month-old baby. The registrar explained to me the steps and how important it is to get the measurements exactly right. It is such an amazing operation; the child looks so different before and after. Next was a burn contracture repair of a girl with a history of epilepsy and learning difficulties. The final case of the day was a 10-month-old baby with 27% burns. She had been badly burned one month ago when a candle set fire to a mosquito net in her home. The burns looked very, very painful and she had been very unwell since with episodes of diarrhoea and vomiting. Today her burns were supposed to be grafted but unfortunately during intubation she developed bronchospasm and her oxygen saturations dropped and she became very tachycardic. It was quite scary, and it took all hands on deck to stabilise her. Because she had been so unwell, we then redressed her wounds and changed her catheter rather than carrying out the surgery. She will have to go back to theatre again when she is more stable.

The post burn contracture patient

DAY 3

The first thing we did today was check the free flap from Monday. The flap had become very tense and full of blood yesterday and had to be taken back to theatre in order to have the haematoma removed. We checked the temperature using an external temperature monitor. The surgeon looks at the difference in trend between the temperature of the flap and the temperature of the leg from further up. If they are consistently more than 2 degrees apart, this is a concerning feature. A trend where the flap is steadily decreasing in temperature while the leg remains stable is particularly concerning. However, today the flap was doing fine, good news! In theatre today was a palate repair of a 9-month old girl. This was interesting to watch as it is very fine work, done only by cleft surgeons in the UK. Next was a post-burn contracture release of a 23-month-old boy. This was amazing work to see, it was done with a z-plasty and a skin graft. I then assisted with a post-burn contracture release of both hands – I helped the surgeon bend the k-wires and held the hand in place for him. The final case of the day was a 32-year old man with a degloving injury of his right elbow. For this case, I shadowed the anaesthetic team. They explained how to place a laryngeal mask airway and how to check it was in properly. Once I understood this, I was allowed to put in the LMA.

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Assessing the free flap patient

The scrub room between theatres 3 and 4, where the plastic surgeons operate

DAY 4

Today I had teaching with the plastic surgery residents on lower limb trauma management. It was really useful! They demonstrated how to identify landmarks for a fasciotomy and talked about the importance of orthopaedics and plastics working together. The 14-year-old Sudanese girl with the desmoid tumour from last week returned to theatre today, her family having now agreed to removal of the entire tumour. I've got to know her quite well this last week – she always waves when she sees me! She's really lovely and smiley. It's not been easy on her having such major surgery at only 14 years old. However, as the tumour has now been removed fully, it is much less likely to recur, so the hope is that she won't need to come back.

With the plastic surgery residents and two other visitors from the UK after teaching

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