



# បង្កបណ្តុះបណ្តាលវះកាត់កុមារ

## CHILDREN'S SURGICAL CENTRE

Rehabilitation surgery for poor disabled Cambodians

Kien Khleang National Rehabilitation Centre

[www.ChildrensSurgicalCentre.org](http://www.ChildrensSurgicalCentre.org)

Providing free rehabilitation surgery for Cambodia's disabled children

Issue 2

2nd Quarter 2006

### Greetings

Dear friends, colleagues, volunteers and donors,

Welcome to our second and Summer edition of our newsletter - we think you'll agree we've had a busy quarter! This has included the publication of a paper on techniques for performing MEC surgery in the developing world in the world renowned *Journal of Neurosurgery* (May 2006) by the MEC team of Drs Gunter Lauer, Thomas Pinzer and myself. I also presented this paper at the Bethune Round Table meeting in Toronto on the way to my regular Alaskan sabbatical where I write from now.

This leave usually includes my mandatory six weeks of work in the USA to maintain my practicing license. So, in maximizing the opportunities that present themselves, I've indulged in a spot of

salmon fishing, a trip to the arctic and spent more time with the rapidly growing baby Rustum.

Being away from home gives one more time for reflection and included in this issue are my thoughts on the ongoing disparity in health care expenditure between the developed and developing world. This is no doubt due to a minor case of cultural shock induced by coming back to the USA after so long in Cambodia, however the social inequality that exists in the world never fails to amaze me, especially as we can all do something about it.

According to the Asian Development Bank, the current Cambodian government expenditure on health is a mere US\$2 per person, per annum, which leaves a long way to go in making up for the loss of infrastructure and talent which occurred

during the Pol Pot regime. We do what we can to address the needs of this shortfall and ask you, our supporters, for your help in achieving this aim. We still need financial stability for our ever-growing programs and encourage our donors to enlist with credit card subscriptions easily made through our website at: [www.ChildrensSurgicalCentre.org](http://www.ChildrensSurgicalCentre.org)

Enjoy the read!  
Dr Jim Gollogly  
CEO

### Message Training

Vocational training for acid burn survivors is off to a great start with five patients beginning an oil massage training course run by Association for the Blind, Cambodia, which operates Seeing Hands Massage. This has been made possible with financial assistance from Cambodia Trust and LDS Charities.

### Inside This Issue:

Patient Profile: San Sim	2
"Go to CSC" Cards	2
Student Profile: Niten Vig	3
Congratulations to the MEC Team	4
What are MECs?	4
MEC Patient Profile: Chhloeun Pork	5
Thank You . . .	6
Visitors and Events	7
Hong Kong Fundraising	8
No shoes? No feet!	8

### Statistics on Cambodia from WHO

Total population: 14,071,000  
 GDP per capita \$1,839  
 Healthy life expectancy at birth (years)  
 Male 45.6 / Female 49.5  
 Child mortality (per 1000)  
 Male 154 / Female 127  
 Adult mortality (per 1000)  
 Male 430 / Female 276

Source: The World Health Report 2006

## Patient Profile: San Sim

Looking much younger than his sixteen year's of age, San Sim first presented at CSC in October 2005 with a large facial tumour that had begun to develop around four years previously, with the first symptoms being persistent nose bleeds. Without treatment, the tumour had grown to considerable size and he was having great difficulty eating and swallowing. Upon his first consultation at CSC, San weighed only 44kg.

The tumour's pace of growth had spread to include a palate cyst that presented difficulties in San's breathing at night, and, while awaiting biopsy results to determine the spread and type of the tumour, San was given a tracheotomy to aid his breathing and prevent suffocation, earning him the nickname of "Trachy Boy".

Following numerous biopsies to determine the exact cause of the

tumour, which was found to be benign, it was felt that the best surgeons to assist San were the German maxillo-facial team of Drs Thomas Pinzer and Gunter Lauer. In preparation for San's surgery, several blood donors were recruited from staff at CSC to donate to the Cambodian Blood Bank in a "blood swap" for San's blood type. San underwent excision of his tumour on 8<sup>th</sup> March with the surgical team consisting of Drs Jim Gollogly, Gunter Lauer and Yvonne Ying.

San has since undergone several more operations, his tracheotomy tube has been removed and he is able to breathe of his own accord. He has now returned to his hometown of Pursat, some 200km from Phnom Penh. San's mother says he is now eating well, growing and is breathing easier with the swelling much reduced. San will have a final check-up at CSC in November this year.

**All the best San Sim!**

*Below Left: San Sim upon his first visit to CSC in October 2005. His left nostril was completely blocked and his nose and left cheek are obviously deformed.*

*Below Right: San Sim in July 2006 after several operations to excise his tumour. He can now breathe and eat normally, and a significant cosmetic improvement has been achieved.*



### Now You Can Help - "Go To CSC" Cards!

Our resident supporters often tell us about people they encounter in the local population who suffer from physical disabilities and how frustrated they are by

their lack of language skills at not being able to advise people to come to CSC for free consultation and surgical assistance.

We've solved this problem by printing

cards in Khmer detailing where CSC is and what we can do to assist. So if you'd like to carry a dozen in your wallet or purse you'll be prepared for the next young mum you encounter with a cleft lip

baby who needs help but doesn't know where to go.

Call Penny on 012 333 423 or Carl on 092 830 171 and we'll arrange delivery.

## Student Profile: Niten Vig (Oxford University)

**Having been back in the UK for some time now, I look back at my placement with CSC with a new sense of perspective. I can say, without hesitation, that my time there was the best part of my six year medical course.**

My elective placement was an unparalleled learning experience. As a student in the UK, it can seem that "surgery" is limited to standing in the corner of a theatre for six hours struggling to see anything, or if you're lucky, holding a retractor. During my time at CSC, I assisted with numerous operations and appreciated being able to actually help rather than watching from the periphery.

My practical skills were helped along a great deal by excellent (and patient!) teaching from Greg Hall and Yvonne Ying, two of the visiting doctors from Canada. I was able to follow through the patients I had helped operate on – it was very rewarding to see the results, particularly for those with conditions such as meningoencephaloceles (MECs) and facial clefts. Before my placement, I don't think I appreciated the impact

of facial deformity and the importance of its correction. The operations carried out make a huge difference to the quality of life of the patients; CSC provides a much needed service to Cambodia.



Resources at CSC are obviously limited and understandably the technology is basic compared to what is available in Western countries. These restraints allowed me to realise the value of basic clinical skills in the assessment of patients and the importance of not becoming entirely dependent on lab tests. I also saw a very wide range of pathology, with conditions presenting at an advanced stage due to the relative poverty and distance from proper medical attention.

There were times when the cases were harrowing and remarkably sad, particularly acid victims, often young women permanently disfigured and blinded by callous attacks.

One of the more positive cases was that of San Sim, a boy of sixteen who had a invasive facial tumour that caused him problems in breathing and eating. It was moving to see him cautiously peering into a mirror to view his "new" face after surgery when he thought no one was watching. Despite their difficulties, I found the patients to be inspiring in their dignity, resilience and good humour. In a country rife with corruption and practically no spending on healthcare, CSC is an essential resource.

I was continually impressed with how the staff made time to teach and explain procedures to students. I was fully supported in difficult situations and I very much appreciated this. It's evident that training of local surgeons is of central importance at CSC – this educational ethos filters through to benefit medical students.

Not all of my time was spent in the hospital – Cambodia is a beautiful country with a great deal to offer visitors. Living in Phnom Penh, with its charming riverfront, its beautiful temples and vibrant markets was a great experience. The team at CSC went out of their way to include us in social events, even inviting us to attend the ten-course banquet of a Khmer wedding.

I'm very grateful to all those at CSC for making my elective the incredible experience it was. It's difficult to imagine a more needed project – I hope the readers of this newsletter are able to support CSC in achieving its aims. I wish the team every success for the future.

Niten Vig

## Congratulations to the MEC Team

The team of Drs. Thomas Pinzer and Günter Lauer from the Departments of Neurosurgery and Cranio-maxillofacial Surgery, Carl Gustav Carus University Hospital, Dresden, Germany and Dr. Jim Gollogly of CSC have just been published in the world-class medical journal, *Journal of Neurosurgery* (Vol. 104, May 2006). The article documents the cost-efficient and locally appropriate technique they have pioneered in performing MEC surgery in Cambodia.

This paper was also presented by Dr. Gollogly at the Bethune Round Table on International Surgery "Research into Action" held May 26 - 27, 2006 at the University of Toronto, Canada. The abstract of his presentation can be viewed at [www.utoronto.ca/ois/BRT/2006/JG\\_MEC.htm](http://www.utoronto.ca/ois/BRT/2006/JG_MEC.htm) and the PowerPoint presentation will be online shortly.

Drs Pinzer and Lauer are committed surgical volunteers to the Children's Surgical Centre and have devoted many, many months of their own time over the past years to the surgery of children

in great need and to the training of CSC's Cambodian surgeons.

The cost of MEC operations at CSC has now reduced to around US\$250 per procedure; compared to a minimum of US \$10,000 in most western countries it represents extremely good practice. CSC currently has a caseload of 120 MEC patients per year so this program demonstrates a significant financial commitment for CSC as the majority of patients require two operations. Without this surgery however these patients have an extremely poor prognosis and none would live beyond their early-mid twenties – a profound social loss to a still developing country.

In light of these plaudits we have decided to present a more comprehensive coverage of the Children's Surgical Centre's MEC work for our donors and supporters in this issue of our newsletter.

The aim of this focus is to firstly raise awareness of the ongoing health problems in Cambodia and the difficulties faced by health care

providers in addressing these. Secondly it aims to demonstrate how funds are spent as our MEC program accounts for around US\$60,000 of our annual budget, accentuating our need for individual donors to provide their ongoing support.

### What are MEC's ?

A meningoencephalocele (MEC) is a protrusion of the meninges (brain linings) and brain tissue through a congenital defect in the skull. The incidence of MEC's in Southeast Asia is far higher than in the West, occurring in around 1 in 3,500 births in South East Asia and approximately 1 in 35,000 births in Western countries.

Unlike the West, where 80 to 90% of all encephaloceles are occipital (on the back of the head), the majority of MEC's in South East Asia are anterior (on the front of the head). This has serious associated effects such as facial dysmorphism and visual impairment.

Surgical correction of meningoencephaloceles should occur as early as possible, as life expectancy is

drastically reduced in patients with this condition. If left uncorrected, the meningoencephalocele will continue to increase in size due to increasing brain prolapse, and patients run a high risk of developing meningitis.

The mortality rate of patients with untreated meningoencephaloceles is 100%. Surgical treatment therefore is imperative in saving the lives of those suffering from MEC's.

*Below: A 3D rendered CT Scan of the skull of a young Cambodian MEC patient, clearly showing a large anterior defect.*





2nd Quarter 2006

## MEC Patient Profile: Chhloeun Pork

Twenty four year old Chhloeun Pork first came to CSC in March 2005. She presented complaining of headaches and vomiting. The obviously large MEC was impairing her vision and threatening normal brain function through significant brain tissue prolapse and abnormal intercranial pressure.

Most unusually for an MEC sufferer, Ms Pork was 23 years old at the first consultation. As the majority of MEC sufferers die before reaching their early to mid twenties, it was imperative that surgery be carried out as soon as possible.

Chhloeun's prognosis was poor and she would require several staged procedures to reduce brain prolapse and intercranial pressure, as well as to remove all extraneous tissue growth and to close the anterior fissure in her skull. Fortunately, Chhloeun was able to undergo surgery before her condition became fatal.

*Chhloeun was afflicted with a massive MEC that would have been fatal if not operated on.*



*The first operation removed the bulk of the MEC and closed the cranial defect.*



*The second procedure removed all remaining excess tissue and has returned Chhloeun to a near normal appearance.*



## Thank You . . .

To Gerald Trevor from the Sunrise Orphanage who has introduced a new donor to the Children's Surgical Centre and continues to provide wise advice, ongoing assistance and friendship to us all.

To LDS Charities for their ongoing support in providing for the growing and ongoing needs of our Cambodian Acid Survivors Charity.

To Adriana Guinand from International Relief and Development who has arranged the ongoing donation of vitamin enriched noodles for patients' breakfasts.

To Cambodia Trust for their support of the training for our acid attack survivors.

To Smiletrain for their ongoing support of our cleft lip and palate program.

To Kadoorie Charitable Foundation and Grapes for Humanity for their long standing support.

To Oxford medical student Niten Vig who has raised over \$1,200USD from a small college grant on his return to the UK after his placement with CSC. The grants are from the Middle and Junior Common Rooms at St Anne's College, University of Oxford. The JCR and MCR support projects in the developing world that have links with junior members of St Anne's.

A big thank you to all of our Australian Business Association of Cambodia / Australian Women's Connection

Masquerade Ball raffle ticket buyers. Due to the cancellation of the Ball, the raffle has been postponed, possibly to be drawn at the American Marines Ball later in the year (if approved by the U.S. Embassy).

Thank you also to Ellen Minotti, a long-time Phnom Penh resident and psychologist from Social Services of Cambodia, who kindly offered her professional counseling services to all

CASC acid attack survivors. A fluent Khmer speaker, Ellen recently spoke at our monthly Acid Burn Survivor's support group meeting about the benefits of counseling and encouraged acid burn victims to engage in sessions she will be providing for their benefit.

**We thank all of our supporters for their ongoing generosity and assistance.**



*Left: Colleagues from International Relief and Development (IRD) brought in a group of children from rural areas of Cambodia who were suffering from a range of paediatric eye problems. Seen here is Adriana Guinand & Son Siveth who had brought ten children for free consultation and corrective surgery.*

*Above: Professor Henry Wilde from the Chulalongkorn University Hospital in Bangkok gave a lecture in May to CSC staff on snake bites and Rabies. Professor Wilde is a world renowned expert on infectious diseases and their prevalence in South East Asia.*



### Visitors and Events



Left: Dr. Phillipe Micheau from Médecins du Monde and frequent surgical volunteer at CSC, spoke at the Acid Burn Survivors meeting in May about the physical rehabilitation CSC can provide to acid burn survivors and about the importance of physiotherapy and pressure garments to minimise scarring.

Below: The Memorandum of Understanding (MOU) for our Cambodian Acid Survivors Charity (CASC) was signed with the Royal Government of Cambodia on 8th June. Pictured here at the signing are Kanya Gollogly, Penny Tynan, and Canadian medical students Tony Tam, Danica Lam and Meghan Kelly.

Below Left: Dr Judith Newman of Florida received a Surgical Teaching Award of 2005 for her outstanding work in paediatric ophthalmology in recognition of her contribution to ophthalmic services to Cambodia. Shown here is Dr Gollogly presenting the award to Dr Newman aided by Kanya Reinvetch and eye clinic staff Dr. Phanny, Nurse Sophy and Mr Keo Pros.



Below Right: Latter Day Saints Charities have graciously donated furnishings and other equipment to the new residential facility for acid attack survivors, 'Physio House'. Seen here enjoying the latest donations of facilities for our younger patients are our oldest acid burn patient and resident cook, Madame Thomg Kham and 3-year-old Lily Tynan.



## Hong Kong Fundraising

Earlier this year a fundraising dinner at "The Cavern" restaurant in Lan Kwai Fung, Hong Kong, was held to raise funds and increase general awareness among Hong Kong's business community of the CSC. The Cavern restaurant is part of Igor's Group, a multi-brand restaurant company in Hong Kong founded by CEO Chris Lenz. Igor's Group has been very supportive of the CSC in several ways. Most notably, in all of its 17 venues in Hong Kong it charges a HK \$1 (US 13 cents) "charity charge" per person on every bill. Since its inception in January 2006, this initiative has raised an average of US\$10,000 per month for CSC.

### No shoes? No feet!

Have you heard the old Chinese proverb? "I used to complain about having no shoes, until I met a man who had no feet!" Well, we've just been visiting America, and listening to a program on National Public Radio, where a woman was complaining that she could not afford her 6<sup>th</sup> prescription drug, although her other five had been covered by her state insurance. When interviewed about this problem, her

Over 80 people attended the fundraising evening, including CEO Dr. Jim Gollogly who made a presentation about the work being done by the CSC team. During the latter half of the evening Chris Lenz took the stage and auctioned off a number of donated items, including a helicopter ride around Hong Kong, a trip to Phnom Penh to visit CSC, and two fully inclusive weekend cruises on a new, 75 foot yacht "Lady Malaya" owned by Chris Lenz. These weekend cruises ended up being auctioned for the amazing amount of US\$18,000 each, with the entire night raising in excess of US\$80,000; a truly incredible result. **Thank you!**

state governor declared that he was not too concerned about her particular problem, as he had a bigger problem to worry about: the tens of thousands of people in his state who had no insurance at all, and could not cover the cost of their first prescription!

Then, we stayed with our friends: the husband, Carl, is a surgeon who works for 3 or 4 months a year in Africa, accompanied by his wife, Linda. He was

## Statistics

### Surgery from 01 April 2006 to 31 June 2006

		Adults >25 yr		Children <25 yr		Total
		Male	Female	Male	Female	
Reconstructive Surgery	Cleft Lip	0	2	28	5	35
	Cleft Palate	0	0	2	3	5
	Club Foot	0	0	0	0	0
	Acid Burn	0	2	2	2	6
	Burn Contracture	5	0	2	2	9
	Skin Graft	3	0	3	5	11
	Amputation	0	2	0	2	4
	Fracture — ORIF	3	0	0	2	5
	Dislocation Reduction	0	0	1	0	1
	Z-plasty	0	0	2	5	7
	Syndactyly	0	0	4	2	6
Other	34	33	75	23	165	
Eye Surgery	Cataract	39	48	13	4	104
	Pterygiums	7	22	1	0	30
	Glaucoma	1	0	0	0	1
	Corneal Transplant	0	0	1	0	1
	Lid Surgery	2	7	0	0	9
	Eviscerations	1	0	0	1	2
	Other	10	16	20	20	66
	<b>Total</b>	<b>105</b>	<b>132</b>	<b>154</b>	<b>76</b>	<b>467</b>

telling us about his upcoming dilemma: he had agreed to work for 2 months in Africa, in a government hospital which already had 4 or 5 doctors who could do the same operations as he could do, but then he got a call from his "other hospital", run by missionaries upcountry, who told him they had just identified 380 patients who they thought needed his services, as there was no one else skilled enough to treat them in their part of the country. He decided that he would no longer go to the government hospital, as the need was greater out in the bush!

So, it is with us in Cambodia! The need is still very great, although the medical system is improving and perhaps in another 10 or 20 years, the Khmers will have their society organized to look after their disabled and disadvantaged citizens. In the meanwhile, however, we have to keep in mind that so many people do not even have feet, never mind shoes, and until they can earn enough to afford the medical care that is slowly being improved, social justice alone should impel us to afford what help we can!

Jim Gollogly



