



A lesson for our young doctors

Star Health desk

A team of doctors, nurses, anesthetists and medical technologists have started a goodwill mission to help poor people who require simple surgery. The team has been organising mobile camps to perform surgery on mostly children and so far they have performed over 300 surgery all free of cost.

Most of the beneficiaries said they could never afford paying for such surgery not to speak of covering cost of travelling and accommodation in capital where such surgery is widely available but expensive. The Star Health recently spoke to Dr SL Sen, one of the pioneers of the surgical team and explained how the mission was made successful despite hardships and fund constraints.

The journey began in September 2001, when I myself along with Professor Khalilur Rahman (Anaesthesia), Brigadier General Nazmul Huda, Director of Dhaka Medical College Hospital, DMCH, Prof. Anowara Begum (Gynaecologist), Dr Lutfur Rahman (Civil Surgeon, Dhaka) and Dr Nasima (Unicef) went to Nawabgonj Upazilla Health Complex for a reproductive health programme.

During the visit I observed that the health complex has all the facilities like an operation theatre (OT), a modern OT light and anesthesia machine but there was not much output and then I thought to myself why patients crowd in capital for treatment especially for simple surgeries despite having adequate facilities at the thana level.

It was really painful to see that a moderately well equipped hospital at rural setting was lying unutilised.

I then recalled that I myself have organised visits by many plastic surgery teams from UK, Italy, USA, Belgium, Canada and India at Suhrawardy Hospital, RIHD or better known as Pongu Hospital, and at DMCH at different time of my 25 years of experience as a plastic surgeon.

So, after seeing the well-equipped OT in the upazilla health complexes I was tempted to organise a camp for cleft-lip patients at upazilla level. I have noticed that the majority of cleft-lip patients are coming from rural areas and from poor socio-economic condition. With the idea of holding camps outside the city I immediately discussed the concept with

Professor Khalilur Rahman and Brig Gen Najmul Huda both of who showed tremendous interest.

This unique mission started from the 1st day of January 2002 and ultimately the DMCH Burn Unit in collaboration with Department of Anesthesiology of the same hospital started the programme.

According to an estimate number of cleft-lip and palate patients especially children is 300,000 in the country and majority of the children remain untreated largely due to lack of facilities and money.

The camp has so far carried out 27 such surgeries in over 15 districts. Most of the patients are released after four to five hours after surgery and for follow up local doctors are given specific instructions. Often, if necessary, stocks of medicines are also left with local thana health complex.

What is cleft lip

It is a deformity of the upper lip joint that creeps up from the middle and joins into the lower side of the nose. Cleft-lip or disjointed lip occurs since birth and it is not a disease but simple disfigurement that can be corrected by surgery. It is also very common in rural area among low socio-economic group.

There is a common belief that no major surgery is possible at rural settings except ligation, vasectomy and recently introduced caesarian section at selected healthcare facilities. But I want to prove that this is not true. We have done surgeries despite hardships and with the support of the government and local people I am sure we can continue this mission.

What we are trying to prove is that, if proper facilities are in place, almost all commonly done operation are possible at upazilla level. If we can ensure constant supply of inexpensive medicines and necessary accessories as well as experts going out in the rural areas once or twice a year training the young doctors I believe most patients coming to the capital for simple surgery can be stopped and the unnecessary financial burden on the poor can be avoided.

[When we started our camp in 2002 "SpaandanB" a California \(USA\) based Bangladeshi organisation was our main sponsor.](#) After completion of a few camps a Bangladeshi gentlemen working in New York (USA) noticed our activities reading about us in several newspapers on the web and offered support.

The gentleman, who refused to be identified, took the leadership in establishing an organisation called "HUMANITY WITHOUT BORDERS" in New York. The organisation is now our main sponsor but there are others who also joined in this mission.

Ashiana Foundation, British Women Association in Bangladesh different branches of Inner Wheel Club and one individual Kaiser Ahmed Choudhury, they are all our partners in this mission.

Dr Samanta Lal Sen is the Chief of Burn and Plastic Surgery of the 50-bed Burn Unit Project at Dhaka Medical College Hospital.