

## Reconstructing Women International (RWI) trip to Bangladesh Friendship Shyamnagar Hospital (FSH) February 18 – 24, 2024

Plastic surgeons: Dr. Marina Barandun (team leader)

Handsurgeon: Dr. Catharina Wacker

Anesthesiologists: Dr. Inge Haselsteiner

A Reconstructing Women International (RWI) camp took place from Feb 18 – Feb 24, 2024, at the Friendship Shyamnagar Hospital (FSH) in Bangladesh in collaboration with our longstanding local partner Friendship, a Bangladeshi NGO focusing on medical, educational, and legal support of the people. The mixed European team consisted of a plastic surgeon from Switzerland, Dr. Marina Barandun from Aarau, a German handsurgeon, Dr. Catharina Wacker from Munich, as well as an anesthesiologist, Dr. Inge Haselsteiner from Munich, Germany.

Friendship runs several floating hospitals in the north of Bangladesh. However, the geographical circumstances around the Ganges-Brahmaputra Delta and the open sea, make it very difficult to navigate a large boat and it was not possible to have another hospital ship in the southern part of the country. Therefore, Friendship opened its first land hospital near the world-famous Sundarbans Forest in 2018. It has been built by Dhaka based architect Kashef Chowdhury, predominantly using locally abundantly available bricks. The hospital was entirely funded by donations, however from the beginning, it was very clear that within 5 years it was supposed to be self-sustaining while still serving the less privileged. The pandemic slowed down the development of the hospital causing patient numbers to still stay below expectations.

In this light, our mission served two purposes. Of course, providing medical care to women and children remained our key objective on this mission as it has been on any mission. The second focus at this site, however, was on exploring the facilities and analyzing the locations potential as well as need for future surgical camps. As advised by Friendship staff, we decided to compile a smaller team for this mission as patient numbers were not expected to be at level of our other camps and simultaneously performing surgeries in two ORs was not possible (yet).

We arrived in Dhaka on Sunday evening. After a short night at a local hotel, we continued our journey and took a domestic flight to Jashore Airport. Friendship staff picked us up at the airport and after an adventurous 3.5 hours' drive, we arrived at Friendship Shyamnagar Hospital. The lovely staff welcomed us and soon after we were introduced to the hospital and given a tour of the premises. The campus is located peacefully on the outskirts of the city. The facilities impress with their spacious design and especially the size of the OR was impressive compared to what we were accustomed to on EFH floating hospital.



Fig. 1: The team at work screening patients together with Dr. Shanjana (front left)

Two very motivated and dedicated junior doctors – Dr. Shanjana and Dr. Rasifur - were assigned to our team and worked with us for the entire week. They had already pre-screened over 20 patients for our camp and helped us with translations during our screening in the late afternoon. Working with the two residents was a fantastic opportunity to see how young (and female) doctors emerge in this country and we invested part of our time at the FHS into teaching. We also had the opportunity to meet the local gynecologist, Dr. Rumana - a very impressive women who works full-time at FHS and calmly provides a high level of care to females in general but especially to mothers and babies. We were lucky enough to observe her performing a C-section, helping twin boys to a great start into this world. We also met Dr. Kallol, a visceral surgeon, who provides laparoscopic procedures at FHS in his time off from a job at a government hospital.



Fig. 2: Senior gynecologist Dr. Rumana at work

Of the 22 pre-screened patients we selected 13 patients for treatment. During the week more patients consulted us and we ended up screening a total of 34 patients of which we selected 17 for treatment. Of these, 8 patients were female, 9 males. The diagnosis ranged from post-burn contracture to congenital defects to lipomas, cysts and other soft tissue masses. Overall, we performed 29 procedures in 4 days. Among those, we had 2 syndactyly separations, 6 scar releases with Z-plasties, 7 full-thickness skin grafts, many excisional biopsies for various types of soft tissue masses and several Kenacort injections for Keloid scars.



Fig. 3: Israt Ara (21 yrs) with post-burn scar contractures of face and neck, before and 1 day after surgery



Fig. 4: Asiha (9 yrs) with multiple Keloids caused by burn and previous surgeries, treated with multiple Kenacort injections



Fig. 5: Maruf (5 yrs) with bilateral congenital syndactyly of third and fourth finger before, during and after surgery of his right hand

The less complex surgical cases like lipomas and cysts and the Kenacort injections were especially beneficial for the training of the residents, and we invested a substantial amount of time in assisting them doing these excisional biopsies and injections. Patients with Keloids must and will return frequently for repeat Kenacort injections to get the full benefit of the treatment. Hence by training the local staff to administer this treatment confidently and safely, patients have no need to await another foreign mission, but continuous and effective care takes place by their local primary health care providers.

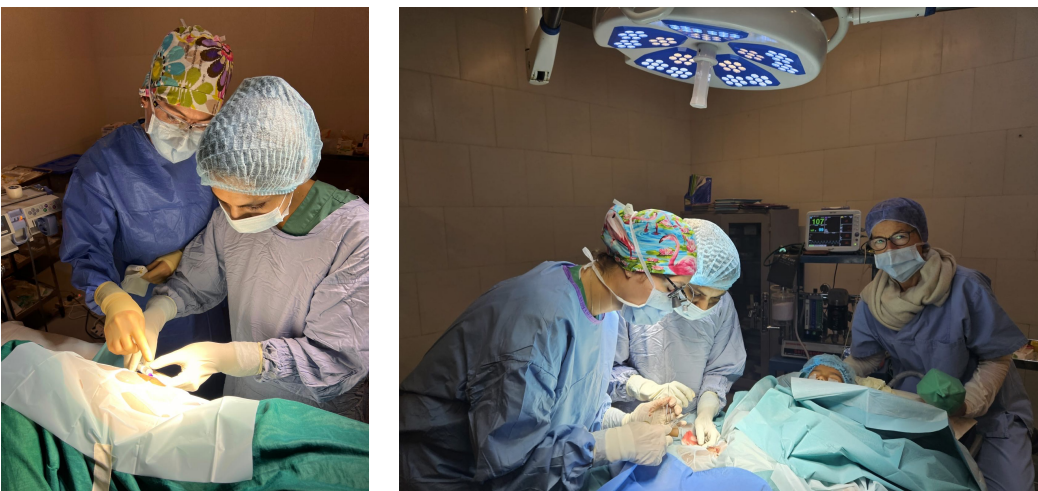


Fig. 6: Dr. Shanjana performing an excisional biopsy supervised by the RWI team

On our last day, we met Rifa, a 14-year-old girl. Her clothes caught fire when she was 2 years old and the burn resulted in a contracted circular scar around her back and belly, from the pubic area to just above the umbilicus. She had undergone previous surgery to replace part of the scar in her lower abdomen with split-thickness skin grafts from her thighs. Apart from leaving ugly Keloids on the front side of her legs, the procedure could not sufficiently ease the tension on her abdomen. The tension on her belly is still considerably high and she reports strong discomfort after a larger meal. However, at this point her and her accompanying families main concern was the chances of a future healthy pregnancy. Indeed, we discouraged her from having a baby before further treatment of the scar had been completed. Without treatment, pregnancy could easily cause maternal and fetal pregnancy complications. Unfortunately, due to Rifa presenting on our last surgical day, we could only provide consultation and strongly advise to represent early to the next plastic surgery camp. Sufficient soft tissue reconstruction for her will not be easy and may require multi-step procedures, but everything must be done to enable her the best possible chance of leading a normal and fulfilling life including motherhood if possible.



Fig. 7: Exit meeting with the local hospital staff (clockwise: Dr. Shanjana, Dr. Wacker, Dr. Haselsteiner, Dr. Barandun, Dr. Rasifur, Mr. Shahin Ahmed)

On the first follow-up, all patients presented with dry and clean wounds. We were happy to hand over the patients to the follow up care with Dr. Rasifur and Dr. Shanjana. After an intense week with many interesting encounters and discussions we left the Friendship Shyamnagar Hospital on the very early morning of the last day to find our way back home.

We will discuss the need for future RWI camps at FSH carefully. The hospital's facilities are very promising, and we have met a dedicated and very professional staff who is motivated to take all possible efforts to enable other missions by our teams. Patient numbers and complexity of cases are not yet on a level to justify camps with larger teams or longer duration. However, we strongly feel that there is great potential for our work and together with Friendship we will work on strategies to make future projects even more successful.

Marina Barandun for Reconstructing Women International, Dhaka, 24.02.2024