

## Reconstructing Women International (RWI) trip to Bangladesh LADFH hospital ship January 4 – 12, 2025

Plastic surgeons: Dr. Marina Barandun (team leader) and Dr. Seraina Mueller  
Handsurgeon: Dr. Catharina Wacker  
Medical student: cand. med. Cosima Wuensche  
Anesthesiologists: Dr. Inge Haselsteiner and Dr. Gabriela Tschalèr

A Reconstructing Women International (RWI) camp took place from Jan 4 – Jan 12, 2025 on the LADFH (Luxemburg Aid & Development Friendship Hospital) floating hospital near Gaibandha, Bangladesh in collaboration with our longstanding local partner Friendship, a Bangladeshi NGO focusing on medical, economical, educational and legal support of the people living in the Chars of Bangladesh, the northern sand islands of the Brahmaputra river. The mixed European team consisted of two plastic surgeons from Switzerland, Dr. Marina Barandun from Aarau and Dr. Seraina Mueller from Basel, one German handsurgeon, Dr. Catharina Wacker from Munich, two anesthesiologists, Dr. Inge Haselsteiner from Munich, Germany and Dr. Gabriela Tschalèr from Aarau, Switzerland as well as cand. med. Cosima Wuensche, a German medical student from Hamburg, Germany.

Bangladesh is recovering from some profound political turbulences with a recent revolution in the summer of 2024. It is a time of change and uncertainty – for the Bangladeshi people but also for our team who had been planning the upcoming trip months before the revolution. Our contacts at Friendship, however, reassured us, that it is not only safe for us to travel but also safe and without any complication for our patients to reach the hospital ship.



Fig 1. The team on the houseboat.

Our journey to Bangladesh started with an enormous delay of the flight from Zurich due to late arrival of the aircraft and heavy snowfall. Very soon it became obvious that the Swiss team would miss the connecting flight in Doha and – after a long layover - had to spend a night in Dhaka before continuing the trip to the LADFH. The team from Germany decided to stick with the initial itinerary and was supposed to arrive on the floating hospital in the evening of the following day. Luckily, the Friendship staff was able to reorganize the trip for the Swiss team without any difficulties. On arrival in Doha, we realized that the flight from Munich had been late, too and the team members from Munich had missed their connection as well. Only Cosima Wuensche could continue her journey as planned. Everybody was happy when finally the whole team met at a hotel in Dhaka where we would spend the night. The following day we continued our trip to the LADFH where we arrived in the afternoon.

After meeting the lovely, well-known staff including Dr. Asif Ahmed, whom we had worked with already two years ago, we started screening the patiently waiting patients. The staff had pre-selected 31 patients. As in recent years, we saw several post-burn scar contractures, mainly in children and most often affecting the hand. The most impressive case was Sumaya, a girl of 6 years. She suffered from an open fire burn to both of her hands plus her left upper and lower arm. Previous surgeries by other teams were able to improve her scar contracture in her left elbow and partially also in her left wrist. But there were still severe scar contractures of her left thumb, left index and small finger, her right index and small finger and residual contracture of her wrist. She was happy to consent on a bilateral scar release and full thickness skin graft from her groin to her bilateral hands.



*Fig 2. Sumaya during bilateral surgery and after surgery*

We were very happy to see Al Amin again, a boy of now 16 years, whom we had treated two years ago. He suffered from a plexiform neurofibromatosis of his left cheek, temporal region, eyebrow, upper and lower lid and was completely disfigured by this benign but hard to treat tumor, not able to open or close his eye other than helping with his hand. We did a near-total tumor debulking with reconstruction of the face, well-knowing that the recurrence rate is very high and the complication rate with such an extensive intervention can also be considerable. We were more than happy that two years later, not only he had recovered very well from the previous surgery, but he also showed a quite stable result with only minimal recurrence at the previously treated sites. Around the eyelids it had not been possible to excise the mass radically and it was obvious that the tumor was still active in that area. On closer examination it became clear that not only the eyelids were affected but also the eye itself. Without further imaging (i.e. MRI), it was impossible to determine the entire extent of the tumor. But even based on the clinical findings only, we knew that only a radical resection including an exenteration of the left eye could give the boy a chance for cure and ultimately of survival. Neither imaging nor such an extensive surgery was possible under the given circumstances. With this sad truth in mind, we offered him a corrective surgery of his eyelids with further tumor debulking and a lateral re-canthoplasty. He happily consented to the surgery.





*Fig 3. Al Amin with disfiguring plexiform neurofibromatosis before surgery, two years postop and 2 days after corrective eyelid surgery.*

In total, 24 patients consented to have treatment during our camp. 3 of them suffered from post-burn scar contracture, 12 had a most likely benign skin, subcutaneous or breast tumor, 2 had congenital deformities (syndactylies), 3 had a vascular tumor, one patient with plexiform neurofibromatosis and one patient presented with an open, necrotic pretibial wound after a motorcycle accident.

The post-burn scar contractures were treated with scar release and full-thickness skin graft (FTSG). Because of the unfavorable long-term outcome with early onset of osteoarthritis, we refrained from transfixation with K-wires but retained the finger joints with customized splints. Suspicious tumors were sent to pathology and further treatment will depend on the pathology report. We did surgery on 3 full days; half a day was reserved for an early follow-up with all patient and dressing changes. Of the 24 patients, we have treated 19 females and 4 boys (age 16 or younger) as well as 1 adult man.

On the first follow-up, all patients presented with dry and clean wounds, no apparent hematoma or infection was present. Since we lost one working day due to our travelling issues, we were not able to remove the bolster dressings and check on our FTSG. However, we were happy to hand over the patients to the follow up care with Dr. Asif Ahmed and Manik, the very experienced OR technician/nurse and gave them close instructions on the required treatment.



*Fig 4. Tired but happy – the RWI team in front of the LADFH.*

The last afternoon, we spent with the staff at the Friendship Training Center in Gaibandha. In these beautiful facilities with award winning architecture, the Friendship staff is trained for their future work in the field. On our return our lovely cook had another tasteful dinner ready for us. After an intense week with many interesting encounters and discussions we left the LADF on the very early morning of the last day to find our way back home through the fog.

Marina Barandun, Gaibandha, 11.01.2025