

Working Hands Charity - Nepal 2023  
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The Working Hands Charity (Charity number 1150488) aims to treat patients while teaching and empowering local surgeons in underdeveloped countries. Previously based in India, the Charity has been working in Nepal for over the last 10 years. Funding is from active fundraising, donations, and artwork sales. Each year, a group of healthcare professionals, travelling with over 100kg of excess baggage of medical equipment, spends up to three weeks seeing patients, operating and teaching. All medications, such as local anaesthetic for brachial blocks, dressings and hand therapy equipment are provided by the charity. Additionally, a plethora of surgical equipment, from tourniquets to tenotomy scissors have been donated. This ethos of teaching while providing a service with no drain on local resources greatly appealed to me and I was honoured to join the team headed to Kathmandu in January 2023.



Our team consisted of Mr Donald Sammut (Consultant Hand Surgeon), Dr Francesca Susini (Consultant Orthopaedic Hand Surgeon in Milan), Dr James Rogers (Consultant Anaesthetist, Bristol) Karl Davies (OPD), Jean Cahill and Ann Garewal (Hand Therapists). As a Plastic Surgery Registrar, I was able to join thanks to the a significant, and much-appreciated, contribution from the BSSH. We arrived in Kathmandu with the obligatory red eyes after an overnight flight but with much excitement and awe. Only Karl and I were new to the charity trip and our thrill at facing a new adventure was palpable. As is often typical in developing countries, arrival at Tribhuvan International Airport is met with a wave of new smells, new cultures (no one queues here!) and slight chaos. We collected our 12 heavy bags and the bundle of 'suspicious' looking crutches and headed to the exit – only to be thwarted by the attention-grabbing crutches. We were promptly ushered into a dimly lit security room where the bags were searched. After confirming the crutches were, in fact, walking aids and not weapons, we were off to Kathmandu Guest House.

After a quick night's sleep, we were back at the domestic terminal and off to Janatpur, a small city on the Nepal/India border. After a quick drive past goats in coats, holy cows in roads and antique tractors pulling enormous loads, we were in Lalgadh Hospital. This was a bit like discovering the Secret Garden; gone were the loud noises, honking horns and trash-laden roads and here were monkeys swinging from branches, birds singing and flower gardens blooming. This Leprosy hospital is a contained, walled compound where most of the staff live on-site in private houses surrounding

the sprawling, one-story hospital. After a delicious dhal baat lunch in the shared staff canteen, we were straight to work.



We had a full afternoon clinic, finishing just before supper time and a further clinic the next morning. These two clinics contained more pathology than most of my hand training as a Registrar so far. The majority of patients were leprosy cases after having completed their medical treatment and presenting with the lingering effects of the mycobacterium on their median and ulnar nerves, bones and skin. While we had excellent translators, the patient's hands told their stories better than any astute doctor asking questions could elicit. They spoke of pain, hardship and of a life that had to go on despite

disability; leprosy ulcers in varying stages of healing, shortened digits from the chronic osteomyelitis, burns to insensate areas, callouses in unusual patterns from adapting best they could.

So, we set out to change their hands 'narrative. The mainstay of the next 7 days of operating were Zancolli lasso's or lumbrical reanimations, oppositionplasty, web space deepening and burns contracture releases. While basic, the theatre was immaculately clean, friendly and efficient. All patients, even as young as three, were done under brachial blocks with or without a bit of sedation. Dr. Rogers continued his tutelage from previous trips with Manisha, the Lalgadh anaesthetic nurse, who became so proficient at the blocks that she was completely independent by the end of the week. Karl alternated scrubbing with Krishna Maya, head theatre nurse and the two of them quickly became experts in each procedure allowing teaching to go on seamlessly. Dr Krishna, Medical Director of Lalgadh, was very keen to make us feel like we were at home, a phrase he repeated often. His caring nature was evident around the entire hospital site and a real gem of the trip was seeing his post-op results in clinic. A medic rather than surgeon, he has mastered common leprosy operations to expedite their treatment.



Most of the patients are seen by hand therapy the day after surgery. Here, an innovative and pro-active team were guided by Jean and Ann to maximise post-op function. A

protocol, constantly evolving with each trip, has been adapted to suit the needs and demands of the hospital.

Our next stop was Pokhara. Unfortunately, the fatal plane crash on 15th Jan was the same flight we were due to be on, albeit 48 hours later. A bit spooked, we decided to forgo the 20-minute flight to Pokhara and drive 11 mountainous hours instead. Personally, I was thrilled as the drive was a chance to see more of the country and we were rewarded with beautiful vistas, tribes of monkeys on the side of the road and a hearty local lunch on the way.



Green Pastures Hospital in Pokhara is another Leprosy hub but also a larger general hospital in a much bigger city. In addition to leprosy, they were heavily focused on stroke services, rehabilitation and palliative care. Dr Surej Maharjan ran the leprosy surgical service and, like the Lalgadh team, it was obvious how much he cared for his patients. He has been a keen student of Working Hands and had excellent results from his tendon transfers in leprosy patients. The schedule was similar in Pokhara – two full clinics and five days of operating. Here, however, we were based in a hotel and had our first chance to explore the area in the evenings. Pokhara is a popular tourist destination for backpackers, trekkers, and Nepali and Indian holidaymakers so was full of nightlife. We had dinner in a different spot every night and made sure to taste test local beer (Ghorka is delicious!).

Pokhara drew to a close with just three of us left, the others having left on the penultimate Pokhara day to head back to the UK. On our last day before heading to the airport, our trio took advantage of a break in the heavy cloud cover to watch the sun rise over the Annapurna and Machhapuchhre range of the western Himalayas. A truly breathtaking experience. From there it was back to the airport to brave the quick flight back to Kathmandu for our final hospital of the trip. We had the remainder of the day to plan for the Kirtipur Instructional Hand Course being led by Mr Sammut. This course had been designed and delivered by Dr Kiran Nakarni for aspiring hand surgeons around Nepal. Roughly 35 delegates arrived for a day of lectures and two days of theatre teaching in small groups. The end of the course culminated in an excellent traditional Newari meal to mark the inaugural gathering of the Nepali Association for Surgery of the Hand (NASH).

On reflection, going to Nepal has made me appreciate the resources available in the NHS





and also take stock of the waste. With fear of becoming slightly political, it's hard not to feel deflated at our inability to be efficient while also being so frivolous with the plethora of materials, instruments and even simple dressings in arm's reach. We are at a turning point in our healthcare system and reform must surely be on the cards. Perhaps by remembering our roots, looking back through the evolution of our system and not being too elitist to compare ourselves to a developing country, we may be able to glean enough knowledge to create a truly unique system we can be proud of again.

As the Charity continues its fantastic work abroad, I hope to be able to join again. The consistency the charity offers Nepal means patients I saw in January have already been listed for second-stage procedures for the next trip. Remembering why I chose surgery and the gratification of seeing a patient full of hope with the prospects of their future with a working hand - what could be more humbling?

