

Charitable Bursary Completion Report

Meryl Glover January 2008.

The bursary was provided to support my travel expenses to the Anandwan community in Central India.

I have been involved with a Hand Surgery Project in Anandwan since 2001. A British surgical team goes annually to perform surgery I and another hand therapist are part of this team. Our role is to provide pre and post-operative care to these patients.

It is the thirteenth time I have travelled to India with this project. This trip was unique in that it was my first solo experience. Whilst I felt confident travelling alone, being the only therapist of this trip felt like a big responsibility. As one would expect these trips are always full of surprises. For example, days before my arrival I learnt that my translator would not be present. The panic was unfounded as another translator was found, without whom my work would have proven very tiring and difficult, due to my small amount of Hindi, maharati and limitations of miming!

This turned out to be a positive event as, Mr Joao Coelho, the new translator is also an anthropologist researching, "life with Leprosy" in Anandwan. He was extremely admiring and interested in my work as a Hand Therapist. Since my visit he has presented at the world Leprosy conference including his experience of my work. Thus the work of a Hand Therapist has reached a worldwide audience.

My remit was to rehabilitate the November surgical cases. There was a 100% attendance from the cases requiring rehabilitation.

Day one I had 21 postoperative cases, manufacturing 15 splints, and continuing treatment throughout the week.

On day one of my work, post-operative, plasters and dressings were removed, limbs bathed and scar management commenced. Despite the POPs and dressings being in situ for six weeks there was no infection, no skin breakdown and no odour. This is in itself is an achievement when temperature and environment are taken into account.

The conditions treated were;

8 ulnar/median nerve claw corrections (1 with opposition transfer)

3 congenital hands (syndactyly, accessory digits)

3 scar/burns releases

4 foot drop corrections

1 congenital feet – bilateral accessory toes

The claw corrections and opposition transfer were treated by means of massage, hand therapy to retrain function, active/passive movement, anti-claw splints and opposition splints.

Improvising is necessary in this environment, naturally available materials e.g.; twigs, leafs, stones, sticks are used to work on grips. Patients then continue to work on hand re-education at home.

The congenital conditions required scar management, massage and in some cases minor sensory re-education. Patients/parents were encouraged to continue at home using what oil they had available, be it cooking or hair oil.

The foot drops had scar management and gait training, gradually becoming partial weight bearing as the week progressed.

The scar and burns releases had intensive massage, silicone gel (acquired in the U.K). A pressure garment was made for a facial scar revision.

The solo situation meant I was thinking on my feet having no one to discuss cases with, a big responsibility to ensure optimum surgical gains following complex surgery.

All patients completed a questionnaire, the result being that all patients were satisfied with their outcomes.

Some patients had travelled over 500km for surgery and rehabilitation, none complained.

Patient compliance was 100%.Willing to adjust their plans when further treatment was indicated. One patient adjusted his return home a number of times, as his hand was unusually stiff.

To date I have presented this trip in my work place and will present again in May, at a meeting in Windsor. It has been suggested that I speak at the next Leprosy conference.

There is an immense amount to talk/ write about, I hope to do the work experience of working with this patient group more justice with further presentations.

The individuals treated gain from the surgical/ therapy interventions in many ways for example being less marked by the signs of disease and disability and having increased function.

I too gain both in my professional and personal development and take this opportunity to thank B.A.H.T for supporting my role in this work.