Report on trip to Nepal with Working Hands Charity
November 2019
Jean Cahill OT Hand Therapist
Ann Garewal OT Hand Therapist

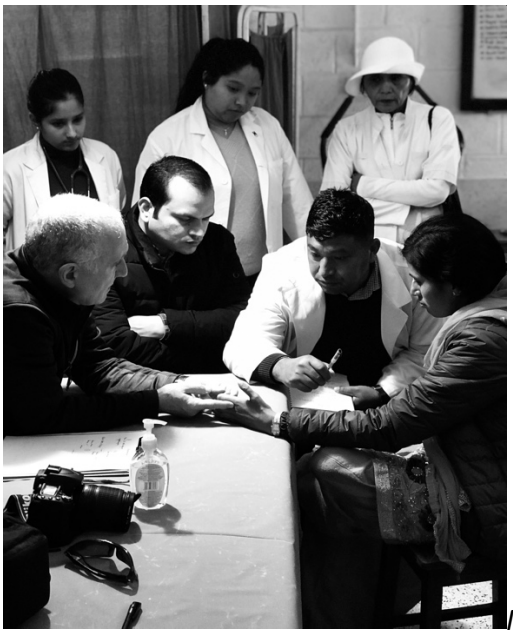
The Charity
Working Hands Charity is a UK registered charity founded by Donald Sammut, Consultant Hand Surgeon. Mr Sammut has worked overseas for over 20-years, treating patients affected by leprosy in India and more recently Nepal, focusing on surgical teaching programmes to local surgeons and their teams.
http://www.workinghandscharity.org

The Team
The team for November 2019 consisted of;
Donald Sammut, Team Lead and Consultant Plastic Hand Surgeon, London
Caroline LeClerq Consultant Hand Surgeon, Paris
Sam Gidwani Consultant Orthopaedic Hand Surgeon, London
Nola Llyod Senior Plastics Registrar, Oxford rotation
James Rogers Consultant Anaesthetist, Bristol
Trudi Vaughan-Brooks Theatre manager and nurse Bath
Jean Cahill, Hand Therapist London & Dublin and
Ann Garewal, Hand Therapist London.
We later met with renowned Physiotherapist **Wim Brandsma** from the Netherlands in Green Pastures Hospital, Pokhara.

The logistics of coordinating surgical, theatre and therapy kit for 3 hospital sites was no small task and took several months to procure and pull together.

Our first week was spent at Lalgadh Leprosy Hospital.
Lalgadh Leprosy hospital is run by Nepal Leprosy Trust, a Christian Organisation, based in London, that serves people affected by leprosy as well as other marginalised community members. The hospital provides self-care services and offers teaching facilities for patients newly affected by some of the disabling consequences of leprosy. It also houses a surgical theatre where 2 local surgeons, under the teaching of Mr Sammut are now carrying out tendon transfer surgeries to enable better hand function for their local population.

The medical team led by Donald carried out an outpatient clinic where a total of 30 preselected patients were screened and assessed for surgery. 15 of these were leprosy affected patients and the remaining half were a mixture of congenital hand anomalies or old trauma injuries with secondary functional deficit. Surgical plans and lists were drawn up which gave the week ahead some structure. Our role included an active presence in these clinics, participating in assessment, functional evaluation and post-operative plans.

 *Mr Sammut in clinic with a patient and the local team*

Our therapy time on the ground was limited- we started seeing patients day 1 post operatively. We saw tendon transfer surgeries mainly but also contracture releases, syndactyly release, joint fusions, scar excisions, cubital and carpal tunnel release and this trip, unusual for this population, a Dupuytren's fasciectomy.

The 2 Hand Therapists who live and work in the hospital community are very motivated by what they do. They were eager to learn and eager to teach us about leprosy, a disease we have little experience with. We collaborated daily and discussed a range of clinical and strategic issues. We reviewed organisational and structural procedures, learning what their priorities were and how they interacted with their patients. We reviewed the records they were keeping and discussed how we might make their work more efficient and safer. They came up with some constructive ideas, so Ann and I took notes and reviewed later in the evening, once the patients had been seen.
Our patients were a delight, they were serious and listened attentively to the instructions provided by the local hand therapists, they were willing to try all the exercises and laughed with pure joy when they triumph.

 *Shyam, local PTA with 2 post tendon transfer patients*

We taught the locals therapists thermoplastic handling management and splinting techniques and had lengthy discussions on the benefits of using thermoplastic material over plaster of Paris. We discussed with the team the cost effectiveness of using our western materials and reviewed the environmental effect as well as the financial impact of what we were providing. The thermoplastic material is very expensive, hundreds of pounds go on the provision of a few sheets of Solaris alone! We also recognised the benefits - these patients will be fitted with a lighter-weight, easier to manage devices where hygiene is easier to maintain. It is an ongoing debate, one to be aware of in any similar environment.

We reviewed the post-operative management for the tendon transfer surgeries and observed their tried and tested methods of wound management. Their routine differed greatly from ours. Their infection rates are low. This gave us an opportunity to reflect on the role we had here and of how aware and respectful we needed to be of established practices that are used without ill- effect. We came to support, to guide and facilitate rather than to take over or implement our methodologies without good reason.

We donated as much kit as we could and took an inventory of old stock, so we know what they use in our absence. This is helpful for any repeat trip or for other therapists. Information gathering is key, the more we know the more prepared we can be.
We had some teaching sessions in the afternoons after the patients had been seen.

Leg 2 Pokhra
Our next stop was to Green Pastures Hospital in Pokhara, where the team have been providing care for those affected by leprosy in the north western region of Nepal for over 60 years.

The Occupational Therapy department here is well established. Based in a large multi-functional room, neurorehabilitation and hand therapy sit together.
On a previous trip we had brought out some fundamental pieces of kit such as a splint bath and some other consumables. They were still in place and have been well cared for.
The local OT team consist of a consultant OT from the UK, a long-term resident there, who offers advice and guidance, 2 full time local OTAs and a newly acquired full time OT. They have also had long term support from Wim for the last few years.


Ann reviewing goniometry with Shyam.

Reflections
The Nepalese are a warm and welcoming people and it was truly humbling to be able to connect with some of the more vulnerable in their society. There were challenges that could not have been foreseen but with each new challenge came a welcome learning experience. Ultimately, we needed to be prepared to be unprepared. Working in an environment with very different pathologies, limited resources, intermittent electricity, language barriers, scarce documentation and a wide variety of local skill and knowledge can take you out of your comfort zone but will simultaneously enrich your experience.
We were fortunate to have been involved with a well-established team, where relationships have already been established and systems set up.

Long term partnerships with local teams are key and respect for the local teams' practices are fundamental to developing relationships further but the long-term aim being for them not to need us at all.

Hand Therapy in Nepal
It is worth mentioning a note on Hand Therapy in Nepal as not all countries will have hand therapists as well established. The Nepalese therapists come from a mixture of OT and PT backgrounds and have formed a Nepali Society for Hand Rehabilitation and Research (NSHRR) which is currently developing in areas of research, training and teaching. The NSHRR has links with other non-profit organisations which continue to offer support to the growing interest in this field.
There has also been a recent Nepalese cross-cultural adaptation of the Disability of the Arm, Shoulder and Hand (DASH).

If you are interested in any of the aforementioned work, there is some recommended reading below. Attending an overseas Symposium run by BSSH/BFIRST can be a helpful way to gain information on how to establish a link with established overseas teams.
Information on previous overseas days can be found on the BAHT website:
https://www.hand-therapy.co.uk/health_professionals/events/56/3rd_overseas_day_symposium/

Further Reading
Dr Paul Brand & Philip Yancey (1997) *The Gift of Pain; Why we Hurt and what we can do about It* Harper Collins Publishers, USA.
Wim Brandsma (2005) *Surgical Reconstruction & Leprosy in Leprosy and other Neuropathies* www.leprosy-information.org
World Health Organisation (WHO) 2017 *Weekly epidemiological record* **No 35**, **2017**, **92**, 501–520
Zancolli EA (1979) Structural and dynamic bases of hand surgery 2nd Ed Philadelphia. JB Lippincott Vol 1-64; 159-207
Zancolli EA (1957) Claw-hand caused by paralysis of the intrinsic muscels: a simple surgical procedure for its correction. Journal of Bone and Joint Surgery Am Vol 39; 1076-8