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# HUMANITARIAN WORK IN BURKINA FASO



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Switzerland,  
ISAPS President, 2010-2012

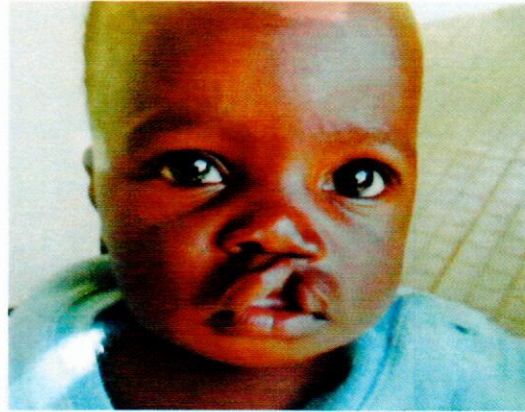
Burkina Faso is one of the poorest countries in Africa and the need for help and the gratitude of the people is enormous.

Here in the eastern part of Switzerland, we have a group called CHEIRA, which in ancient Greek means hand, whose aim is to do plastic reconstructive surgery mainly on children and young adults in underdeveloped countries. All who are involved work honorarily and we have no administrative costs. We are dependant on sponsors and materials such as antibiotics that are generously donated by pharmaceutical companies. Everything we receive from our donors is used so that we don't have any loss of money. So far, we have been concentrating on Africa and have visited Burkina Faso several times.



We use the facilities of a pediatric clinic, PERSIS, started by a local pediatrician to treat mainly small malnourished children. Over time, it has grown and now has two well-equipped operating theatres. Here we can operate and simultaneously teach local doctors how to do easy procedures; however, we need to bring with us everything we will need. For our last trip, we started with a huge amount of luggage with all material in big blue plastic containers, 45 to be exact. We always travel a complete team of plastic surgeons, anaesthetists and nurses so that we can immediately start to work when we arrive.

The housing is simple, but clean with two-bed rooms complete with toilet and shower (much needed when operating in 40°C heat). We've been to PERSIS several times, but because the situation gets more and more dangerous each time, we are looking for other places to go such as Gaza and Jordan. Our next trip to Burkina Faso is planned for the beginning of November this year and our first visits to Jordan and Gaza for March of next year.



Last time when we arrived, there were 200 patients waiting, each with an accompanying person. They normally stay for two weeks, get three meals a day, the operation and post-operative care – all for free, but we must pay the institution for every patient we operate. We can operate on 80 of them within two weeks with very few complications, especially no infections.

The most frequent operations are sequelae of burns as everyone lives with open fire in their huts. We see many burned hands, but also elsewhere on the body like the boy with a contract axilla. Others are congenital malformations like cleft lips or hernias. We see quite a few infections without knowing where they come from and many patients with Noma, an infection due to bad hygiene and malnutrition (303). This destroys the cheek and nose and the reconstruction can be quite demanding. I have seen tumours of a size I've never seen before, some unfortunately even inoperable (201).

The people are so grateful because they cannot get any treatment from their own medical system. The need is great and we cannot help all of them, but we try to do our best and helping a little is always better than not to help at all. The reward is the glint in their eyes and their smile.

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