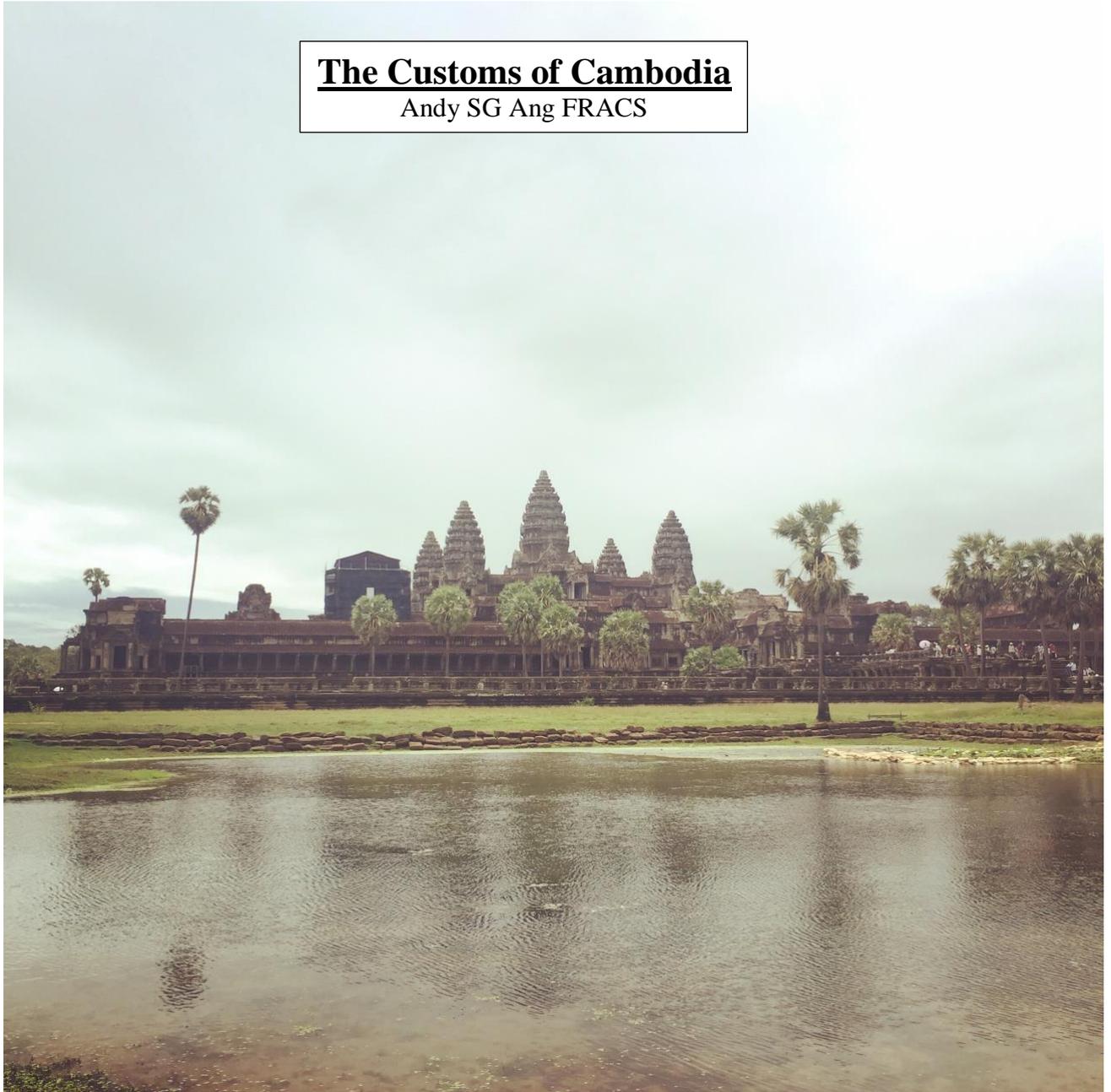


The Customs of Cambodia

Andy SG Ang FRACS



Tell us about your recent Orthopaedic Outreach

I was very fortunate to be awarded the Stryker Outreach Travelling Award and to join an international outreach crew in travelling to Phnom Penh—Cambodia's capital and most populous city. There are 2.13 million people living in Phnom Penh; Cambodians and Khmers contribute to 90 per cent of the population, with the remaining 10 per cent consisting of other ethnic minorities. Khmer is the most widely spoken language, with a minority speaking minimal English. After a civil war between 1970–1975 and the Khmer Rouge regime of 1975–1978, Cambodia was one of the world's poorest countries. Since then, the country has undergone major economic growth, but the majority of the population still only slightly avoids living in poverty.

How did you become involved?

I must thank Associate Professor Graham Gumley, who organised the outreach trip to Cambodia while I was completing my Hand Fellowship at the Macquarie University Hand Unit. Of course, I volunteered! The timing was perfect because it was during my transition before starting my next fellowship. I have always been passionate about voluntary work and projects—I am an active volunteer for Victoria's St John Ambulance and I previously participated as a volunteer in Malaysian hospitals.



Who was in the outreach team?

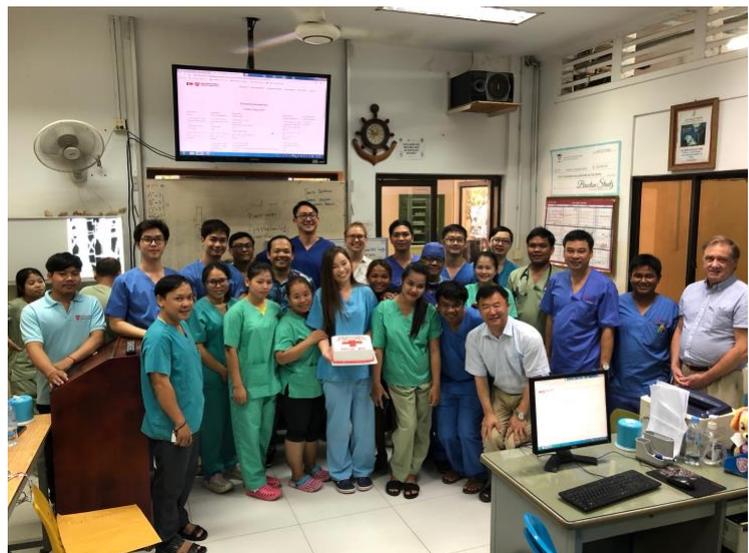
I joined the surgical team that also consisted of hand surgeons Associate Professor Graham Gumley, Sydney; Professor Neil Jones, Los Angeles; Dr Roongsak Limthongthang, Bangkok; Assistant Professor Sin Tour Phot, Phnom Penh; and Dr David Graham, Gold Coast. Hand therapist Ms Marin Suzuki, Gold Coast, and medical imaging technologist Ms Mandy Ang, Melbourne formed the allied health team.

What was your role in the outreach?

The team was divided into two groups—Phnom Penh and Kampot. The Phnom Penh group visited the Children's Surgical Centre (CSC), the National Paediatric Hospital and the Preah Kossamak Hospital. The Kampot group was assigned to Sonja Kill Memorial Hospital and the Community Medical Centre. I formed part of the surgical team at CSC, working alongside local surgeons. My role was to assist them in clinical assessment, surgical decision-making, planning, procedures and post-op management.

Describe your typical outreach day in Phnom Penh

Our day started with a 7 am breakfast meeting at the hotel. First, we discussed our surgical cases for the day, such as triaging, assigning members to different hospitals and allocating implants. Next, we left for each of our hospitals—I spent most of my time at CSC. We participated in clinical meetings with local surgical teams, which discussed pre- and post-op surgical and complex cases. A local trainee surgeon provided a summary of each case, followed by discussion among the outreach and local surgeons. Pre-op patients were also presented to the team and the limb to be operated on was marked. These meetings would run for one hour, finishing at approximately 9 am. Next, theatre began at approximately



9.30 am–10 am. Between cases, we consulted patients in the clinic and triaged them for possible surgery by the end of the week. For non op patients, we provided the non-surgical management patients with a follow-up plan so that they would have a concrete management plan when we left. Finally, our day ended at approximately 6 pm.

What surgical cases were you involved in?

I had a variety of orthopaedic cases. My cases were:

- a boy (aged eight) with a displaced nonunited lateral condyle fracture post injury eight weeks ago
- ankle arthrodesis in a woman (aged 51) with a symptomatic arthritic ankle one year post trauma
- a woman (aged 32) with triple arthrodesis and symptomatic flatfoot two years post midfoot injury
- excising a giant cell tumour with non-vascularised fibula graft from a woman (aged 23)
- excising a giant cell tumour with a vascularised free fibula graft from a woman (aged 21)
- a man (aged 40) with a central slip repair and EDC turndown
- performing a humeral lesion biopsy for a man (aged 63) that had six months of shoulder pain
- releasing carpal tunnel and trigger finger and trigger thumb in a man (aged 63)
- performing an elbow joint biopsy for the infected arthritic elbow of a woman (aged 70)
- releasing fourth and fifth finger contracture with a full thickness skin graft for a child (aged two).

What were the outreach highlights?

This trip gave me the opportunity to foster new friendships with outreach members and local Cambodian surgeons and taught me Cambodian culture and history. Another highlight was Fish Amok—a traditional Khmer cuisine—which I spent a whole week in Phnom Penh sampling at various restaurants. I know all the restaurants that serve amazing Fish Amok, so ask me if you ever travel to Cambodia!



What were the challenges during the Outreach?

The cases that we worked on in Cambodia were complex—unlike the typical cases we see in Australia. The patients presented with chronic nonunion, malunion or infection cases after being treated with traditional Khmer medicine. Receiving medical attention in Cambodia is expensive, so it is understandable that many seek cheaper options.

In Australia we are provided with a wide variety of implants to select from—a luxury that is not

available in Cambodia. It would be considered lucky if a specific implant exists that fits the bone size, shape and contour, which means it is common to improvise implants and adjust them to suit the case.

Another challenging task was adjusting to operating without an image intensifier machine that was readily available intraoperatively. Usually, we were to estimate the length, depth and position of the implants. In one of my cases, a screw was a few threads too long, which meant I had to 'back out' the screw post-op.

Any advice?

I would strongly encourage everyone to support the Orthopaedic Outreach projects, either by participating in the outreach or donating for a good cause. In Australia, we are blessed to live in a country with a good and accessible healthcare system. My experiences in Cambodia opened my eyes to the limited medical resources that Cambodians are experiencing.

