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A new SIGN program was established in June at Santosa Bandung International Hospital in Indonesia. Pictured, left to right: Brian Cunningham, Dr. Lewis G. Zirkle, Dr. David Templeman, Dr. Julia Wurarah, Dr. Sophan, Dr. Azharuddin and Dave Shearer.



## Rules? What rules?

By Brian Cunningham

As we made our way to Bandung I quickly realized part of the reason there was such a need for modern orthopaedic care in Indonesia — the “rules of the road” are non-existent. Picture three lanes of cars in a two-lane road with a couple hundred mopeds speeding through the chaos — and that’s a little more organized than it appeared.

## Indonesia Statistics

- 237.5 million
- 90.4% literacy rate
- Almost 3 times size of Texas
- 17.8% live in poverty
- 17,508 islands (6,000 inhabited)
- Largest island country in the world



## Building capacity in Indonesia

By Lewis G. Zirkle Jr. M.D.

David Templeman, M.D., and I traveled to Jakarta, Indonesia in June. At the airport we met Dr. Azharuddin, program manager in Banda Aceh, three orthopaedic residents from Jakarta, Dave Shearer, a medical student and recent graduate of University of Washington who also graduated from MIT in mechanical engineering, and Brian Cunningham, a medical student at University of Washington.

We then traveled to Bandung, Java where we met Julia Wurarah, MD, and three of her fellow orthopaedic surgeons. She had arranged surgeries at Santosa Bandung International Hospital, Emmanuel Hospital and the government hospital. It was a pleasure to work with the four Indonesian surgeons doing SIGN surgery in the three hospitals. They rapidly learned the SIGN technique and did two surgeries in the week after we left. The surgeries were mostly nonunions — fractures that have not healed. These are the most difficult type of fractures and I have great respect their ability. Many had been treated with locally-made plates which broke and necessitated removing the plates and screws. Together, David Templeman and I did a 12-week nonunion of a severe hip fracture. He has written many articles about treatment of hip fractures, and it was a pleasure to work with him and learn from him. We used the regular SIGN nail due to the

configuration of the fracture. Dr. Azharuddin scrubbed on some surgeries and showed his expertise, as did Dave and Brian. David Templeman operated on a very severe elbow fracture with many pieces. This is very difficult surgery, and he showed not only the technique, but a determination to get it right no matter how long it took. This is very impressive.

David was reading Plato's Republic, and we discussed justice and virtue as it occurred in the dialogue between Socrates and his companions, but also as it applied to present day. The unaccustomed surroundings, different routines and interaction with Indonesian experiences all prompted us to 'examine our lives and meaning.'

We discussed future directions for SIGN and how best to serve the poor, who sustain pelvic fractures as well as other fractures. Should we stay with what we do best or seek to treat other fractures? We decided we should address pelvic fractures and other disabling fractures as we design new implants.

On the last day, Julia had organized a conference for the orthopaedic surgeons in Bandung. Forty orthopaedic surgeons from Bandung and a professor from Surabaya came to hear presentations about pelvic fractures, which is David's specialty within orthopaedics. His lectures and the lectures of host orthopaedic surgeons were well received. The knowledge flowed both ways.

# Collaboration leads to new program

By Cody Haycock

I am so very grateful for the opportunity I have had in helping with the introduction of SIGN to the doctors in Kakamega, Kenya. I cannot say enough good about the help we received from Drs. Soren Otieno and Lectary Lelei. They are pillars of strength in the country of Kenya. Soren was able to be with us for three days.

I had a wonderful time working and learning from him. I feel as there were a whole lot of great things that happened while we were there. I had the great



*Dr. Soren Otieno*

Kakamega. The people there are so wonderful and loving, it was a emotional thing for myself to have the mission come to an end due to the fact that there were

opportunity to work with the doctors there in Kakamega, not only on the surgical side, but also on the input of the information into the computer.

There is still a tremendous amount of work to be done in

still people arriving at the hospital on a daily basis hoping to receive treatment from us while we were there.

I am excited to have the opportunity to work with this program in Kakamega and try to help out as many people as possible.

*Cody Haycock is a Zimmer representative who traveled to Kakamega with a non-profit organization called HART (Humanitarian Aid Relief Team). He assisted in training local orthopaedic surgeons in the SIGN technique.*



Dr. David Simon of the University of Ottawa, second from left, teaches the SIGN technique to residents at the National Trauma and Orthopaedic Research Center in Ulaanbaatar, Mongolia.



Three members of the Mongolia Parliament visited the SIGN workshop. Pictured, left to right: Dr. Alan Giachino, the three Parliament members, Dr. Otgongrel, Dr. Batzorig, Dr. David Simon, and Dr. Robert Feibel.

## SIGN surgeons establish new program in Mongolia

The SIGN program in Mongolia could not have gotten off to a better start. Dr. Alan Giachino and Dr. Robert Feibel trained surgeons at the National Trauma and Orthopaedic Research Center in Ulaanbaatar, Mongolia during their October trip.

Dr. Giachino left for Mongolia shortly after attending the 2008 SIGN conference in Richland, Washington and took what he learned at the conference and shared it with surgeons at the research center.

Dr. Giachino and Dr. Feibel held a SIGN workshop and called it a "great success." They were even visited by three members of Parliament.

"During the very enthusiastic workshop, it was obvious the whole group was quite keen," Dr. Giachino said. "I'm sure this center will be a success for the patient and the SIGN concept."

Dr. Feibel stayed behind an extra week and assisted as the local surgeons performed several SIGN surgeries. He said the first SIGN surgery went extremely well and took just an hour and 15 minutes with no complications.

"High fives all the way around," he said. "Everyone was delighted. This was the fastest locked tibial nail I have ever seen in 17 years of practice."

At one point, during a surgery to repair a fractured tibia, Dr. Feibel counted 22 people in the room, all wanting to see the SIGN technique.

"Everyone was just overjoyed to be part of history," he said. "Even the patient wanted to see the case! The third case was a toughy, but it is very clear – the skill is here in Ulaanbaatar, but they just needed the equipment. After only three cases, they are up to the standard we have in Ottawa. It's wonderful to see."

Dr. Feibel was effusive in his praise of the SIGN system and the benefits it provides for patients and hospitals, alike.

"This is the most wonderful gift anyone can give," he said. "With the nails they can now say, 'Yes, we can do it ... and do it well.' "