

Gaza Trauma Working Group

Limb reconstruction sub-group

MoM from August 6th 2018

Present: MSF; ICRC; MDN; MAP-UK; WHO

Agenda item 1:

Partners discuss the inclusion and exclusion criteria for limb reconstruction:

There is a need for partners to have a set definition that is agreed.

- Agreed to exclude congenital abnormalities from the area of work of “limb reconstruction”
- Limit the definition to trauma related events
- Timeframe:
 - ICRC is currently doing basic limb reconstructive work which falls into a different timeframe. Other partners are assessing the case as a cold case, some months after. QUERY: should we be setting a timeframe for whether or not they fall into the bracket of limb reconstruction? ICRC see their work as not pure limb reconstructive surgery.
 - Post-op complication cases are also on the rise and this also includes limb reconstruction, according to Al Awda Hospital.
- How do you define the initial procedures of the case, often within the first two to three month, which is often not pure limb reconstruction.
- Suggestion was made for initial and late reconstruction? ICRC requested “pre” limb reconstruction.
- **Reconstruction surgery done following a trauma event, which can happen in two stages, early reconstruction and late reconstruction.** Partners agreed.
- Inclusion criteria for late limb reconstruction (see annex)
- Query: does pure plastic work fall under LR?
 - Partners agreed yes. Plastics that aim to improve the functionality are LR.
 - Plastics after three months will fall within the LR late.

Agenda item 2:

Mapping and discussion on limb reconstruction:

- Query: does it make sense to have a centralized limb reconstruction unit (including a referral microbiology lab) for the whole of Gaza, than could further develop into a centre of excellence for limb reconstruction as well as a training center ? This would imply that all partners would centralize their reconstructive activities in this centre.
- The new building at Nasser hospital (still not equipped) with 6 operating rooms, 12 ICU beds, and 4 wards of 30 patients each, could be an option ?
 - Scattered limb reconstruction, Shifa has a LLR, MSF planning for a bigger LR project to be place elsewhere, MAP-UK is supporting the two local units, EGH and the Shifa Hospital.
 - MSF felt that the local unit would not be able to maintain all the cases.
 - MAP-UK will be equipping the burns unit at Nasser Hospital
 - Partners felt that the problem of this is HR and not equipping
 - ICRC expressed a need to focus on standardising protocols rather than emphasising a need for a dedicated local limb reconstruction unit
 - **Partners felt it could be a good move, but there are obstacles in place, particularly the staffing.**
- In Gaza, 5 operation rooms per day are being occupied for early limb reconstruction (ICRC - 1; MSF - 4). For late limb reconstruction, there is only one operating room, one day per week.
- If this goes ahead, there will be a need for a technical committee to develop agreed protocols across the unit. Need to also discuss the supervision and the implementation of the guidelines.