

LETTER TO THE EDITOR

On 16 July 1991 a dream came true for neglected people when *Impact India* established the first hospital on wheels in the world in the form of the Lifeline Express. This project was developed in collaboration with the Indian railway and the health ministry. In May 2009, the Lifeline Express arrived at the railway station at Jabalpur Madhya Pradesh, India, to hold a mobile surgical camp in various faculties such as ENT, Ophthalmology, Dentistry, Surgery, Plastic Surgery and Orthopaedics. The camp ran from 25 May to 10 June 2009. Prior to this we had held an Assessment Camp in which we had run the OPD in Regional Spinal Injury Centre Jabalpur. At that time patients were thoroughly checked and assessment was done as to whether their deformity could be corrected at the camp, after which patients were admitted in the Regional Spinal Injury Centre, Jabalpur. These patients were prepared by way of body part preparation, written well-informed consent, tetanus toxoid injection, xylocain sensitivity. Each patient was labelled with a sticker detailing the patient's name, date of operation and number. Their pre-operative photographs were taken.

A total of 211 orthopaedically handicapped patients were operated in the Lifeline Express from 25 May to 10 June 2009 by surgeons of the Department of Orthopaedics Medical College Jabalpur and Regional Spinal Injury Centre. Every day operations began at 09:00 and went on till 18:00. On average, about 14 patients were operated per day. The total number of procedures across all the disciplines done in the Lifeline Express during this period was a staggering 402.

During the camp, we identified some issues that will be helpful in arranging a similar camp in the near future.

Positive findings included:

- 1) To conduct a successful operating camp, proper planning and a prior assessment camp is required.
- 2) Patients' deformities should be assessed in the assessment camp to decide whether deformities could be correctable at camp or require hospitalisation.
- 3) Pre-operative assessment is a must to avoid complications such as residual deformity and faulty procedures.
- 4) Government officials should be approached to arrange skilled manpower, raw material, infrastructure for accommodation and food for patients and relatives. Camps of this magnitude require back-up from a tertiary health centre. Preferably those surgeons operating at the camp should do the follow-up. One operating team of surgeons should be posted for the follow-up.
- 5) There should be strong back-up from a nearby teaching institution for necessary investigations, which cannot be done in the camps.
- 6) There should be proper publicity and clear information to ensure awareness in the poor community of patients.

There are some **hazards** of conducting a mobile surgical camp of such large magnitude, as follows:

- 1) The camp will be disorganised if there is no proper management before camp starts.
- 2) Chances exist of getting operative complications like infection, bleeding, and anaesthetic complications. The help of a tertiary centre is necessary to deal with such complications, and it should be nearby the mobile surgical camp.
- 3) Follow-up should be given more importance as some patients may develop complications like recurrence of deformity, plaster sore, late infections at operated site, plaster breakage and lack of follow-up. Follow-up should be ideally conducted by surgeons who performed the surgery at camp.

The rural poor people in India often slip through the gaps in the public health system. Lifeline Express is like a magic train to them and fills that gap. The greatest advantage Lifeline Express has over other health services for the poor is its ability to reach 'the doorstep of the patient'. Such orthopaedic deformity correction camps offer a ray of hope for these illiterate, ignorant, unfortunate patients to lead an independent respectable life. Departments of Orthopaedics across the country are already over-burdened with trauma patients. Physically challenged people are neglected and do not get priority for surgery. Being poor they cannot seek corrective surgery in private hospitals. Camps in mobile surgical units are therefore required for correcting deformities in physically challenged people. Physical disability is considered to be the teacher of Orthopaedics. It teaches Orthopaedic surgeons about careful examination, muscle charting, gait evaluation, soft tissue handling and much more. Primarily it teaches us to carefully observe and think about the patient and effects of treatment. Adequate training is not available for young surgeons to understand and tackle the problem effectively. The camps may play an important role in overcoming such a problem, in which adequate training in correcting deformities can be given to young surgeons, and the load of physically disabled patients can be reduced in a project-wise manner.

Dr Gajanan Deshmukh MBBS, MS Orthopaedics

**Dr HKT Raza MS, Orthopaedics Prof and Head of Dept. Orthopaedics, Traumatology and Rehabilitation
Dept of Orthopaedics, Netaji Subhash Chandra Medical College, Jabalpur, India**