THE AFRICAN FILARIASIS MORBIDITY PROJECT

THE PAST
THE PRESENT
AND THE FUTURE
OBJECTIVE

BUILD CAPACITY for

– FILARIAL HYDROCELE SURGERY

– RECONSTRUCTIVE PLASTIC SURGERY FOR GENITAL LYMPHOEDEMA

– HYGIENE THERAPY FOR LYMPHOEDEMA
PILOT PHASE 2004 - 2005

• PROJECT FORMED 2004, GATES FOUNDATION FUNDING

• INITIALLY WEST AFRICA

• MAINLY TRAINING IN FILARICELE SURGERY, ALSO HYGIENE THERAPY LYMPHOEDEMA

• ALWAYS IN COLLABORATION WITH COUNTRY PROGRAMMES
POST – PILOT PHASE
2005 - 2010

• FUNDED MAINLY FROM HDI (NORAD)

• TRAINED 443 PEOPLE IN 10 W. AFR. COUNTRIES + TANZANIA AND MALAWI

• SOME CAPACITY BUILDING IN HYGIENE THERAPY FOR LYMPHOEDEMA

• INDEPENDENT EVALUATION 2006
  – Many lost to follow-up; gone back to work, away for seasonal agriculture
  - 92.4% very satisfied with the results of their surgery (399 reached of 1,771 patients operated on up to that time in 3 evaluated countries)
LF-HYDROCELE SURGERY TECHNIQUE

PRINCIPAL ASPECTS

• LOCAL ANESTHESIA (or spinal)
• ANTIBIOTIC COVER!!!!
• MIDLINE, LONGITUDINAL INCISION
• DELIVER HYDROCELE SAC AND EMPTY THE FLUID
• REMOVE THE SAC AND CAREFUL SUTURING OF THE RESULTING EDGE
• VERY CAREFUL HEMOSTASIS TO STOP ALL BLEEDING POINTS, BEFORE SKIN CLOSURE
• SPECIAL ELASTIC COMPRESSIVE BANDAGING TECHNIQUE TO PREVENT SWELLING AND BLEEDING. NO DRAIN!!
HERNIA SURGERY TRAINING

DONE AT THE SAME TIME, WITHOUT BEING PART OF THE FORMAL PROGRAMME UNTIL NEW FUNDER FROM 2011, JOHNSON & JOHNSON SUGGESTED THIS BE MADE EXPLICIT
FILARICELE SURGERY
FILARICELE SURGERY CONTD

RESECTION OF TUNICA

[Image of a medical procedure with labels such as Filaricele sac, Scissors cutting filaricele sac, 1-1.5 cm from epididymis, Epididymis, Testis, Epididymis, Epididymis.]
Bandaging Step 5: Having taped the end of the crepe suspend the bandaged scrotum with a tape that goes from one side via the apex to the other side.
ACHIEVEMENTS through Aug. 2012

29 workshops in 12 African Countries:
  Burkina Faso, Gambia, Ghana, Liberia, Mali, Malawi, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, Togo

469 people trained

3975 patients operated by trainers and trainees together
Resources

1. LF Hydrocele MANUAL, Revised 2007. English and French at www.hdi.no


3. Report on 1,128 hydrocelectomies, average follow-up 8.6 years:

NEEDS FOR THE FUTURE

• EXTEND TO EAST AFRICA AND ASIA

• GET LF SURGERY INCLUDED IN ROUTINE MEDICAL TRAINING IN ENDEMIC COUNTRIES

• CAPACITY BUILDING ON RECONSTRUCTIVE SURGERY FOR GENITAL LYMPHOEDEMA

• FUNDING MAINLY BY JOHNSON & JOHNSON THROUGH INT’L VOLUNTEERS IN UROLOGY (ivummed.org)
Needs for the FUTURE cont’d

1. MORE FILARICELE SURGERIES NEEDED
   25% - 40% (- 70%) of adult males have filaricile in highly endemic areas

2. RECONSTRUCTIVE SURGERIES
   Requires highly expert tertiary care, skin grafting

3. HERNIA PATIENTS NEED SURGERY TOO

4. ONGOING REPORTING AND EVALUATION OF LF SURGERIES IN ALL COUNTRIES

5. TRAINING OF MORE DOCTORS

6. MORE PUBLICATIONS ON FILARICELE SURGERY AND GENITAL RECONSTRUCTION
THANK YOU.