

SICOT contribution to natural disaster assistance: the triage

Maurice Hinsenkamp

Received: 14 June 2013 / Accepted: 14 June 2013 / Published online: 4 July 2013
© Springer-Verlag Berlin Heidelberg 2013

After the earthquake in Pakistan in 2005, SICOT began collaborating with Médecins Sans Frontières (MSF) to allow volunteer orthopaedic surgeons to participate in humanitarian missions following a natural disaster [1].

After the SICOT Annual International Conference in Gothenburg, where we had a symposium debriefing the medical response in Haiti, it seemed worthwhile to prepare civilian orthopaedic surgeons for specific problems which they are not used to facing in their daily practice. The mass casualties and the limited resources impose new rules in order to save the largest number of victims.

At the SICOT Triennial World Congress in Prague, we explored the controversies around amputation. The presentations at this symposium were published in *International Orthopaedics* in 2012 [2–6].

The following year in Dubai, the topic of the symposium on Natural Disasters was triage. It is perhaps the procedure which is least known by civilian surgeons. In addition, the context can be very different from one disaster to another.

The lectures held during this symposium have been collected in this issue. They present the different approaches of MSF [7], of military operations [8] and the experiences of Haiti [9] and Muzafarabad [10].

With these publications and other reports published in *International Orthopaedics* on the Turkish experience [11], we hope to expose readers to a variety of experiences which could be a basic preparation for volunteer orthopaedic surgeons before their missions. A common agreement is also that all the decisions facing amputation or triage should be

preferably taken collegially (if possible at least by one orthopaedic surgeon and one anaesthetist). This will significantly alleviate the responsibility put on the surgeon and obviously make the indication more objective.

This year in Hyderabad, the topic will be the use of external fixation during natural disasters. Besides its intrinsic advantages in the treatment of fractures, external fixation represents a very useful technique in such conditions, provided that it is not used as a plaster cast but as an accurate and definitive fracture fixation procedure.

In the SICOT News of December [12], we published the mission report of one of our Egyptian colleagues in the MSF-Kunduz Trauma Centre in Afghanistan. Last year in Dubai, the MSF booth was a great success and no less than 132 orthopaedic surgeons from all parts of the world registered as potential volunteers. This year, MSF will also be present at the scientific exhibition in Hyderabad and you will be able to obtain all the information you need about volunteering at their booth.

References

1. Hinsenkamp M (2012) SICOT contribution to natural disasters assistance. *Int Orthop* 36(10):1977–1978
2. Herard P, Boillot F (2012) Amputation in emergency situations: indications, techniques and Médecins Sans Frontières France's experience in Haiti. *Int Orthop* 36(10):1979–1981
3. Wolfson N (2012) Amputation in natural disasters and mass casualties: staged approach. *Int Orthop* 36(10):1983–1988
4. Rigal S (2012) Extremity amputation: how to face challenging problems in a precarious environment. *Int Orthop* 36(10):1989–1993
5. Awais SM, Dar UZ, Saeed A (2012) Amputations of limbs during the 2005 earthquake in Pakistan: a first hand experience of the author. *Int Orthop* 36(11):2323–2326

M. Hinsenkamp (✉)
Department of Orthopaedic Surgery,
Hôpital Erasme, Université Libre de Bruxelles, route de Lennik,
808, B-1070 Brussels, Belgium
e-mail: mhinsenk@ulb.ac.be

6. Demey D (2012) Post-amputation rehabilitation in emergency crisis: from pre-operative to the community. *Int Orthop* 36(10):2003–2005
7. Herard P, Boillot F (2013) Triage in surgery: from theory to practice, the Medecins Sans Frontière experience. *Int Orthop*. doi:10.1007/s00264-013-1904-7
8. Rigal S, Pons F (2013) Triage of mass casualties in war conditions: Realities and lessons learned. *Int Orthop*. doi:10.1007/s00264-013-1961-y
9. Wolfson N (2013) Orthopedic triage during natural disasters and mass casualties: Do scoring systems matter? *Int Orthop*. doi:10.1007/s00264-013-1997-z
10. Awais S, Saeed A (2013) Study of the severity of musculoskeletal injuries and triage during Pakistan earthquake 2005. *Int Orthop*. doi:10.1007/s00264-013-2013-3
11. Guner S, Guner SI, Isik Y, Gormeli G, Kalender AM, Turktas U, Gokalp MA, Gozen A, Isik M, Ozkan S, Turkozu T, Karadas S, Ceylan MF, Ediz L, Bulut M, Gunes Y, Gormeli A, Erturk C, Eseoğlu M, Dursun R (2013) Review of Van earthquakes from an orthopaedic perspective: a multicentre retrospective study. *Int Orthop* 37(1):119–124
12. Emran I (2012) An orthopaedic surgeon's experience in Afghanistan. MSF-Kunduz Trauma Center. *SICOT News* 133:10–11