

Trip Report Information for SIGN Fracture Care International

Full Name: W. Bradley White, M.D.

██████████ ██████████
Name of hospital visited: Karanda Mission Hospital

Trip Dates: 9/24-10/15

Please provide a short summary of your trip:

~35 major surgical procedures-most for previously untreated fractures. Fractures generally from 2 weeks-2 yrs old with most 2-6 mos old. Previous treatments basically simple cast for foot/leg/forearm/arm fxs, and bed rest for femur/hip fractures.

10 or 11 SIGN cases. 2 for retrocalcaneal fusions, and the rest split between chronic tibia fractures with non-union, acute femur fractures (only 2 weeks old) and malunion/nonunion femur fractures. All of these patients fully disabled from their injuries and unable to walk, never mind work and provide for their families. All were mobile the next day.

Did you receive any patient stories regarding receiving the SIGN nail? If yes, please share below or on an attached sheet.

1- 30ish woman with Hawkin's IV fx/dislocation of the talus 9 mos ago. Body of talus extruded into neuromuscular bundle. Unable to ambulate since injury. Posteromedial incision to remove talar body and allow dorsiflexion of ankle. Lateral incision to prepare joint. Retrocalcaneal fusion with SIGN nail. 2 days later "I'm fine!".

2-40ish female with 2 yr nonunion tibia. Grossly unstable and unable to ambulate. Stabilized with SIGN nail.

3-50ish farmer with nonunion tibia x6 mos. Unable to work. 1 day after SIGN nail ambulating with crutches and anxious to return home. Discharged postop Day 2.

Please include any photos that would help illustrate your stories above. May we use this information for a newsletter or in social media? Yes No

Do you feel your trip was a positive experience? Please explain.

Able to provide care not otherwise available to these patients that will allow them to return them to a productive life. _____

What would you tell other volunteers who plan to travel to this hospital?

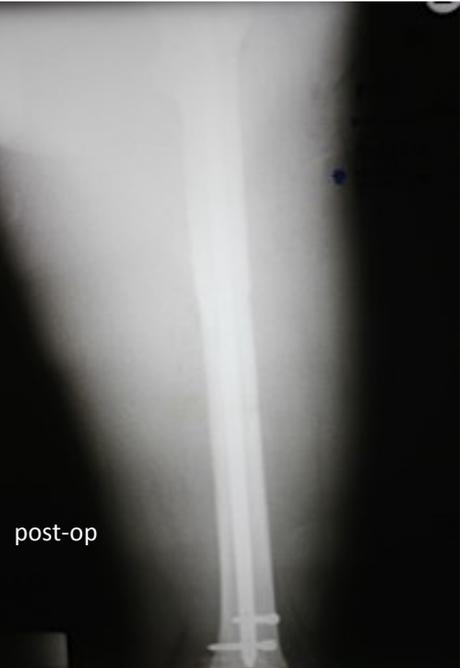
Tremendous Orthopaedic load. Largely untreated or under treated fracture cases and untreated Pediatric deformities. Limited X-ray capability. No fluoroscopy. Must be willing to improvise and make do with marginal lighting (headlight recommended), and limited equipment/surgical implants for ORIF.

Are you interested in traveling to other SIGN programs? If yes, please tell us where. _____

Yes. Wherever needed.



21 yo male with acute femur fracture.
Basic OR with single dim light. Frequent flying insects share the room.





Hawkin's IV fracture dislocation 9 months ago. Untreated. Unable to ambulate. 20d plantar flexion contracture.



Postop SIGN nail retrocalcaneal fusion. 9 months old untreated Hawkin's IV sustained when she "jumped" ~5 meters down. Now, "I'm fine!!".





Constance-a smiling 12 yo in traction for a month. With Pediatric SIGN nail could have been home in just a few days.



Postop SIGN xray drying outside. Definitely old school.