

Breast Health Education, Microsurgical Teaching and Training- My Bus(wo)man's Holiday, Nigeria April 2019

Breast cancer is now ranked the most common cancer worldwide and is amongst the leading causes of female mortality. While relatively speaking the incidence is low in Africa, survival is poor. Reasons for this are multifactorial but late presentation, limited/no access to health care, poor infrastructure and low socioeconomic status all contribute. My background is in plastic surgery but I have a hybrid consultant appointment with oncoplastic breast surgery being a large proportion of my work. This has enabled me to use this combination of skills overseas particularly amongst those of a BAME background whom we know fare worse with a breast cancer diagnosis. This year I have been involved in teaching trips to Nigeria and I have summarised them below.

Breast health awareness day, Ijebu Ijesa, Nigeria

To mark my father's 70th birthday (a retired NHS Orthopaedic Consultant) we decided that we would hold a health awareness day in his ancestral home – Ijebu Ijesa. Ijebu Ijesa is a town north of Lagos, Nigeria in Osun state. It has a population of 52,000 people and the nearest major hospital for breast surgery is 45 miles away in Ife (a large city to the south). For many this means a long journey to the city to access medical care. Logistical planning from the UK would have been difficult however, with the immense organisational skills of my extended family and medical friends that lived locally we liaised with the town Oba (King) who helped spread the word and encouraged villagers to attend. We planned for 100 people and the event was free to attend. We were very fortunate to have had a wealth of support from the local medical team. Notably senior nurses were invaluable and their junior nursing team brought their expertise and their translation skills to allow the day to proceed smoothly (figure 1).



Between my brother (A&E senior registrar), my father and myself, we performed consultations for over 160 attendees (figure 2). The day was structured to start with lectures on different aspects of health awareness followed by clinical examination. I gave a lecture on how to perform a breast self-exam, which was accompanied by a video and real time dialect translation by one of the nursing staff. This was then followed by a question and answer session. Any woman wishing to have a breast exam was then able to see me in a private area. Twenty-one women requested a breast exam (age range 17-90 years old). The majority had a normal breast exam, but I referred two to the hospital; one for further evaluation of a breast lump and the other for a keloid scar, which she thought, was a breast cancer (not too dissimilar to any one stop clinic!). The majority of people

attending had several other illnesses picked up on the day such as untreated high blood and diabetes. The day was immensely rewarding and we hope to repeat again on an annual basis.



14th Biennial UCH flap transfer and microsurgery course University College Hospital (UCH), Ibadan, Nigeria

University College Hospital (UCH) in Ibadan is one of the premier medical schools and teaching hospital institutions in Nigeria. I was therefore, honoured to be invited faculty on their 14th Biennial UCH flap transfer and microsurgery course. Breast reconstruction is still in its infancy in Nigeria, with successful free flap reconstruction still very much a rarity. Participants on this three day practical course (and part of my involvement was to provide practical instructional help to the students) came from all over Nigeria and neighbouring countries. My role was to teach how to set up a microsurgery service, what sort of equipment/personnel is required, and techniques for DIEP breast reconstruction (figure 3). The former being vitally important as surgical skills form only a small part of the larger demands of running a successful free flap service. MDT working is not as well established and I gave a lot of emphasis on the need to have a good relationship between breast surgeons, plastic surgeons and nursing staff to facilitate good surgical care. Practical microsurgical skills and cadaveric dissections were offered on this course, but the instrumentation was lacking. Since my return I have raised the funds to provide 15 new microsurgical training kits for the department as well as provided links to online training resources/manuals so that the residents can build their practical skills. I will return early in 2020 firstly for a combined breast and plastic meeting to help facilitate a local surgical pathway for breast reconstruction in patients, which ultimately will involve access to oncoplastic and microsurgical techniques. We have also set up collaborative research links to look at how we can adapt technologies to reflect the financial/infrastructural challenges pertinent to the locality to improve surgical outcomes.



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