

WOC-UK AT THE WEST AFRICAN COLLEGE OF SURGEONS (WACS) SCIENTIFIC
CONFERENCE IN ABUJA, NIGERIA, 18TH FEBRUARY 2020

NEGLECTED CLUB FOOT SYMPOSIUM BY WOCUK, NIGER HALL
INTERNATIONAL CONFERENCE CENTRE ABUJA, NIGERIA

P. OFORI-ATTA, 19TH FEBRUARY 2020

Team:

Mr P. Ofori-Atta, Orthopaedic Surgeon WOC-UK link officer for WACS

Mr Akinwande Adedapo, Orthopaedic Surgeon, James Cook Teaching Hospital,
Middleborough, England

Mr Akintunde George, Orthopaedic Surgeon, Southampton and

Research Fellow Univ. of Bath

Miss Olukemi Lawani, WACS Fellow and a Fellow in Paediatric Surgery,

Glasgow Royal Children's Hospital - a 'co-opted' member of WOC-UK team

Arrival in Abuja, Nigeria

Most members arrived from UK the weekend before the programme (17th to 20th February) except Mr Ofori-Atta who arrived from Accra on the 17th of February lunch time.

Delivery of Symposium

Programme Moderator: P. Ofori-Atta

Originally scheduled for 7am to 9.30, programme was readjusted to start from 8.00 – 9.30. Members of team arrived at the venue at about 6.30am to upload lectures on the conference speakers' system.

Programme delivery started at 08.10. Order of speakers followed as planned prior to the symposium. Mr Ofori-Atta thanked WACS for the opportunity to share knowledge and experience on club foot deformity especially 'the neglected' .

While he was emphasising on the lack of consensus on the definition of the neglected club foot, he summarised the opinions that the condition could be defined as occurring when a child with club foot of walking age has not received appropriate treatment or has been managed inadequately or inappropriately. He followed on with an overview of the burden of the disease in West Africa. Looking at the perceived magnitude of the problem in West Africa, he considered the data on club foot in West Africa as scanty and paradoxically vestigial. He also lamented on the poor state of coordination and collaboration of work on club foot in West Africa by the pockets of active club foot centres.

Mr Akintunde George presented analysis of records of work on club foot in Africa commending the work of Prof Chris Lavy in East Africa. He was of the opinion that with the potentially high prevalence of the condition in West Africa of about 2-3 per 1,000 births, West African Surgeons should be leading the management of club foot. Local surgeons should be looking at innovations to support the care of club foot. He cited the example of the manufacturing of cost effective 'Steenbeck Foot Abduction Brace' from local materials in Kenya.

Dr Lawani followed on with a series of 3 lectures which covered definition of club foot, different types of the condition including syndromic and neuropathic. Besides, she considered it empirical for training of a wider range of health workers as well as traditional bone setters working together side by side with orthopaedic surgeons to bring identification and care to as many patients as possible. The East African approach seemed worthy of emulation. She also expressed concern that residents training programme in West Africa did not provide adequate exposure to paediatric orthopaedics at some centres. As a fellow of the West African College who trained in the local system, she encouraged the College to ensure that at least the six months of Paediatric Orthopedics rotation should be improved for all to have adequate exposure and training in the management of club foot and other paediatric musculo-skeletal deformities.

The team prior to the symposium had come to a consensus that as long as Ponseti treatment is not widely and adequately available to the entire population of West Africa, coupled with the lack of manpower, shortage of facilities and know-how, the spiralling cost of club foot care from materials, travel distances and costs for patient and families, many neglected club feet will continue to present to surgeons in the sub-region. For that reason, especially for the very delayed rigid types of deformities surgical intervention training and services should not be abandoned as the expertise will dwindle in our current West African Environment. Education and training in non operative club foot management therefore should be encouraged side by side with surgical care.

Against this background, Mr Adedapo delivered a compressed lecture on the surgical considerations in soft tissue and osteotomy surgery in Club foot. He firmly emphasised that corrections should address significant proximal limb deformities first if they existed before considering hind foot, mid foot and fore foot corrections in foot deformities. To tackle major deformities in the reverse fashion, he said that could place a foot in a wrong position.

There was about a 20-minute dedicated lively discussion time in which the principles of surgical management of specific conditions like neuropathic club foot were explained. Participants also highlighted the work being delivered in

Nigeria on club foot which represented a good progress from the past. The team's opinion was that the lack of coordination among the groups and lack of monitoring meant that there was still a lot to be done in Nigeria and West Africa as whole.

The session was closed at 0930 by the moderator Mr Ofori-Atta who expressed his gratitude to the participants and WACS executives for the wonderful opportunity for the knowledge and experience sharing session. He also encouraged improvements in public awareness, data collection, research work effective monitoring and collaborations. Considering the interest shown in the various corrective osteotomies in some intractable club foot and to further enhance the understanding of the principles of surgery, Mr Ofori-Atta on behalf of WOC-UK promised to deliver a hands-on workshop session by the WOC-UK team to WACS paediatric orthopaedic surgeons in the foreseeable future. He also proposed a Club foot Working Group for WACS to advance the club foot care in the sub-region for which WOC-UK would lend a guidance support.

The team members return to their base hospitals by the weekend. Gratitude to all for volunteering for WOC-UK. All but one of the volunteers were also members of Motec Life UK