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CHILDREN'S SURGICAL CENTRE

Rehabilitation surgery for disabled Cambodians

Kien Khleang National Rehabilitation Centre

www.ChildrensSurgicalCentre.org

Providing free rehabilitation surgery for Cambodia's disabled children

Issue 6 2nd Quarter 2007

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TRANSPARENCY INTERNATIONAL (TI) RATES CAMBODIA'S HEALTH RECORD AMONGST THE WORST IN ASIA.

TI is an international NGO that monitors levels of corruption around the world. TI claims "corruption has permeated every aspect of Cambodian life" and many Cambodians have to pay bribes for "medical care, school grades, court verdicts, traffic violations and marriage & birth certificates".

www.transparency.org

Dear friends,

Welcome to the second edition of our 2007 Newsletter. The first half of 2007 has been an extremely busy one for us that has brought a great increase in the numbers of patients of our ever-increasing programs.

A hot issue as we go to print is the lodging of our proposal to the Cambodian Justice Ministry of changes we would like to see made to Cambodian law to make the penalties for the perpetrators of acid attack much harsher.

To date, the proposal has been co-signed by 21 other NGO's in Cambodia who have a human and legal interest in this and thank them for their ongoing assistance and support. To this end, in this issue we are running more stories on the lives of our patients, particularly the acid attack survivors.

Also, as we go to print we are still trying to

identify a permanent source for the donation of corneas.

As we now have a highly skilled Cambodian Ophthalmologist in Dr Pok Thorn - who has performed our first 17 transplants - he currently turns away between 4-6 people every week who need a corneal transplant due to accident, disease or corneal ulceration.

As we don't advertise that we perform this operation, and are relatively small on the scale of health care providers here, the real national need for corneas must be alarming, particularly if the numbers we turn away are extrapolated to a national figure.

At a current retail cost of \$500USD per cornea, there is of course, no way we can fund the numbers of corneas we need. Even worse is that the patients we turn away,

as in many developing countries, are without sight condemned to a life of destitution.

Visiting teams of volunteers, medical students and specialists to CSC just keeps growing and we find that we are becoming increasingly popular with medical students. This is one of the first times we have had to turn students down!

This quarter will also see the commencement of two teams of volunteer speech therapists from Hong Kong University and the City University of London to work with our post-operative cleft lip and palate patients.

This will make a huge impact on the lives of our young patients who are normally shunned from mainstream society and denied opportunities because of their speech impediments.

Regards
Dr Jim

Patient Profile: Sales Pinny

Sales Pinny's story starts many years ago, in 1992 when he was just 10 years-old. He was born in the rural province of Kampong Cham, where he lived with his family and being one of 10 children in a farming family, he worked the fields from a young age. While picking mangoes from a tree in his garden one day, he fell, breaking his leg and it was two years before the ongoing pain and purulent excretions drove him to the local provincial hospital.

On arrival he was started on some basic treatment from their limited resources but it was not long before he was turned away when it was discovered the family had insufficient funds to pay for further treatment. At a loss of what to do, Sales Pinny returned to his family home and returned to manual labor in the family paddy fields. Over the years his leg became more and more disfigured, from consistent strain and weight placed upon the still unhealed break.

While this provided difficulties during his day to day activities, it was the social stigma attached to such an obvious deformity that was of greatest concern

to the now 22 year-old Pinny.

In 2004 Pinny was given new hope to return his



The untreated break , left for 13 years

leg to normality, in both function and appearance. Hearing from his uncle of what CSC do and the opportunities this help could give him, he began saving for the journey to Phnom Penh. And so in May 2005 he arrived at the Kien Khleang compound. His leg was in a severe state of disfigurement,



Sales leg now — weight bearing and straight.

with a 90 degree angulation of the right tibia. His first operation was on 18th May 2005, where the initial

correction of the deformity and malunion took place. This operation involved open

surgery on the leg, cutting the tibia and fibula to allow reduction and fixation with internal pins. The resultant wound was covered by a rotational skin flap, with a split thickness skin graft being taken from the right thigh to cover the skin flap donor site.

Recovery from this

operation took several months with Pinny spending his days at CSC, having regular dressing and recovering

from an aggressive infection. Due to the extreme nature of his injuries the bones were found to be healing poorly.

In November, after another skin graft to cover the wounds on his leg, he was fitted with an ilizarof, as this is found to be a very effective way of correcting severe breaks of major bones in the body. Three months later, on 15th March 2006, nearly one year after his initial operation, the ilizarof frame was removed. The bones in his leg have now healed well and are fully weight-bearing.

Now, one year after the removal of the ilizarof, he says how grateful he is for everything the staff at CSC have done for him. He says how proud he is of his new appearance and that he now feels confident to go out and socialize with his friends; and ride a moto unlike before. He happily talks of settling down and finding a wife in the future and hopes to come to Phnom Penh and look for a job in the city with his new found confidence.

2nd Quarter 2007

Student Profile: Sebastien Schraeger

Before I came to the Children's Surgical Centre, I had many thoughts about my future career and the relative luxury of choosing what to do with my life. I am now twenty and decided a few years ago I wanted to be a doctor.

I have always had a desire to help people and thought that through this profession I would be most able to help. I have also always been very interested in foreign countries and keen to learn about their cultures and thought my four weeks at CSC would put my two passions together.

Dr. Jim Gollogly, the founder of the hospital, embodies these two passions of mine and I thought CSC would be a little preview into my future and, as it turns out, my suspicions proved to be correct.

My first impression of CSC when I arrived was some incredulity. "Is this really a hospital?" I recall thinking to myself, and, some time later, "Welcome to the third world!" There were a couple hundred of people, of different ages with a variety of problems, waiting outside of this two story

building. On entering we were shown around CSC and we were then allowed to observe in the operation room.

The Cambodian surgeons are all very friendly and allowed us to watch the operation, something difficult even for first year students in the U.S. It was a very interesting experience for me as the range of problems are unusual compared to things we see in the west.

I observed a hydrocele and cleft lip operation among others. The cleft lip is a crucial surgery, for there is a great emphasis in beauty in Cambodian culture. If one does not look normal or has some sort of deformity it can be very difficult for sufferers to get a job, which normally leads to a life of poverty and in some abandonment by families.

This simple surgery can make a huge difference and to be part of this surgery instilled me with a great sense of pride. I could say to myself that I made a difference in someone's life.

During my last week at CSC, a French team of doctors from Toulouse arrived. The team

consisted of a neurosurgeon, a plastic surgeon, an anesthesiologist and a couple nurses. They volunteer their services twice a year and they have mentored most of the CSC surgeons over the past four years.

They perform MEC (Meningoencephalocele) surgeries, which last about three and a half hours each. An MEC is a birth deformity, where the brain is not fully encapsulated by the skull. This deformity is quite common in Cambodia and scientists say it may be a result of a fungus in the rice. These MEC repairs are

crucial to the patient as their mortality rates are 100% without it, usually dying before they reach the age of 25 years. After the surgery, these people will be able to get jobs based on their skill and potential, rather than be rejected on the basis of their appearance.

Although these doctors were only able to volunteer for one week, they were able to give people another chance at life.

I found this experience truly inspiring and hope this was a preview into my own future.



Noma: 'Scars from the past'

Noma is a rapidly spreading orofacial gangrene which mostly affects children between one and four years of age. It was recognized by the Greeks who named it, ("noma" means "to devour").

By about 1880 it began to disappear from Europe with improvements in the standard of living when the population no longer suffered severely from famines and public health had developed, but it still persists where poverty and famine are rife, and can reappear in unexpected sites such as as recently as in the Nazi concentration camps in Germany in the 1940s.

In 1998, WHO estimated there were about 140,000 cases worldwide with a 79% mortality. The majority of these cases occur in Sub-Saharan Africa (the "Noma belt"), but noma also occurs in Asia and South America. In 2003, the prevalence in Northwest Nigeria was said to be 6.4 per 1,000 children.

Causes: There are different theories regarding the causes of noma.

In a setting of severe malnutrition and poor oral hygiene where there is a weakened immune system, an incidental systemic infection such as measles, malaria or typhoid can trigger a change in the microbial environment of the mouth which very quickly leads to an invasion of the gingivae ("acute necrotising gingivitis") and spread through the adjacent tissues to produce a localised area of gangrene.

There is dispute as to whether this infection is caused by the normal bacteria, by an invasion of a herpes virus, or by the presence of fusiform bacteria and spirochaetes.

Most commonly, the child dies, but if saved by adequate treatment with antibiotics, supplemental feeding and oral debridement, then characteristic defects are left around the mouth. These

attempt to heal spontaneously, with scar contracture generally narrowing the mouth but leaving salivary incontinence, severe dental malposition and even maxillo-mandibular ankylosis. Thus, even those few who survive noma are disfigured for life, both functionally and cosmetically, if they do not receive reconstructive surgery.

Treatment: The acute treatment of cases of noma is theoretically quite well defined: administration of antibiotics; debridement of oral lesions and maintenance of oral hygiene; correction of the nutritional deficits including the administration of vitamins and trace elements; and the prevention of contractures.

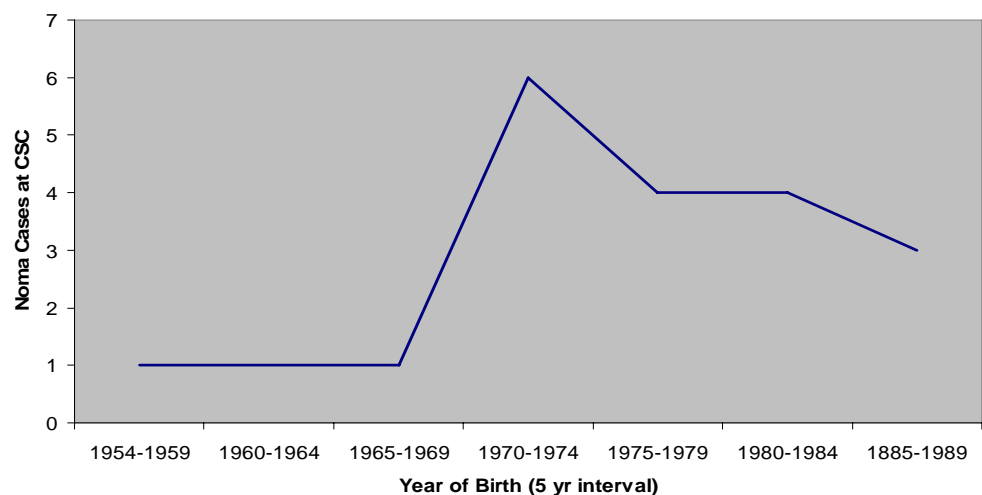
However, in the usual context in which noma occurs, medical attention is either not available at

all or is so overwhelmed by the numbers of ill and starving people that adequate care cannot be given.

Cambodia: As well as the Nazi concentration camps, Cambodia is another exception to the sub-Saharan African 'noma belt' as the Pol Pot years (1975-79) saw the deaths of over 3 million Cambodians through extermination campaigns that included organized starvation.

The destruction of the society and its classes ensured that the educated sector were targeted for extermination, ensuring that no doctors were left to treat the ill and injured.

Thus, Cambodia in and around the time



Staff Profile: Mr. Pech Pov (Janitor)

Pech Pov's first memory of his noma was the discomfort of measles. He remembers being a three year-old child and the pain the measles he had contracted caused him, however they only preceded the savage noma infection that attacked his mouth and scarred him irreparably.

Born in January 1976, Pov was an ideal victim for a noma infection as he and his family suffered the deprivations of the Pol Pot years, losing three of his seven elder siblings to the Khmer

Rouge, and while he doesn't remember being "really hungry", doesn't know how his siblings and parents survived.



An elder sister of five was also infected by noma at the same time,

until she ultimately died from the infection.

Spending his adult life as a noma survivor had robbed him of the

get advice from CSC's Dr Bounvath to "go to CSC and get treated" in 1999 when he "looked much worse".

Five surgeries and eight years later, he is now employed at CSC as a Janitor where he is grateful for the stable employment.

It is with great pride he describes his good fortune in finding a wife with whom he has had two children, saying he wants only a few so "they can study and will have a good life" as he wants them to be "good doctors to help people".

was an ideal environment for the incidence of opportunistic noma to rise.

Correspondingly, of the 20 patients seen at Children's Surgical Centre (CSC) for treatment of damage resulting from prior noma infection, the majority were of an age which shows that they were infants or very young children during these times.

All were treated with various orthopedic and plastic surgical techniques in order to relieve their condition.

The damage caused by noma is so extensive, however, that complete repair is rarely if ever possible. Most cases can be traced directly to hardship during the Pol Pot regime just a few decades ago (see graph).

The reach of the extermination campaign of the Khmer Rouge was so extensive that even after Pol Pot's fall, noma continued to be a problem, judging from cases presented and treated at CSC.

Noma is a debilitating and frequently fatal dis-

ease. More tragically, perhaps, is that it is relatively easy to prevent, as research shows the single most highly correlated risk factor for noma is severe malnutrition due to extreme poverty.

The crippling and disfiguring injuries resulting from noma can be limited with early intervention, and as such the suffering caused to those lucky enough to survive noma can also be prevented, or minimized.

Unfortunately, conditions which provide fertile for noma are, not surprising-

ly, also those which tend to prohibit timely and effective medical intervention.

CSC NOMA CASES:

- CSC treated >10 patients with identified sequelae of Noma since 1998.
- All affected between 1972 and 1980.
- All young and in extreme circumstances when Noma developed
- All treated with multiple facial reconstructive surgeries.

Volunteer Specialist: Dr Fred Lauwers (Cranio-maxillofacial surgeon)



Dr Fred Lauwers with his 15 year-old daughter Morgane, who had accompanied him on his latest mission to CSC where his top priority is to "train Khmer doctors".

Let me try to answer this question: why do I volunteer and work in Cambodia twice every year since 1996?

I don't really know other than I fell in love with Cambodia 10 years ago...and I've worked in many places before joining the CSC team for Medecins de Monde.

What lures me back is the friendly ambience and that you can work at CSC in good (and safe) conditions. I'm a cranio-maxillofacial surgeon and I spend most of my time in France dealing with congenital malformations. The main focus of western reconstructive surgeons

in Cambodia when I began was cleft lips and palates.

There was no reconstructive Khmer surgeon in Cambodia then and performing a 1hr operation on a 10kg baby was a daring challenge.

The first patients I had to operate on were young adults or older children.

The conclusions that I, and all the other expat surgeons in Cambodia, were that we had to train the Khmer surgeons in this surgery and quickly. We all realized the overwhelming demand was due to the backlog of health problems and the best and most effective thing to do was to train people.

So my first priority was to visit however many times it took, train surgeons; never leave a cleft palate opened even if it takes one hour more to do it; and make these children

speak normally.

That is what I've tried to do and that is what made me come so often to Cambodia. These days I don't do cleft surgery at CSC, as the Khmer surgeons are highly capable in this now, but I'm always ready to discuss and perform a secondary procedure on a cleft patient such as a rhinoplasty or a pharyngoplasty if needed.

Today I did the first (I think) gingivoperiosteoplasty with a bone graft on a 7 year-old girl who has been operated some years before for a cleft. Drs Ngiep and Ratha were attending and I hope I've seeded something of use in their mind.

Another challenge has been craniofacial surgery. Each mission I've done I had to examine children and young adults with meningoencephaloceles (MEC's).

I was convinced that an intra-cranial approach was essential to avoid

any recurrence and to be free to deal with the facial skeleton on an aesthetic point of view. But doing this in poor conditions is unsafe, and at the same time Jim Gollogly was thinking the same. We decided to provide the right conditions to operate on these patients at CSC in safety.

I work now with my friend Dr Franck Roux who is a neurosurgeon and my team has performed surgery on 150 patients in the 4 years we have been coming to CSC. The training is always our priority, as we found the CSC surgeons really wanting the experience, knowledge and skills to do it by themselves.

In short I have more than one million reasons to donate my time to come and work at CSC. A thought for my abandoned family during these stays in Cambodia - I love them.

If I am not a judge of what I can give to Cambodian people, I know what I have received from them... and it will keep me coming back again and again.

Patient Profile: Mr Chhean Vin

The human cost of illegal immigration is high. IOM* claim "Cambodian men are primarily trafficked to Thailand for labor exploitation in the construction industry" and Chhean Vin, a temporary patient of CSC, is just one of these statistics.

When the promise of work in far-off Thailand presented itself to twenty year-old Chhean in 2005, he didn't hesitate to pay his long-saved 2,500 Baht (\$62USD) fee to the organiser of illegal entrants to Thailand. He accompanied he says, about 40 other Cambodian people through the porous borders and avoided the main check points to achieve their destination.

On arrival in Thailand he started working at a pre-arranged series of construction and blacksmithing jobs until the fateful day, "about 10 months ago", when he was working on a roof above a large quantity of stored petrol, where, ignited by the stray spark from a workman's tool, it exploded and engulfed him in burning petrol.

His colleagues and the company staff took him

to a hospital in Thailand, he is unsure which, where he stayed for "about three months".

Hospital bills for his stay in the hospital were met he says, by the "Cambodian Ambassador", with the company who employed him giving him the sum of 1,500 Baht (about \$40USD) as compensation.

Chhean prior to transfer



Being a naturally long and lean frame, and now only 36kg, he has little skin to choose from as donor sites from which to do skin grafts.

These grafts are essential as both legs are in contracture which occurred when the molten skin fused together at the time of the accident. The accident has also severely damaged his hands and he has little feeling or coordination of them.

With both his legs contracted and infected, daily dressings are necessary and painful with the dream of walking again one day a far off dream for Chhean.

Essential supplementation in his diet and proper attention to nutrition, however is needed for a long-term approach to Chhean's recovery.

While this, and general burns care, is not CSC's focus, it was with some care and trepidation CSC staff admitted Chhean Vin as a patient one late Friday afternoon, when arriving in the back of a an open-backed lorry with his family begging that they had no-where else they could take him.

Fortunately, some of the CSC doctors had relations in far-off

Battambang and were aware of the Italian NGO Hospital, 'Emergency', who were subsequently approached to accept Chhean as a patient.

Luckily for Chhean, they accepted his transfer and within days he was moved with great care in the CASC ambulance to the Hospital and with the promise of being able to see his family more frequently because of closer proximity.

Illegal migration to Thailand by Cambodians is estimated to be tens of thousands per month, mostly driven by economic necessity and the need for jobs.

CSC is trying to assist Chhean and his family in identifying some lawyers and human rights groups in both Cambodia and Thailand who would be happy to take on his case for greater injury compensation. If any readers can assist, please contact us directly.

We will keep you posted on the outcome of our searches and Chhean's progress.

*International Organization for Migration



Cambodian Acid Survivors Charity (CASC)

This quarter, rather than report on the overall activities of CASC, we have decided to give you the story of our long association with acid attack survivor, Ms Chan Nary, sadly, whose story of attack, and subsequent neglect, is fairly representative of most female victim's stories.

Ms Chan Nary first came to CSC in 2005 and as an acid attack survivor. As a now single woman and mother, she has made a remarkable journey from a life-threatening injury to suicidal victim back to a rewarding and fulfilling life. This is her story:

The first thing that strikes you about Chan Nary is her appearance, even now, two years on, it is almost impossible to think of anything else until you have explored her features.

A bright eye and a disarming smile look almost out of place in a countenance that still bears the marks of reconstructive surgery; a melted wax appearance disfigures the backs of her arms, contrasting with the mottled coloring of the acid damaged skin across her shoulders and upper torso—the pigment bleached out

along the “run-off” lines of the acid attack.

Two years ago she was pretty, married and living with her husband of ten years and their daughter in Kampong Thum province where she worked selling noodles while he was in construction. She speaks of this period with a sentimentality that even now, articulates a fondness that leaps the language barrier and survives translation.

Tragically, this period of contentment came to an abrupt end as she was attacked with acid during the early months of 2005 by her husband's cousin. The reason for this life-threatening attack: anger, over a minor incident at work where her daughter had knocked over some noodles.

For two weeks she lay convalescing at her home, looked after by her husband's family, lacking the money to reach treatment, let alone to pay for it. Eventually, as her condition deteriorated, the family sold their paddy fields and water buffalo and traveled to Phnom Penh. The Russian hospital advised that

they wanted \$5000 for her treatment—far more than the entire family could afford—and an outrageous sum in a country with an average annual income of around \$400.

Two further weeks passed and in desperation she went on to the military hospital before coming at last to CSC, following a recommendation made in passing by a doctor.

Over a month had now passed since the initial attack and her burns were extensive. She underwent a series of reconstructive operations at CSC using split skin grafts to cover the areas where burnt, dead tissue had been removed and to relieve contractures as well as rotation flaps and other autologous grafts for coverage and functional return—notably around her mouth where a keloid scar and contracture hindered her from eating and a split skin graft was required to relieve the tension.

Meticulous care was given to healing with daily inspections, frequent wound cleaning and grafting operations as well as antibiotics and strong

pain relief. Her diet was supplemented carefully to help the healing process and her weight monitored carefully. Slowly, over the ensuing months her physical condition improved and the physical wounds began to heal.

However she was still to face a final challenge of coming to terms with her own appearance. Throughout the initial three months she had not been able to see herself as mirrors were removed by well-intentioned relatives and she relied instead on the words of well-meant support of her husband's family - their reassurances proving almost fatal.

When she did finally see herself, the shock

was overwhelming and she became suicidal; convinced that it was better to die than to have to face life disfigured in a culture where women's looks are highly valued.

This episode of severe depression lasted a long time. In a country with few resources for the rehabilitation of the depressed or mentally ill, severe depression is



Cambodian Acid Survivors Charity

without doubt a highly dangerous condition for sufferers. There are no records kept on suicide rates in Cambodia, as this is seen as shameful and kept secret, and is also in opposition to the Buddhist belief that you would be born again into another life, the suicide in this life preventing that.

In the end it took the counseling of a sympathetic massage therapist visiting CSC from Canada, Ms Anna Kania, a long-term supporter of CASC and CSC, to intervene and help her find a reason to live again.

One of these reasons now is Chan Nary's youngest daughter, now 2 years-old, whom she clearly adores and has obviously provided much of the inspiration for her to remain amongst the living. She glows with pride while carefully watching and attending to her.

Following this depressive episode, she was subsequently enrolled in Hagar, a Cambodian NGO focusing on the rehabilitation of damaged and abused women in Cambodia,

providing shelter, rehabilitation and basic education courses.

Chan Nary continues to live there with both her daughters, valuing the security the shelter offers and the support of its staff, while she



Chan Nary and her youngest daughter in April 2007.

slowly recovers her confidence and hopes for the future.

She has had eleven separate surgeries at the Children's Surgical Centre on the road to her recovery, most of them to restore or improve her functionality rather than for aesthetic restoration.

Additionally she has had further minor surgeries on her damaged eye.

She still aims to look as normal as possible and to this end has investigated ways to fund more cosmetic

life now and believes in herself again. Although her husband has disappeared, and she has no expectations of any future support from him, she is confident she can provide for herself and her daughters.

She is currently applying for jobs in a garment factory and later hopes to start a small business with the skills she has learnt. She is extremely grateful to CSC for providing the treatment for free and helping enrol her in a rehabilitation scheme.

She keeps in regular contact with us at CASC monthly support meetings of the Cambodian Acid Survivors Charity and is an active participant in most meetings with both her children benefiting from the CASC-initiated Education Fund for the children of acid attack survivors.

As a survivor of this most malicious of crimes, hers is a great success story and one we aim to achieve with every patient admitted to CASC.

surgery. She has had one such procedure so far, and is happy with the results.

Cambodia has no system of support for the unemployed or injured so she has to rely on her own abilities to fund her own and her children's future.

She is happy with her

Wanted: Volunteer/s to co-ordinate CSC Charity registration in the UK

CSC is seeking the services of a retired or semi-retired lawyer/administrator/ or legal assistant who may have the time and motivation to co-ordinate and realize the Charity registration for the Children's Surgical Centre in the UK.

As most western countries have now tightened up their charity registration procedures, it is

anticipated that this project will take some time (years even!), requiring considerable tenacity, single-minded determination and drive to achieve results. This may appeal to an energetic retiree willing to devote much of their free time to the task.

Charity registration in the UK will allow CSC to apply for more funding from the many

Foundations who support small health initiatives in the developing world but require UK Charity registration.

Additionally, individual and corporate donors will be allowed a tax benefit for any donations, thereby encouraging a greater base of donors to CSC, allowing us to keep growing.

If anyone is interested in fulfilling this herculean task, we would be most grateful and can assure you that your time would be well invested in insuring the longevity of CSC in Cambodia.

Please contact Ms Penny Tynan in the first instance on: penny@csc.org

Wanted:

Volunteer Lawyers

or final-year law students to help acid attack victims

CASC is seeking the assistance of final year law students who may be interested in coming to Cambodia in university semester/summer breaks to monitor and follow-up on the legal cases of our acid attack victims.

A considerable amount of information needs to be input into our database about the cases, the history of the case and at what stage of process the cases are at. As the Cambodian legal system is quite different to that of the US, Canada and Australia, a three-four week period of familiarization will be required.

CASC currently has 117 acid attack cases, most unprocessed by the Cambodian legal system.

This has been due to many factors, one of which is that the victims will not press, or has dropped charges as the perpetrator is often a spouse, and if incarcerated, would not be able to care for the children.

Essential criteria:

- Completion or near-completion of law degree
- Understanding of gender issues in developing countries
- Compassion
- Common-sense
- Initiative

Contact Penny Tynan at: penny@csc.org

Wanted:

Help with internet:

As CSC grows along with all its programs and staff, so too does our all our bills.

One of these has been our internet fees, essential for the training of our Cambodian doctors and medical students as they do research. Currently running at about \$275-300USD per month, this is a significant cost to us that we'll always see as better spent on our patients doing surgery!

As we're aware that several IT companies this year have had outstanding profits, we're asking that if any of our U.S. supporters who may have contacts there, if they would be interested in

incorporating some of their profits into good works in humanity and sponsoring us for one year's internet fees.

To get this into perspective, our cleft lip operations cost a mere \$40USD. So every month what we spend in internet fees runs to about seven cleft lips. Seen in this light, when we run low on donations, it will be the internet that goes first!

We would be most grateful to any IT company whose corporate sponsorship program may be able to incorporate us!

Contact Penny Tynan at: penny@csc.org

Goodbye and thanks: Dr Kayte Evans, Australian Embassy Doctor



Dr Kayte Evans, a great supporter of CSC.

A great humanist, delightful doctor, huge supporter of CSC and all-round

great gal has departed for Australia.

Dr Kayte Evans, a great favorite around CSC with the Khmer staff and surgeons as well as the visiting western specialists, has decided after six years in Cambodia as the Australian Embassy doctor, that it was time she 'upped stumps' and went home.

To make things even more exciting, Dr Kayte

is returning to the remote TIWI islands of Australia to work for the Government of the Northern Territory as the regional doctor with the indigenous community.

She will be sorely missed by the large Phnom Penh community whom she has so readily embraced and CSC particularly, will miss her for her warmth and willingness to assist. Dr

Kayte was instrumental in training CSC staff as well as keeping her own practical skills current and came to CSC at least once per week to achieve this. She developed many close friendships with the Khmer staff in this time.

We wish her well in all her future endeavors and say a heartfelt goodbye, good luck and thanks for everything. We will miss you!

Footnote: Readers may recall from last month's story on CSC's HIV+ acid attack survivor and cleaner, Em Hong. Fearing her failing health, Hong asked CSC that her daughter, Ean Tola, be given consideration for acceptance to Sunrise Orphanage. She is seen here on admittance with Sunrise's founder, Geraldine Cox. Thanks Geraldine !!



Thanks:

- Keckler Medical, CA, USA.
- Tom Schraeger
- Sunnybrook Hospital, Toronto, Canada
- Nikki & Steve Black, London UK
- Brian Culbert, Toronto
- Mallesons Stephen Jaques, HK
- Ms Ellen Minotti
- Ambassador Donica Pottie
- Jean & John Lyman, LDS
- Dr Judith Newman
- All our donors & supporters !

Surgery from 01 April to 30 June 2007

		Adults >25		Children <25		Total
		M	F	M	F	
Reconstructive Surgery	Cleft Lip	3	1	20	20	44
	Cleft Palate	0	0	11	6	17
	Club Foot	0	0	0	0	0
	Polio	0	0	0	0	0
	Acid Burn	0	0	0	0	0
	Burn Contracture	1	0	1	3	5
	Skin Graft	5	8	10	5	28
	Malunion Fracture	4	1	0	0	5
	Amputation	0	0	0	0	0
	Bed Sore	0	0	0	0	0
	Osteotomy	0	0	0	1	1
	Dislocation Reduction	4	1	2	2	9
	MEC	0	0	8	7	15
	Hemangioma	0	0	0	0	0
	Tendon Transfer	0	0	1	1	2
Syn/Polydactyly	0	0	2	0	2	
Other	40	31	61	31	163	
Eye Surgery	Cataract	85	31	8	0	224
	Pterygium	11	48	1	0	60
	Glaucoma	5	6	0	0	11
	Squint	1	3	4	8	16
	Corneal Repair	5	0	1	0	6
	Lid Surgery	10	12	1	3	26
	Evisceration	8	5	2	0	15
	Dacryorhinostomy	0	8	0	0	2
	Enucleation	0	0	1	4	5
	Cyst Removal	0	2	4	2	8
Other	12	19	19	12	62	
Total	194	176	157	105	732	
Outreach—Surgery	4	18	1	2	25	
Grand Total	198	194	158	107	757	

