

## Unnecessary operations?

It is a strange paradox: although in developing countries relatively too few medical facilities are available, often too many and unnecessary operations are performed... Regularly, this same superfluity also applies to all kinds of other (para-)medical interventions, such as the supply of medicines, various examinations, aids and therapies. For that matter, this is not a problem that is only typical of developing countries: over-consumption in the (para-)medical field is also affecting the Netherlands and other western countries.



*Sekongo from Ivory Coast before treatment*

There are several causes for this phenomenon. The two major ones are lack of expertise and business-like (self)interest of people prescribing these treatments. To avoid any misunderstandings: drawing your attention to this problem has nothing to do with lack of respect or trust towards people with a (para-)medical profession: on the contrary, we are happy with all the *good* work performed with skill and integrity by so many competent people. Therefore we will from now on only refer to cases where things are unfortunately *not* passing off with skill and integrity...

Not all of the mediators in developing countries that the Liliane Foundation co-operates with have rehabilitation skills. An important role of mediators is to give referrals to local experts. And this is where problems *might* start: does the referral person have sufficient expertise and... could it be that this person has financial self-interest in the treatment he or she prescribes?

These are questions that you might like to think about. Should you have any doubts, feel free to share them with us, we may be able to help you by referring you to other contacts we have built up in your country or by asking for advice elsewhere.

Numberless examples could be given of superfluous (para-)medical interventions. To illustrate this, in this issue of the 'Big Spider' I would like to discuss just one of them in particular: children affected by deformity of the knee joints due to a growth disorder in the 'growth discs' of that joint.



*Tuo from Ivory Coast before treatment*

Most of you will have seen this some time or other, because it occurs quite frequently: children with so-called 'O' or 'X' legs. Children with these problems are often operated on, although in many cases this is not necessary. If the deformity is less than about 30 degrees, children up to about 15 years of age may be given a so-called conservative treatment, i.e. with plaster therapy and without surgery. Especially for children with X-legs this plaster therapy is often very successful. The posture of the feet should always be looked at carefully, because an abnormal posture may require adapted shoes.

By plastering the legs a few times, the abnormal posture is corrected partially. After correction, the children should continue to walk with braces for at least another year in order to prevent the old posture from recurring.

For youngsters who have finished growing - from about 15 years of age - plaster therapy is often not possible anymore and in that case surgery would be appropriate to correct the abnormal posture of the knees.



A good example to illustrate the possibilities with plaster therapy is the story of Musambya (5 years old) from the Congo. Musambya was born with X-legs. His legs were plastered while he was in hospital for three months, after which his knees were fitted with braces. At this moment he is still wearing the braces, but it is expected that in a while this won't be necessary anymore, allowing Musambya to walk like other children.

If you think there are aspects in your work such as described above that require extra attention, then we sincerely invite you to let us know.

Kees van den Broek

*Musambya with  
plaster dressing*