

Dr. Asrat Mengiste

Reconstructive Surgeon, Kenya

Dr. Asrat Mengiste has been working as an Amref Health Africa reconstructive surgeon since May 2003 and in 2013 took up the position of Regional Manager at the Medical Services Outreach Programme, based at the Headquarters in Nairobi, Kenya. He has worked for 28 years in a variety of different capacities, as health centre director, general surgeon, hand and reconstructive surgeon and surgical department head. During the 64th Annual Meeting of the Association of Plastic Surgeons of USA in Baltimore in 2007, he was honoured with the first Annual Smile Train Hero Award in recognition of his dedication and passion for helping children with cleft lip and palate. Dr. Asrat Mengiste is the current President of the Pan African Cleft Lip and Palate Association.

Dr. Mengiste will present the reconstructive surgical scenario in sub-Saharan Africa and discuss the role of plastic and reconstructive surgeons working in low resource settings:

Reconstructive surgical service scenario in sub-Saharan Africa

The development of reconstructive surgical services in sub-Saharan Africa has been limited by a belief that this type of surgery is non-essential and too expensive to be sustainable. Reconstructive surgery remains among the least developed of the surgical specialties, with training opportunities available mainly abroad.

Few or no published data are available to provide reliable estimates of the burden of reconstructive surgical diseases or the cost effectiveness of surgical treatments. Burns are one of the most frequent causes of injury in Africa, because daily life is closely connected with the handling of open fires for cooking, heating or lighting. Children are especially at risk, because they often play close to unguarded fires and receive serious burns. In most cases the immediate, correct treatment of burns is not available, leading to burn scars from protracted healing by second intention. Burn scar contractures lead to severe deformations and long-term functional disabilities. In addition, the majority of children with correctable congenital anomalies such as cleft lip and palate do not get the chance for surgery, leading to preventable chronic disabilities. Children with disabilities or deformities are commonly hidden away from school and from the communities in which they live.

The African continent has enormous reconstructive surgical needs, but trained reconstructive surgeons are severely lacking, leaving mostly general surgeons and paediatric surgeons to provide these services. Reconstructive surgery in sub-Saharan Africa has some distinguishing characteristics. What are the keys to drive reconstructive surgical missions to success? Should we organize missions with surgeons from abroad or should we just focus on training local doctors? This lecture will discuss the pitfalls and do's and don'ts in plastic and reconstructive surgical missions according to Dr. Asrat's experience. He will also discuss the possible role of young plastic surgeons in Western countries in improving plastic surgery in resource poor settings.

No confirmed sponsoring for his travel expenses yet.