

# TRAUMA CARE BY CLINICAL OFFICERS IN RURAL UGANDA



# BACKGROUND

- \* trauma care no priority
- \* Left to orthopaedic specialists
- \* 1962 Institution of Orthopedic Clinical Officers

# Orthopedic Officer

- \* conservative and some operative treatment of fractures
- \* Soft tissue injuries
- \* Deformities eg clubfoot
- \* General bone diseases incl infections
- \* Primary trauma care

# Trauma victims in the hospital

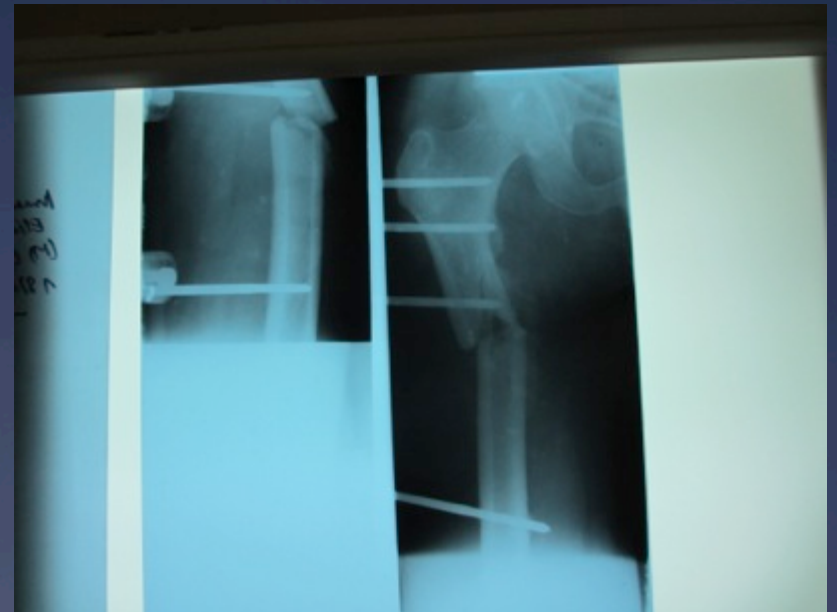




# Boda-boda transport



# fractures



# Soft tissue injuries





# osteomyelitis





# burns



# challenges

- \* Inadequate transport
- \* Financial inhibitions: one dollar a day
- \* Late referrals
- \* Prolonged treatment local medicine/  
traditional healers

# Other challenges

- \* Fracture related
  - \* Involving joints
  - \* Open fractures eg gunshots
  - \* Delayed and malunion
- \* No facilities for operative treatment, except external fixation

# conclusion

- \* Need for priority on trauma by policy makers - government
- \* Attention to trauma by health care providers
- \* Local community awareness on trauma