



# NOA NEWSLETTER

THE OFFICIAL PUBLICATION OF THE NIGERIAN  
ORTHOPAEDIC ASSOCIATION

| Vol 5, no. 2. July - December, 2021 |

**CALABAR**  
**2021**  
EDITION



## 44<sup>th</sup> ANNUAL GENERAL MEETING AND **SCIENTIFIC** CONFERENCE



### IN THIS EDITION:

EDITORIAL COMMENT

SICOT NEWS

PHOTO GALLERY



# Editorial

**Dear Colleagues,**

It gives me great pleasure to present to you the 2nd edition of the NOA newsletter for 2021.

Despite the many global challenges and indeed the overwhelming effects of these challenges on our nation and our association, we have emerged stronger and I daresay, better! Let me be quick to say that the journey hasn't been easy as we all expected. But with the

unflinching support of all of us, we have been able to position our association better than we took it over.

The executive council was able to reach-out farther and met with several stakeholders to build an enduring relationship with corporate organisations, leaders of the profession, political office holders and health ministry officials. We appeared for several public hearings at the NASS to express our opinion and provide firm support for the establishment of more centres of Orthopaedics/trauma training/care in Nigeria including the Orthopaedics institute. We succeeded in some and we await patiently the success of the rest.

Our office was secured in Abuja and we finally took possession. We express our profound gratitude to all members who stood to be counted on this journey. The debate over the ATLS was finally won although we need to maintain vigilance so the past errors are not repeated.

In our bid to continue to provide education for/to our members, we forged a partnership with Pfizer pharmaceuticals for a monthly webinar series and we have hosted three so far. The weekend orthopaedic club presentations still subsist as well as the regular quarterly presentations by subspecialty societies. The Arthroscopy and sports medicine society has been particularly impressive as this has become much about them! I thank Dr Ranti Babalola and other members of the ASMSN for their support in this regard.

In this edition, we continue to feature news from the various sub-specialty groups, the orthopaedic training centres and more. More pictures of our activities can be seen in the gallery as pictures tell the story better! The online link is still valid ([noanewsletter.com](http://noanewsletter.com)). Kindly visit and share the link with others. We remain indebted to our sponsors and partners (individuals and corporate bodies) for their continued support, partnership and patronage

As we wind up the Exco tenure, we urge us all to continue to support the association and the incoming executive council. We expect a 100% participation in Calabar for the annual convention. Please register and participate. On behalf of the President, Prof Kunle Olawepo, other members of the Executive council and The NEC, I wish you all safe travels and a most rewarding experience in Calabar!!!

Kind regards.

**Mutaleeb Ayodele SHOBODE**  
Kano, Nigeria.

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### ANNOUNCEMENT:

Please send your contributions to the NOA Newsletter. Such contributions should be orthopaedic- related news, information on developments in our centers/ zones, opinions on published studies and other enlightening articles you might want to share. These should be in MS Word format, not more than 1000 words and sent as email attachments to the editor: **Mutaleeb Ayodele SHOBODE** via: [mutaleebahmad@yahoo.com](mailto:mutaleebahmad@yahoo.com)

Adverts are also welcome at the following rates:

N150,000 for the outside back cover.  
N100,000 for the inside back cover  
N80,000 for a full page and  
N50,000 for half page.

## THE NATIONAL OFFICERS' COUNCIL

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# Presidential Remarks

I write this Presidential remark with nostalgia being very much aware that this is the last in the series of NOA newsletters during this 2019-2021 tenure; We give God all the glory for how far he has brought us.

A lot of our investments in the form of time, energy, resources and advocacy matured over time allowing us to fully pay up and acquire the National Secretariat office Space in Abuja and put up an honor's roll as well as initiate a Gallery of Past Presidents at the Secretariat.

Also, payment of \$4,000 as part payment of arrears to Wolters Kluwer publishers of NJOT was done.

The Faculty Board of the West African College of Surgeons' Faculty of Orthopaedics was inaugurated in Cotonou, Benin Republic in June to the admiration of all and sundry. Congratulations to us all!

Giving sustained legislative Support via advocacy by NOA, the President of the Federal Republic of Nigeria assented to the establishment of 3 additional National Orthopaedic Hospitals to cover the 6 Geopolitical zones of the Country; Congratulations to the Orthopaedic family!

After about 2 years of engagement, a new Memorandum of Agreement between the Nigerian Orthopaedic Association, Emergency Response International, National Postgraduate Medical College of Nigeria and American College of

Surgeons Nigerian Chapter was signed to further open up the Advanced Trauma Life Support programme in Nigeria in July.

International meetings which were suspended because of the COVID-19 Pandemic resumed in the 2<sup>nd</sup> half of 2021 and NOA was represented and kept its pride of place in San Diego USA at the AAOS annual conference as well as in Budapest, Hungary at the SICOT meeting, North American Spine Society in Boston USA among other meetings that our members attended.

The NEC of NOA approved a 5<sup>th</sup> affiliate body: Musculoskeletal Oncology Society of Nigeria; this hopefully shall be ratified at the 2021 44<sup>th</sup> AGM of NOA. Congratulations to the newest NOA affiliate!

In this edition of NOA Newsletter, some pictorial representation of high level advocacy engagements are captured as well as some press releases in commemoration of World Health Organization (WHO)/United Nations (UN) International observation days. These formed cardinal compasses of our EXCO tenure.

Let me use this medium to invite and welcome you all to the 44<sup>th</sup> Annual General Meeting of our dear association holding in the beautiful city of Calabar from 24<sup>th</sup> to 27<sup>th</sup> November, 2021, with 2 earlier days earmarked for Preconference workshops in Arthroscopy and Limb deformity correction. Come and enjoy the ambience and serenity of the city as well as the Scientific

Conference menu put together by the hard working LOC ably led by Prof. Ngim Ngim and NOA Education Committee led by Prof. John Onuminya.

As the saying goes "The labour of our heroes past shall never be in vain!" we shall, at this meeting be giving out awards of recognition to individuals who have worked tirelessly towards the development of Orthopaedic practice in Nigeria and our worthy ambassadors as a token of appreciation for their effort and commitment.

It is an election year (AGM), I urge the various zones to put forward its best candidates so as to sustain the tempo of taking NOA higher and higher. Let us adopt a team spirit too like we usually do in this contest.

I cannot close my remarks without appreciating some individuals/organisations that made our burden light during the 2019-2021 executive year; Dr. Chris Otabor, Medical Director of Alliance Hospital, Abuja donated a sum of N3million to the association, Dr. Felix Ogedegbe and Cedarcrest Hospital Abuja gave about N2million in all, the Medical Director, National Orthopaedic Hospital Igbobi gave N1million and Medical Director, Federal Medical Centre, Ebute meta gave N1million too. These contributions greatly helped to navigate a very peculiar and difficult 2 years during which the intermediate (2020) Conference (the sole means of income to the association) did not hold. Thank you very much!

Dear all, please continue to keep safe, I look forward to seeing you all in Calabar!  
Thank you

**Professor 'Kunle OLAWETO**  
9<sup>th</sup> President, Nigerian Orthopaedic Association







# SICOT NIGERIA

The 42<sup>nd</sup> SICOT Orthopaedic World Congress will take place from 28 September to 1 October 2022 in Kuala Lumpur, Malaysia. It is hoped that the pandemic will be behind us and surgeons will be eager to travel, learn and participate in workshops. The Scientific Programme Committee has prepared a range of exciting

and educational topics that will cater to both junior and senior surgeons as well as allied health professionals. SICOT has always attracted orthopaedic surgeons and allied health professionals from all over the world and 2022 promises to be an even better year as travel opens up and people get back to in-person conferences and meetings.

NOA members who are yet to join SICOT are encouraged to visit the website. Become a SICOT member and save money on your congress registration fee. There are also numerous fellowship opportunities in all orthopaedic subspecialties.

## PRESS RELEASE BY THE NIGERIAN ORTHOPAEDIC ASSOCIATION (NOA) IN COMMEMORATION OF WORLD ARTHRITIS DAY, 2021

### INTRODUCTION

The 12th day of October annually is celebrated as World Arthritis Day (WAD) declared by the World Health Organization and celebrated since 1996.

The day is celebrated to raise awareness about arthritis, an inflammatory condition that causes pain and stiffness in joints that can worsen with age.

The theme for this year's commemoration is "Don't delay, connect today" aimed at drawing attention to seeking early care leading to appropriate early diagnosis and proper treatment and Medical management of this condition.

People of all ages, sexes and races can and do have arthritis, and it is

the leading cause of disability in the human joints.

About 350 million globally suffer from Arthritis, while more than 1.5 million people present for treatment in Nigeria annually due to this condition.

### DEFINITION

Arthritis is a group of disorders affecting the joints; comprising more than 100 clinical conditions arising from Degenerative, inflammatory, infective, metabolic or autoimmune causes such

- Osteoarthritis,
- Rheumatoid arthritis,
- Gouty arthritis,
- Ankylosing Spondylitis,
- Vertebral spondylosis,
- S y s t e m i c L u p u s Erythematosus,
- Psoriatic Arthritis,

- Septic Arthritis and
- Tuberculosis Arthritis to mention but a few.

The most common seen in our environment being Osteoarthritis (degenerative).

### SIGNS AND SYMPTOMS

Common symptoms include

- Swelling,
- Pain
- Stiffness (especially morning stiffness) and
- Decreased range of motion.
- Warmth and redness in the joint.

Symptoms may come and go. They can be mild, moderate or severe. They may remain about the same for years but can progress or get worse over time. A common denominator being the wear and



tear or outright damage of structures making up a joint. It may affect one or more joints in the same individual.

#### **RISK FACTORS TO DEVELOPING ARTHRITIS**

- Family history and predisposition (Genetic)
- Age (Degenerative)
- Previous injury to the joint (Trauma or infection)
- Excess weight (Overweight/Obesity)

#### **INVESTIGATIONS TO DIAGNOSE ARTHRITIS**

- Imaging of the affected joint(s) which may include Xray, Magnetic resonance imaging (MRI), Computerized Tomography (CT) and Ultrasound scan.
- Laboratory estimation of blood levels of Uric acid
- Laboratory estimation of parameters in the aspirated joint fluid.
- Minimal access endoscopic viewing into the joint (Arthroscopy)

#### **COMPLICATIONS FOLLOWING PROLONGED UNTREATED ARTHRITIS**

- Deformities such as Bow and K-legs
- Shortened limb due to reduced length.
- Bending of the spine
- Accumulation of fluid in the joint (effusion)

#### **MANAGEMENT OF ARTHRITIS**

The aim is to prevent development of arthritis and in established cases to relieve symptoms and improve joint mobility and functionality.

##### **PREVENTION**

Admonition to the general populace: Lifestyle adjustments to include Weight regulation or initiating weight loss in the overweight or obese.

Regular exercise for weight therapy and improved motion of the joints.

##### **TREATMENT**

Pain-killers of several classes and category

Steroids

Disease specific drugs

Physiotherapy to include massage with hot and cold pads

Arthroscopic treatment

Total Joint Replacements by Arthroplasty Surgery in advanced arthritis and severely affected joints. These joint replacement Surgeries are readily available in Nigeria and carried out by members of the Nigerian Orthopaedic Association across the country

##### **PUBLIC AND HEALTHCARE WORKERS**

##### **RESPONSIBILITIES**

Public Health Education and

advocacy on Arthritis, it's menace, complications and modalities for prevention of this condition.

#### **GOVERNMENT RESPONSIBILITIES AND CHARGE BY NOA**

Provision of relevant and appropriate investigative modalities at an easily accessible location (not too far) throughout the country.

Provision of adequate Health insurance to ameliorate the cost of expensive investigations, and treatment including medications and interventions even joint repair, joint fusion and joint replacement surgeries.

#### **CONCLUSION**

Arthritis is a global phenomenon with debilitating complications, prevention is the watchword. Lifestyle modification on the part of individuals and Government's support by providing medical aid towards its treatment shall go a long way in the proper Management of this condition whenever it arises.

Signed

**Prof. 'Kunle Olawepo**

President, Nigerian Orthopaedic Association

## **A PRESS RELEASE IN COMMEMORATION OF WORLD TRAUMA DAY 2021**

#### **TRAUMA AND ITS GLOBAL EFFECT**

The 17th of October annually is commemorated as World Trauma Day, a day which highlights the increasing rate of accidents and injuries causing deaths and disabilities across the world and the need to prevent them. This day was first celebrated in New Delhi in 2011 by the World Health Organization.

Trauma is broadly divided into physical and emotional trauma and

therefore can be defined as either a physical injury to a living tissue caused by external force (physical harm) or an emotional (psychological) distress in response to an unpleasant situation. Trauma cuts across all ages, sexes, races and societal strata.

Physical trauma consist of events such as road traffic accidents (crashes), plane crashes (aviation accidents), boat and ship wreckages (marine), Fire outbreaks

(including domestic, wildfires and hurricanes), Flooding, building collapses, earth quakes, banditry, militancy, kidnapping, insurgency, terrorism, civil strife, wars (ethnic and religious), natural disasters and Tsunamis; while emotional trauma include events such as rape and sexual violence, domestic violence, loss of a loved one (acute traumatic emotional event), witnessing an act of violence (Post Traumatic Stress Disorders PTSDs).



Road Traffic Accidents (RTA's) globally is the leading cause of death and disabilities of all types of trauma.

Annually more than 6 million people die from traumatic injuries (more than 80% of these are attributable to road traffic crashes), contributing more deaths than malaria, tuberculosis and HIV/AIDS combined.

Injuries could also lead to temporary or permanent disabilities.

Plane crashes cause a significant number of deaths across the globe. Mortality arising from wars was put at about 24,000 in 2014, while between 50 – 60 million were displaced during the 2nd World war.

Estimated deaths from Boko Haram terrorism and insurgency alone is put at an average of 1,000 per year in the last 3 years.

### **EFFECT OF TRAUMA ON THE HUMAN BODY**

A) Physical injuries such as deformities, loss of body parts/organs and death.

Displacement and relocation to temporary and often inconvenient residential camps as accommodation.

B) Emotional responses such as Outbursts/aggressive behaviour  
Withdrawal (keeping to one's self excessively) and depression  
Persistent difficulty in sleeping.

### **EFFECT OF TRAUMA ON ECONOMY**

Death and Physical disabilities in hitherto able-bodied people arising from trauma significantly affect the economic buoyancy of families, communities and the nation at large; young and active age group is the principally affected group thus drastically dropping National productivity and diminishing the economy

### **MANAGEMENT OF TRAUMA PREVENTION OF TRAUMA**

The cliché '**Prevention is better than cure**' is best in the context of trauma prevention and attendant injuries/complications avoided.

#### **TREATMENT**

Medical treatment of bodily injuries sustained.

Psychotherapy for the emotional trauma by psychologists and Psychiatrists especially for Post-Traumatic Stress Disorders (PTSD)

#### **ADVOCACY AND RESPONSIBILITIES**

##### **To Individuals and communities**

- Education on road safety rules (speed regulation), traffic signs and respect fellow road users
- Wearing protective gadgets (helmets) and use seat belts
- Avoid distractions like use of phones while driving.
- Avoid drugs and alcohol especially when driving or operating machines in factories.
- Communicate traumatic experience with family or close friends.
- Ask for support from people who care about you or attend a local support group for people who have had a similar experience/ find a support group led by a trained professional who can facilitate discussions.
- Eat a well-balanced diet, exercise, get adequate rest, and avoid alcohol and drugs.
- Spend time with others to avoid becoming withdrawn, even if you do not feel up to it.

##### **To Government**

- Provision of safe roads for land travels throughout the country
- R e n o v a t i o n a n d implementation of alternative means of travel especially rail transportation.

- Monitoring, evaluation and enforcement of traffic laws and regulation to include aviation and maritime.

- Provision of basic amenities and infrastructure and Equitable distribution of resources to stem banditry, insurgency, militancy and terrorism.

- Provision of well-equipped trauma centres in all geo-political zones of the country and

- Upgrading existing tertiary institutions in the country to cope with the large number of trauma cases.

- Provision of free first aid services to accident victims

- Permanent relocation of people who live in the flood prone areas of the country to safer grounds.

- Ensuring and enforcing adherence to safety Engineering standards in building construction.

- Tackling and subduing the menace of militancy, insurgency, kidnapping, communal strives terrorism and wars.

### **CONCLUSION**

Trauma is a global phenomenon, its causes are myriad and the burden enormous!

Prevention of trauma is indeed better than cure.

Timely response is key to saving lives of trauma victims

**Professor 'Kunle Olawepo**  
President, Nigerian Orthopaedic Association and  
Chairman, NMA Committee on Road Safety and Trauma Services



**WITH CHAIRMAN HOUSE COMMITTEE ON HEALTH SERVICES;  
HON. YUSUF TANKO SUNUNU AT THE PUBLIC HEARING FOR THE  
ESTABLISHMENT OF NATIONAL ORTHOPAEDIC HOSPITAL JOS  
WHICH HAS BEEN APPROVED BY PRESIDENT BUHARI**



# ADVOCACY VISIT TO THE NASS





## ADVOCACY VISIT TO THE CEDARCREST HOSPITAL, ABUJA



## NEC ADVANCE TEAM VISIT TO CALABAR 2021 LOC





# FACES AT THE INAUGURAL MEETING OF THE FACULTY OF ORTHOPAEDICS, WEST AFRICAN COLLEGE OF SURGEONS IN COTONOU, 15TH JUNE 2021





# FACES AT THE INAUGURAL MEETING OF THE FACULTY OF ORTHOPAEDICS, WEST AFRICAN COLLEGE OF SURGEONS IN COTONOU, 15TH JUNE 2021



## *Congratulatory Message from* **Prof. SO Giwa** *to the chairman of the faculty of Orthopaedics* **Dr. OO Popoola**

Congratulations to my Faculty Chairman **Dr. Popoola** on your debut as Chief Examiner for Orthopaedic Fellowship examination. Your leadership qualities are exemplary. To all Deputy Chief Examiners at the other centres, I doff my hats to you all.

*More grease to your elbows.*

*Cherio*





# PICTURES OF RECENT EVENTS



With Chairman Senate Committee on Health; Distinguished Senator (Dr.) I. Y. Oloriegbe



Advocacy visit to Senator Isah Jibrin and public hearing on National Orthopaedic Hospital Dekina, Kogi State at the NASS



NOA advocacy and Public hearing to The Senate of Nigeria



Courtesy call on CMD of National Hospital, Abuja; Dr. JAF Momoh as part of the Biannual meeting of NOA Zone 2 at the NHA Abuja



Public hearing at the Senate of the National Assembly





At the NASS public hearing on establishment of National Orthopaedic Hospital Jos and Federal Medical Centre, Wase



Follow-up advocacy to the Honourable Minister of State for Health



Advocacy visit to Chairman SEPLAT Petroleum Development Company; Dr. A.B.C Orjiakor



Advocacy visit to Medical Director National Orthopaedic Hospital Igbobi



Resolving the ATLS imbroglio in Portharcourt with Emergency Response International



President NOA with Chairman SEPLAT Petroleum Development Company; Dr. ABC Orjiakor in his office, Ikoyi Lagos



NOA President with Chairman Senate Committee on Health; Distinguished Senator Ibrahim Oloriegbe





Follow-up advocacy visit to the Honourable Minister of Health



Mr. President leading by example; get double Vaccination for COVID-19



Faculty of Orthopaedics WACS at the Cotonou 2021 Conference



Meeting of Ortho Examiners with the President and others at Ibadan centre Evening sit our at Transcorp Hilton. Hosted by the CEDARCREST hospitals



Distinguished Senator Kabiru Gaya and MD Alliance Hospital together with NOA delegation



Advocacy to Alliance Hospital, Abuja





Faculty Board of Orthopaedics with WACS President and other WACS officers



Foundation Exco of the WACS Orthopaedic at Abuja October 2021



Orthopaedic Examiners (WACS) at Ibadan centre with the internal assessor - Prof. Yawe



Court of examiners, Accra centre, Fellowship Examinations, Faculty of Orthopaedics, WACS



Examiners and some new fellows at the inaugural Final Fellowship of the WACS Orthopaedic October 2021





Foundation President, Dr. O. Popoola presiding at the inaugural faculty meeting in Cotonu. Next to him is Dr. Segbesia, Foundation Faculty Secretary.



PWACS Prof. Peter Donkor speaking at the Faculty of Orthopaedics cocktail. His first official social function as President



Thank you visit to Medical Director, Alliance Hospital, Dr. Chris Otabor, Abuja, 2021



WACS 2021 Cotonou



Nigerian representatives with colleagues at the AAOS Meeting in San Diego, August 2021



International President's meeting AAOS San Diego, August 2021





## 'Ban public servants without referral from foreign medical tourism'

**Prof. Kunle Olawepo is President of Nigerian Orthopaedic Association, former Chairman, Nigerian Medical Association, North Central Zone and Treasurer, West African Orthopaedic Association. In this interview with SUCCESS NWOGU, he analyses concerns in the health sector**

**■ ■ ■** How do you compare the nation's health sector under President Muhammadu Buhari administration and the previous administrations?

The problems that Buhari inherited from past administrations are still there and if anything, are actually worsening. Militancy, banditry, kidnapping, increasing road traffic accidents, communal strife etc are increasing. All of these lead to various degrees of injuries and burden on the health system. Again the naira has continued to lose value compared to the dollar; income and remuneration have pummeled down comparatively.

These have pushed young health workers outside the country because jobs outside have become attractive owing to the exchange rate in favour of foreign currencies and it is making people leave in their numbers.

Because the health care manpower/human resources are the most important link in establishment, the less of them you have on ground increases pressure on the system. Health care indices and health care outcomes therefore become poor.

The Population is high and shall continue to increase yearly. So the work becomes more and the doctors are terribly over-stretched by the volume of work and naturally as human beings, it will show in the outcome.

We should firm up processes, reverse the trend of brain drain in the country, and improve on human resources development.

Also we need to improve on the equipment and services delivered in such a manner that even Nigeria will be a medical tourism destination; not just people leaving the country for health care services but people from other countries coming to Nigeria as it used to be. Trauma and injuries are a huge burden in contemporary Nigeria. Government should ensure drastic reduction in restiveness and crimes, a total overhaul of the state of roads in the country as well as establishing Trauma Centres across geopolitical zones to cater for the volume of road accidents and injuries from myriad causes as it is presently. Such will alleviate the plight of the citizenry and bring succour to them.

At some point, a hospital in Nigeria was ranked No. 4 in the Commonwealth and so people came to Nigeria mainly for health care services, raking in foreign exchange through that.

**So what is Nigeria's rating now in the Commonwealth?**

Your guess is as good as mine! Time was when we had 24 hours of uninterrupted electricity in this country, people could enter the hospital any time and get the job done without power interruption. But now, virtually all institutions have to run on their generators. There are other extraneous factors which have nothing to do with the capability of the doctor but on the running of the system.

Is it right for public servants and elected government officials to be travelling abroad for medical treatments while the nation's health sector is in comatose?

Everybody knows that it is not right in



Olawepo

any way. It is the duty of the doctor to refer patients at the point where the patient can no longer be treated in the country, but what we have in Nigeria is that somebody will jump on the next plane for treatment even for as little as an ankle sprain. One of the reasons the health care delivery is suffering is because the country's administrators are not using what every day common man uses, in terms of medical care. The place will get attention if they use it.

The British Prime Minister, Boris Johnson, was one of the earliest people last year to have contracted COVID-19. He was treated at a hospital in Central London, the same hospital that any person in that country access healthcare. So in the period that he was there, he would be able to assess the functionality or otherwise of the place, put in a policy and push that such should be corrected.

In Nigeria nowadays, the middle and upper class have totally abandoned government health institutions.

It is not normal and it is inappropriate for public servants to be going on foreign medical tourism. That is not the promise that we got during their electioneering campaign.

**Then should there be a law preventing them from unnecessarily embarking on foreign medical tourism?**

Since monies are being taken from government coffers; that, in itself is making an already bad situation worse, because the hard earned foreign currencies that are supposed to be used to reduce unemployment, build infrastructure and provide services are

now being used to access foreign medical health care, there should be a law that no public servant or elected official, except on a doctor's referral should personally choose to go abroad for medical treatment. India is where it is today, competing with the best in the world because attention shifted and people were made to access health care at home.

**Some say medical doctors are not efficient now; there are allegations that some of them 'butcher' patients and that implants are not properly executed. Why such and what are the solutions?**

In Nigeria, anybody who wears a white coat even if he has not gone to or through a medical school can claim to be a doctor. Ensuring standards, monitoring as well as getting patients to see appropriate specialists are issues. Making doctors and health workers accountable for their deeds and misdeeds is essential too. People claim to be what they are not and patients just go to the next available 'doctor'. The Medical and Dental Council is doing well in tackling that. 'Hospitals' are opened randomly, especially in remote areas and claim to do what they are not capable of. However, in terms of manpower training, efficiency and exposure to contemporary medical advancement, we have them a lot better now.

In the field of orthopaedics, more than ever before advanced procedures such as joint replacement surgeries, spine surgeries, complex limb reconstruction surgeries and minimal access surgeries are easily and readily available. Years back these would have

required travelling out of the country. Some of our foreign based footballers travel back to Nigeria these days to have their surgeries because of the verifiable competence of doctors and the relatively low cost of the same procedure when done outside the country. Remember that a former Governor was treated and had his broken bone fixed in Nigeria a few years back. Again the son of Mr. President had his orthopaedic surgery excellently done in Nigeria. These testify to the quality of care available in orthopaedics and traumatology in Nigeria. We have moved beyond where we used to be. But the problem is with patients having access to the right specialist or sub-specialist. Again, there should be checks on non-medics not to put their hands in what they know nothing about.

Health workers should pass on the baton when they get to where their knowledge end, they must refer the patients appropriately. That is the aim of referral because it is not everything that a particular doctor can do. Even in UK, they refer patients, the principle of referral must not be jettisoned. That is what global best practices is all about and one way to ensure that we do not have complications in the hands of medical practitioners. But most of the complications that we see, especially for us in orthopaedic practice, come from people who are not trained or quasi trained. The menace of traditional healers are there. They claim to do what they are not capable of.

**So what are the remedies?**

Regulation is very important. Outside Nigeria, regulations are strictly adhered to whether in terms of building the hospital, equipping it, manpower accreditation, getting all the licenses and employing qualified manpower. Here it seems like anybody just opens a hospital without meeting all the criteria. In that case, the quality of service diminishes. We need to put processes in place and make sure that those processes are carefully and strictly adhered to. The Medical and Dental Council is wielding the big axe in this area.

**Despite billions of naira voted yearly for the nation's health sector, it is still in shambles. What should be done to improve the sector?**

The country's health sector is in a dilapidated state. The rate that Nigeria is losing manpower, especially with the advent of COVID-19 to the United Kingdom, United States, Saudi Arabia, Australia, Canada and even South Africa and others, is unhealthy for the sector.

Nigeria is one of the places globally where medical training is the cheapest. It was deliberately made so by government policy. But it is unfortunate that upon the completion of training, easily Nigeria loses a substantial portion of those medical professionals without any kind of checks or mitigation. It loses manpower that it spent millions of naira to train because of low infrastructure and equipment in the workplace, low morale for medical personnel and an abysmal low remuneration comparatively.





## Deplorable health care system, govt's laxity cause of incessant strikes – Prof. Olawepo

Prof. Kunle Olawepo is President of Nigerian Orthopaedic Association; Treasurer, West African Orthopaedic Association and a former Chairman, Nigerian Medical Association, North Central Zone. In this interview with **SUCCESS NWOGU**, he addresses current issues and challenges in Nigeria's health sector. Excerpts

**There have been many strikes in the nation's health sector. What is the cause of this development?**

The state of healthcare delivery in the country in contemporary times is deplorable because the government is essentially shacking its responsibilities in the sector.

Our President (President Muhammadu Buhari) not long returned from the United Kingdom (UK) for a medical check-up. Have you ever heard about the Prime Minister of UK or President of the United States of America (USA) going abroad for a checkup?

He who wears the shoe knows where it pinches!

If top government functionaries and their families attend/utilise public health facilities in the country, then they will see first-hand the true state of affairs and can therefore agree to a need for a complete overhaul.

Strikes are the endpoint of a long harrowing process of pains, complaints, lamentations, and frustrations caused by the excessive workload on doctors, unfriendly work environment (infrastructure and services), non-availability of optimal appropriate work tools, and inadequate remuneration which is further nose-diving on a monthly basis for no reasons whatsoever.

All of these, inconsistent government policies and audacious draconian circulars together with lack of commitment to honour agreement freely entered into by the government are factors responsible for what has turned out to be incessant strikes by residents and other groups of doctors over the years in the country.

**Is the nation's health sector not being endangered by these incessant strikes?**

The nation's health sector is seriously endangered already and that is what the doctors' strikes are either meant to correct or draw the attention of government, stakeholders, and/or the general public.

Strikes, I repeat, is the endpoint of a dysfunctional health system and the consequent frustration. It has never been a first option or a reflex reaction.

The negative effect of strikes is unfortunate, even doctors are affected too as we are patients too and we have patients who are our relatives too. So it is very unfortunate!

**What should be done to prevent further strikes in the health sector?**

Going back to the original drawing board to fix the fundamental issues usually culminating in strikes such as maintaining a decent doctor: patient ratio, adequate budgeting for health and adherence to World

Health Organisation (WHO) recommendations or African Charter agreement, a friendly and healthy work environment, provision of necessary equipment, ensuring that government functionaries attend public hospitals and adequate remuneration for workers shall go a long way in fixing the mess that the health sector has become. Imagine Doctors earning a hazard allowance of N5,000 across all cadres even with the advent and persistence of the ravaging COVID-19 Pandemic whereas in this same country, lawmen who are not seemingly endangered in their daily function allegedly take multiple folds of that honorarium as the same hazard allowance.

Once the issues raised are addressed, strikes shall become history.

**Is the approach of the Federal Government towards the ongoing NARD's strike right?**

Strike has never been the first option nor is it a tea party, remember that doctors took the oath to save lives. Also, remember that Labour laws provide that adequate notice must be given before commencement of any strike; why is that? To enable the government to address grievances, but what do you find?

Not until the commencement of strikes before concerned authorities start scampering up and down trying to blackmail doctors!

Government should address the issues raised, including previous agreements freely entered into with resident doctors to resolve all areas of discord rather than employ the slave-driver or the slave/master approach.

Resident doctors are also aggrieved that some House Officers have not been paid for several months in spite of work done!

Also, there is an obnoxious circular by the National Council on Establishment seeking to remove House Officers from the Federal Salary scheme.

All are genuine issues to be addressed and resolved; definitely not by threats or coercion.

**Has the National Association of Resident Doctors' leadership not rebuffed all efforts by Federal Government and the Senate to resolve the impasse?**

On the contrary, no!

They have made themselves available for engagement and discussion towards a resolution to the best of my knowledge but it seems to me that Government wants to give orders and expect it to be obeyed with military fan.

Over the years, NARD has learnt that Government may not be consistent in the implementation of agreements reached and so may insist on the signing of documents instead of suspending



Prof. Kunle Olawepo

an industrial action based on verbal commitment.

**Are you happy with the state of the nation's health sector? If not, could you suggest measures for improvement?**

Definitely No! No one living in this country would be happy with the current public health sector.

In addition to measures mentioned earlier, the provision of a National Health Insurance policy aimed at covering everybody in the country will go a long way in alleviating a huge burden from the cost of accessing quality health care.

Also, Universal Health Coverage, meaning no matter how remote one lives in the country, access to quality specialist healthcare must be available within a short distance to wherever one resides.

**How has your particular specialisation fared? What should be done to address some of the challenges in your specialisation?**

Well, the field of Orthopaedics and Traumatology is one area where excellence has been the watchword. It is a field of Medicine where precision has to be strictly adhered to.

Virtually all subspecialty of Orthopaedics is freely practiced at the top level in the country and this has allowed the field to contribute significantly to the reversal of medical tourism; a son of President involved in an auto crash was treated by our specialty and has recovered completely and in fact, is billed to get married soon. A former Governor of Kogi State is also a beneficiary of the expertise of practising surgeons in our specialty in this country too with complete recovery.

The challenges of my specialty are that it is a technologically driven field, so the cost of acquisition of instruments, equipment, and implants is relatively high, so emphasis on the

government's support/intervention to enable acquisition of the state of the art equipment is important, especially in bringing down the cost to the end-user. Universal coverage of the National Health Insurance Scheme would be of great benefit in this regard of allowing affordability on the part of the average man on the street.

**Nigeria has spent a lot of money importing vaccines from abroad. Should it not be better for arrangements to be made such that some of these vaccines, even essential drugs too can be produced in the country?**

Sure, it is always best to be in control and not waiting or begging for the benevolence of others.

In the 1950s up to the 70s, vaccines were freely produced in Nigeria but over the years, production stopped.

India is one of the leading vaccine producing countries since the advent of the COVID-19 pandemic.

Nigeria has the capability and manpower to produce vaccines for its citizens if bureaucracy and bottlenecks are expunged.

Essential drugs to the best of my knowledge are freely produced in the country but we can do better by stepping up; a lot of cancer cases are diagnosed needing treatment and production of such drugs locally should drastically bring down cost and naturally increase affordability on the part of the patients, improving survival and the quality of life.

**Is there a cause for concern about doctors emigrating from Nigeria?**

Oh yes!

To put things in proper perspective, it is not just emigration but a massive exodus of doctors; the number now leaving monthly would scare anyone.

In the 1980s and 1990s, foreign countries were only poaching Specialists/Consultants from Nigeria but in this new wave, all levels and strata of doctors are being employed abroad.

As a teacher, I get requests for reference letters in numbers weekly; some of whom have already arrived on the shores of the recipient countries.

Nigeria needs to get its acts together otherwise the gains of producing doctors in numbers to cater for our health system at cheap cost and huge economic impact will be completely eroded in no distant future. The list of recipient countries continues to swell by the day; UK, US, Canada, Australia, Saudi Arabia, South Africa, and the list goes on; especially following BRICIT and its implications to the UK and also the employment of front liners in the global war against the ravaging COVID-19 pandemic which has been changing virulence via various strains unnecessarily prolonging that scourge and its attendant negative effects on all spheres of human endeavours.

Interestingly, I attended the West African College of Surgeons Annual Conference in Oron, Benin Republic in June this year and was embarrassed to see that the country may soon join the list of recipient countries above!

For the whole week that the conference was held, there was absolutely no power (electricity) disruption, together with a close to an excellent work environment in the hospitals.

Remuneration for Chief Consultants / Professors in the Teaching Hospitals were more than three (3) times the income of commensurate scales in Nigeria!

So, Nigerian Doctors may just not need Visas to emigrate anymore but walk across the border to experience a blissful Medical practice.

The time to wake up and fix the infrastructure and functionality of the public health system in Nigeria is now before we lose all of our good hands and have to rebuild from the scratch; remember Rome was not built in a day!

**Don't you think there is a need to improve on the course content or curriculum of the medical students to be in tandem with global standards and dynamism in knowledge?**

The curriculum of Medical schools or even Postgraduate training in the country has always been topnotch and never defective!

The Medical and Dental Council of Nigeria (MDCN) and National Universities Commission (NUC) together with the Postgraduate Medical Colleges (Nigerian and West African) continue to insist on best international practices and that is why the doctors emigrating to all parts of the globe easily fit into the host countries and indeed may be bringing resilience and how to work in a suboptimal environment onboard.

The challenges here are infrastructure, work environment, equipment and modus operandi; curriculum and course content have never been antithetical.





## DEFORMITY CORRECTION PRE-CONFERENCE WORKSHOP

DATE:  
21ST-23RD  
NOVEMBER,  
2021

Facilitators: Dr. Micheal Okunola  
Dr. Omolade Lasebikan



Fees: 100,000 Naira Only  
(Payable Via the Conference Website)  
noacalabar2021.org.ng

Note: Payment must be for the conference  
on the website before registering for the course.  
**There will be hands on experience.**  
**PLEASE DO NOT MISS OUT.**

PLEASE DO NOT MISS OUT.

## ARTHROSCOPY PRE-CONFERENCE WORKSHOP

DATE:  
21ST-23RD  
NOVEMBER,  
2021

Facilitators: Dr. Ike Nwachukwu (London)  
Dr. Shopekhai Itakpe (Lagos)



Fees: 100,000 Naira Only  
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Note: Payment must be for the conference  
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**There will be hands on experience.**

PLEASE DO NOT MISS OUT.



### CALL FOR ABSTRACTS

Abstracts are invited from intending participants on the  
theme and sub-themes of the conference

(Details: maximum number of words, format for submission, Introduction, Methodology,  
Results and Conclusion; e-mail address for submissions; deadline for submissions;  
name of presenter should be highlighted or underlined; medium of submission- MS word)

### CONFERENCE FEE

- Members = N50,000
- Associate members = N35,000
- Accompanying persons = N15,000
- Foreigners = \$150usd
- Workshop fees = N100,000

- Name: Nigerian Orthopaedic Association LOC
- Account Number (N): 1019699348
- Account Number (\$): 3002170502
- Bank Name: United Bank for Africa

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- Prof. Kunle Olawepo - President NOA, +234 803 584 9795
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## NIGERIAN ORTHOPAEDIC ASSOCIATION

## 44<sup>TH</sup> ANNUAL GENERAL MEETING AND SCIENTIFIC CONFERENCE

21ST - 27TH NOVEMBER 2021  
MONTY SUITES, CALABAR



### THEME: THE BURDEN OF GERIATRIC TRAUMA

#### SUB THEMES:

1. Bone and Joint Infections: current trends in management
2. Impact of Covid-19 on Orthopaedic practice
3. Improving Research in Orthopaedic Practice

Keynote Speaker: Dr. Tochukwu Caius Iloabuchi

#### DETAILS OF EVENTS

- 21st Nov. - Arrival
- 22nd - 23rd Nov. 2021: Pre-Conference Workshop  
Module 1 - Arthroscopy  
Module 2 - Limb Deformity Correction
- 25th Nov. - Opening Ceremony
- 26th Nov. - Annual General Meeting
- 27th Nov. - Departure

#### CONFERENCE FEES:

- Members = N50,000
- Associate members = N35,000
- Accompanying persons = N15,000
- Foreigners = \$150usd
- Workshop fees = N100,000

- Late Registration = N60,000
- Onsite Registration = N70,000

- Name: Nigerian Orthopaedic Association LOC
- Account Number (N): 1019699348
- Account Number (\$): 3002170502
- Bank Name: United Bank for Africa

### HOTELS INFORMATION

**MONTY SUITE (CONFERENCE VENUE).....#28,000 a night**  
Monty Suites is a good choice for vacations, business trips,  
meetings/conference and event reception. It has 120 luxury suites.  
Each room is fitted with a shower balcony, telephones with intercom  
features, air conditioning, balconies, TVs, work tables with chairs, and  
spacious wardrobes. All guests have access to free Wi-Fi. The hotel has  
over 200 CCTV cameras, Armed mobile police men both day and night,  
Internal security personnel, Gymnasium, Spa, Barbing/hairdressing  
salon, Swimming pool etc.



**FRANPHINAS HOTEL.....# 10,000 per night (2mins from  
conference venue)**  
Franphinas Hotel is a concept in hospitality situated within the  
conference at Calabar Metropolis with a view to the Calabar water  
ways. The concept and design is carved to suit the varying relaxation  
needs of the urban, holiday and pleasure seeking class. It has 24  
hours power supply, TVs, outdoor bar etc.



**PYRAMID HOTEL.....# 15,000 per night**  
(10mins drive from conference venue)  
Pyramid Hotel is a 20-room facility with 24 hours power supply, TV,  
CCTV cameras, Armed mobile police men both day and night,  
Internal security personnel, Spa, Outdoor bar, Barbing and  
hairdressing salon, Swimming pool etc.



**DANIC HOTEL.....#15,000 per night (10mins drive from  
conference venue)**  
Danic Hotel features an event hall and elevator/lift. All rooms are  
well designed and fitted with air conditioner, flat screen TV with cable  
connection, refrigerator, wardrobe, single bed and ensuite bathroom  
fitted with a shower and all necessary facilities. The hotel also has 24  
hours power supply, High speed Wi-Fi, over 100 CCTV cameras,  
Armed mobile police men both day and night, Internal security  
personnel, Gymnasium, Swimming pool etc.



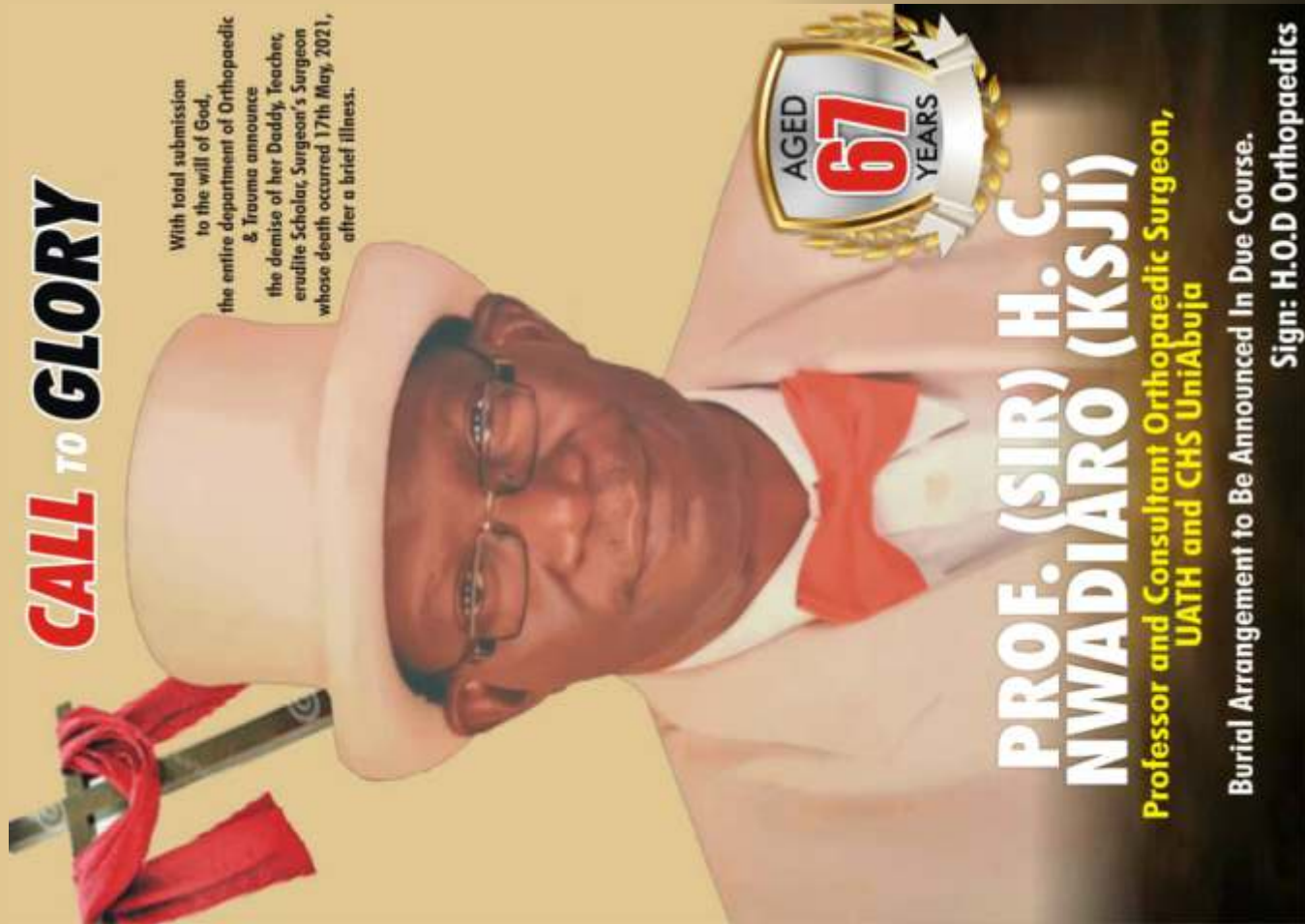
**AXARI HOTEL.....#20,000 per night (10mins drive from  
conference venue)**  
This hotel features a restaurant, an outdoor pool, and a fitness center.  
Free Wi-Fi in public areas and free self parking are also provided.  
Additionally, a poolside bar, a snack bar/deli, and a conference center  
are onsite. All 56 rooms provide conveniences like refrigerators and  
coffee makers, plus free Wi-Fi and flat-screen TVs with satellite  
channels. Guests will also find 24-hour room service, safes, and desks.





# CALL TO GLORY

With total submission  
to the will of God,  
the entire department of Orthopaedic  
& Trauma announce  
the demise of her Daddy, Teacher,  
erudite Scholar, Surgeon's Surgeon  
whose death occurred 17th May, 2021,  
after a brief illness.



**PROF. (SIR) H. C. NWADIARO (KSJI)**  
Professor and Consultant Orthopaedic Surgeon,  
UATH and CHS UniAbuja

Burial Arrangement to Be Announced In Due Course.

Sign: H.O.D Orthopaedics



**West African College of Surgeons**  
Collège Ouest-Africain des Chirurgiens

**Monrovia 2022**

**Le 62<sup>nd</sup> Annual General Meeting and Scientific Conference**  
Assemblée générale annuelle et conférence scientifique

**March 19 - 20 : Pre-Conference Activities**  
**March 21st - 24th : Conference**



**THEME:**

**CHALLENGES OF SURGICAL INFECTIONS IN RESOURCE LIMITED COUNTRIES**  
**DÉFIS DES INFECTIONS CHIRURGICALES DANS LES PAYS À RESSOURCES LIMITÉES**

**Subthèmes:**

SURGICAL SAFETY IN THE MIDST OF A PANDEMIC  
ARTIFICIAL INTELLIGENCE IN SURGERY – PROMISES AND LIMITATIONS  
INNOVATIONS IN SURGERY, A ROADMAP TO IMPROVING SURGICAL CARE

**Sous-thèmes :**

LA SÉCURITÉ CHIRURGICALE EN PLEINE PANDÉMIE  
INTELLIGENCE ARTIFICIELLE EN CHIRURGIE – PROMESSES ET LIMITES  
LES INNOVATIONS EN CHIRURGIE, UNE FEUILLE DE ROUTE POUR AMÉLIORER LES SOINS CHIRURGICAUX

**Venue:** Ministerial Complex  
Congo Town, Monrovia, Liberia

**Dates:** March 19 - 24, 2022

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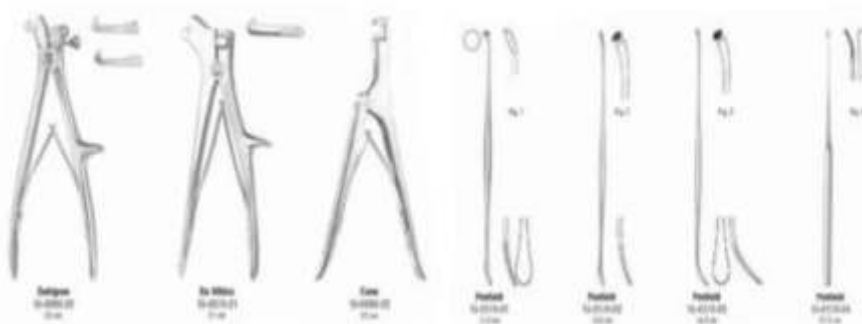
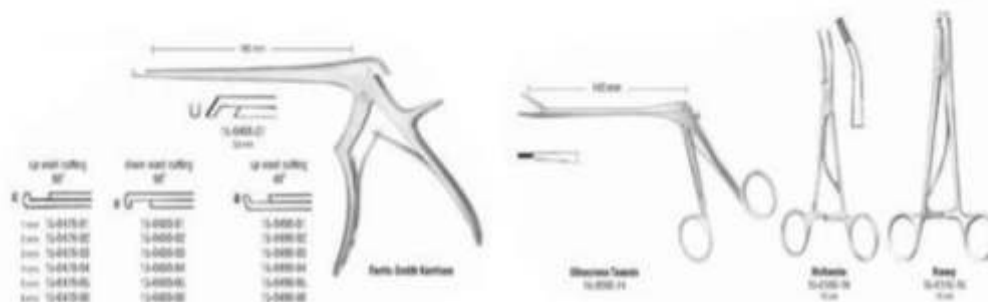
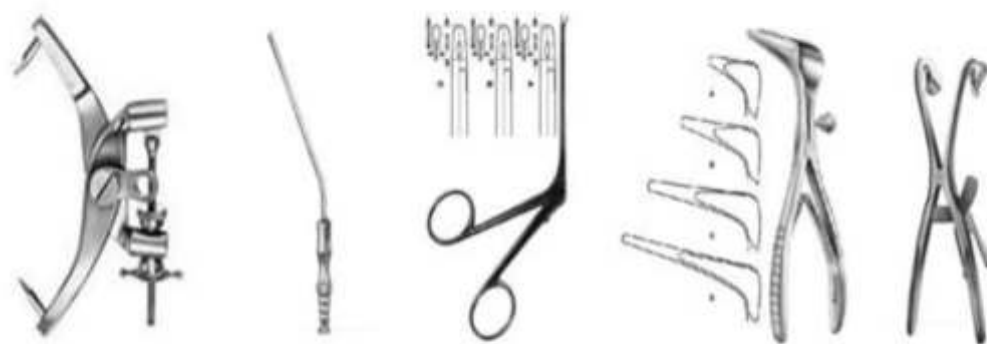
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- CEDARCREST HOSPITAL KAINJI
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