UK Emergency Surgical Response to Haiti
UK Response

• Core surgical team

• Supported clinically by emergency medicine specialist nurses and physicians

• Supported logistically by Merlin
Dealing with the dead
Waiting Room
Emergency Room
Dressing Clinic
Autoclave
Oxygen
Supplies
Second Operating Theatre
Eye Surgery
Orthoplastic Surgery
X-Ray
Wards
Guillotine Amputations
Stephanie Francis
3/29/1

1. Band debride
2. Take 5 suture
3. Redone & suture finished

4. First time LA skin graft
   on
   The top closure of open wound + Andrew flap.

Surg. 
1. M. Syd
2. M. Shalan

Open grade 3 
1. Emetic (clindamycin) complained

Pt Surg

Papillothi #70
7.7.12

Wound extended & debrided
without a pulse range.

He had a blood 3 
(only) and 14 gm a.

When Andrew flap, the surgeon gave
applied on the defect,Panvinius project
in the gap. Leave split in. Then take
+ 2 suture and applied on the gap.

Wound + had suture applied

Postop
1. Antibiotics × 7 docs. Over the
2. Wound check every 5 days
3. Back slab for 6 weeks, NWB
4. return, 1 recovery at 6 weeks.
Malaria
Typhoid
Cholera
Malnutrition
Haiti is the one place where emergency humanitarian assistance must move seamlessly into development and long term support.