

Rehabilitation at National Level

Editorial

Since the 60's we had been trying to organize a Rehabilitation Group at the Instituto Lauro de Souza Lima, but we lacked a specialized surgeon.

In the early 70's, I had been to a Symposium in Hamburg where I met Dr Alvarenga, in charge of the Leprosy Control Program in Paraguay at the time. As we talked about my interest in rehabilitation and the need of a surgeon, he told me there was an American who performed all the rehabilitation surgeries in leprosy patients in Paraguay.

As soon as I returned to Brazil, I contacted the ALM (American Leprosy Mission) representative in the country, pastor Jorge Macedo, and asked him to verify the possibility of inviting that surgeon to discuss a collaboration. The answer came fast, and unexpectedly, the pastor and Dr Frank Duerksen showed up at our hospital. He was not American, he was from Paraguay and worked in a small hospital at km 81, near Asuncion. He graduated from Medical School in Argentina and was moving to Canada to do his residency. He already had experience with leprosy surgical rehabilitation and had worked in centers such as ALERT and VELORE in India as Dr. Brand's pupil.

What happened then was that Frank performed thirty two reconstructive surgeries in our hospital in the period of a week, obtaining very good results. Since that was done, we discussed the possibility of Dr. Frank coming periodically to Bauru, for two weeks, in which he would perform surgeries in patients previously prepared by our Rehabilitation and Occupational Therapy group. A great friendship was born then and a large group, oriented by Frank, started to give Rehabilitation courses in the hospital in which surgeons from several Brazilian states participated.

Time passed and many places in Brazil now could count on doctors and other professionals trained in rehabilitation. In the beginning, our physiotherapists and occupational therapist would go to places to prepare the patients that would be operated by Frank and the local rehabilitation group. That happened in Acre, Manaus, Belém, Recife, Brasília, e Belo Horizonte. These groups were consolidated and the surgeons came annually to Bauru to exchange experiences and obtain further training.

Despite all this work, we regret not having a good and regular evaluation of patients during follow-up.

Here in São Paulo, for a few years we have been studying the possibility of implementing a project of physical rehabilitation for leprosy patients. In this project, the primary attention would include prevention of incapacities and detection of possible surgical cases, at a secondary level there would be Health Centers better equipped where physiotherapists and occupational therapists would select the cases coming from primary attention and prepare them for surgery. At a tertiary level we would have the group at the Instituto Lauro de Souza Lima receiving and operating the previously selected patients. The post-surgical care would also be done in the hospital, and the patient would then be referred back to the secondary level for further post-surgical care and confection of prosthesis when necessary. Naturally many of those activities would be done at the Institute, there would also be a fourth levels of socio-professional attention at the SORRI units (Society for Rehabilitation of the Disabled) distributed through the State. Arranged that way, the patients from São Paulo would not have to wait in line because out of state patients would not be operated here.

Since there are trained groups in several other states, why not institute a national plan similarly to what has been done in São Paulo?

The multidrug therapy has released patients from treatment after a relatively short time, but, the presence of some disabilities and deformities remain.

The surgical rehabilitation of patients is an imperative need at this moment because besides recovering patients, it raises hope for improvement, giving support to the control programs.

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REFERENCE

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