

The Contribution to World  
Medical Literature by Motec  
in Breast Surgery

Natasha Jiwa

Motec AGM

Sunday 7<sup>th</sup> April 2019

# A surgical trainee's exposure to breast disease at a one-stop self-referral clinic in Nkawkaw, Ghana

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Holy Family Hospital, Nkawkaw



## Introduction

- Breast cancer is a common malignancy amongst Ghanaian women, often with delayed and advanced presentation. Breast screening and access to specialist care is not widely available. Patients requiring imaging in the form of ultrasound scans and mammograms are referred to centres several hours away. On a recent charity visit to Nkawkaw Ghana, we conducted a one-stop self-referral clinic, with the aim of managing breast disease within the local population.

## Background

- Nkawkaw is a town in the South of Ghana and is the capital of the Kwahu West Municipal District. It has a population of around 61,000 people. The Holy Family Hospital Nkawkaw is a district nurse training Hospital primarily run by nuns. It has two operating theatres for elective and emergency surgery. Three in-house surgeons cover all surgical emergencies year-round, with international visiting surgeons providing specialist clinics and operating lists on an adhoc basis.



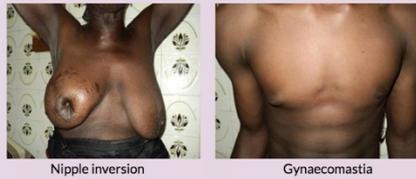
## Methods

- The local population was informed of the clinics in advance and pre-registered in the hospital. All patients seen from 14-15th October 2013 were included. History through an interpreter, clinical examination with a chaperone and blood tests were conducted on each patient. Investigations and surgical intervention were carried out where feasible.

## Results

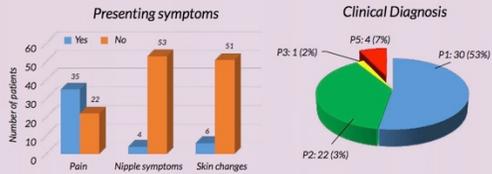
- 57 patients (mean age 40) were included (56 female, 1 male). The median duration of symptoms was 6 months. Clinical presentations included: pain in 61% (35/57 patients), a lump in 47%, skin changes in 10% and nipple symptoms in 7%. Symptoms were unilateral in 68% of patients.

Likely diagnoses included: mastalgia in 43.8% (P1), a benign breast lesion (cyst/fibroadenoma) in 15.7% (P2), infiltrative/inflammatory cancers 7% (P5). The mean size of all palpable lumps was 35mm. 10 patients were referred for further imaging and 3 underwent excision biopsy.

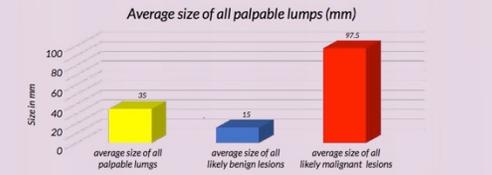


Nipple inversion

Gynaecomastia



Likely inflammatory cancers



Keloid scarring

## Conclusions

- Presentation of breast disease in West Africa is delayed and severe (see photos). This is not only due to the obvious lack of healthcare resources available locally and the fact that patients are self-funding, but also due to the limited awareness breast disease. Our recommendations included: training registered nurses and nursing students in the basics of benign and malignant breast pathology and promoting regular self-examination.
- The experience has been an important training experience, with exposure to a wealth of pathology not routinely encountered in the UK. Moreover, it has highlighted how much can be achieved with a thorough history and clinical examination and patient education.

# Association of Surgeons in Training Conference, Belfast 2014

Subject Global surgery conference - thank you  
From Christopher Lavy <christopher.lavy@ndorms.ox.ac.uk>  
To natashaj@doctors.org.uk <natashaj@doctors.org.uk>  
Date 2015-04-30 10:20  
Dear Natasha,

Thank you very much for your joining us at the RSM/RCS global surgery, anaesthesia and obstetrics conference on Tuesday and presenting on behalf of Motec Life – it was encouraging to hear of the good work that Motec is doing and its commitment to partnerships and training.

With kind regards,

Chris

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Professor of Orthopaedic and Tropical Surgery  
Consultant Orthopaedic & Spine Surgeon  
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*"There is no passion to be found in settling for a life that is less than the one you are capable of living" Nelson Mandela*

Global  
Surgery  
Conference  
London  
2015

# Presentation of Breast Diseases in Ghana – A Trainee’s Experience

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## Background

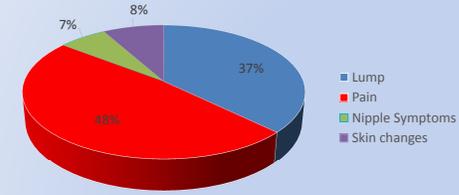
- Breast cancer is still perceived as a taboo amongst many Ghanaian women, commonly resulting in a delayed and advanced presentation.
- Breast screening and access to specialist care are not widely available.
- The Ministry of Health in Ghana have stipulated that clinical breast examination as a form of screening, should be offered every 2-3 years for those <35 and once a year for those >35. (1)

## Methods

- 25 clinics were conducted over three separate voluntary visits between October 2013 and October 2014.
- Clinical findings, imaging and therapeutic interventions (when performed) on all patients were included.

## Results

- A total of 210 patients (mean age 40) were included.
- 86 patients were clinically screened and 124 patients presented symptomatically (206 female, 4 male).
- Median duration of symptoms before attending clinic was 6 months (range 0.25 to 384 months).
- Symptoms were unilateral in 79% of patients.



Possible liposarcoma



Locally advanced cancer



Free hand aspiration of a lactating breast abscess



Gynaecomastia

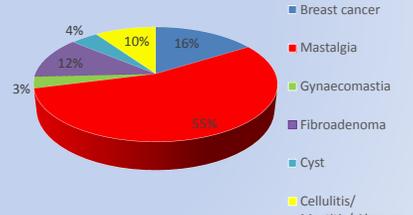


Figure 3: Clinical diagnoses



Nipple retraction



Peau d'orange



Axillary mass



Keloid scarring

- The median size of palpable lumps was 35mm (5mm - 300mm).
- 27 patients were referred to regional centres for further assessment and 9 patients underwent an excision biopsy locally.
- Of those clinically screened, 83% had a normal examination and 17% benign changes.

## Conclusions

- Presentation of breast disease in West Africa is delayed and severe.
- Diagnostic adjuncts such as imaging, simple biopsies and pathology serves, as well as possibility of performing therapeutic interventions are limited.
- There is a striking difference in the culture and beliefs in the perception of breast health.
- A great effort needs to be made to increase awareness of breast cancer in Ghana; both to encourage self-examination and to train health professionals to offer clinical screening in target groups.

(1) National Strategy for Cancer Control 2012-2016, Ministry of Health Ghana

Association of Breast Surgery Conference & AGM, 15-16<sup>th</sup> June 2015, Bournemouth.

# Association of Breast Surgery Conference & AGM Bournemouth 2015



The Association of  
Surgeons in Training

[www.asit.org](http://www.asit.org)

**ASiT Global Surgery Award 2016**

**Natasha Jiwa**



2016



Breast Surgery Presentations at the 57th Annual Conference of the West African College of Surgeons Burkina Faso March 2017

# MWF International Travel Fellowship



## **MEDICAL WOMEN'S FEDERATION**

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[@medicalwomenuk](https://twitter.com/medicalwomenuk) [www.facebook.com/MedWomen](https://www.facebook.com/MedWomen)

7<sup>th</sup> April 2017

Dear Natasha,

I am very pleased to inform you that your application for the MWF International Travel Fellowship has been successful and you have been awarded £1,000 towards your trip. We were very impressed with the work you are going to do and your dedication.

We would like to deposit the award directly into your bank account and would appreciate it if you could reply to this letter with your bank account details.

We would like to keep in contact with you during your time abroad and our members would really enjoy hearing about the outcome of your trip and would like to invite you to write an article in *Medical Woman*, or a blog on our website and a talk at one of our conferences.

We wish you great success and I hope you will have a marvellous time in Ghana and we look forward to hearing about your trip.

Yours sincerely,

Dr Heidi Mounsey  
MWF Honorary Treasurer

April 2017



Presentation at ASiT Conference about  
Global Surgery Award and Breast Surgery  
work in Ghana



Association of Breast Surgery Conference  
Belfast May 2017

Challenges of Setting up a Breast Surgery Unit in Ghana



## VIEW FROM OVERSEAS

There must however be a better solution, something that will work in Ghana and uses the tools that already exist. The Ghanaian government recognises that breast cancer is a public health concern which needs to be addressed and has responded with a 'two-pronged approach'. The National Strategy for Cancer Control in Ghana 2012-2016 focuses on;

- Public education: De-mystifying and de-stigmatising breast cancer through education in particular the training of local leads, a community insider to continue the work after the main team have left and moved on to another community. The aim is to also identify women at high risk of the disease through family history and promote extra vigilance.
- Early detection: Through clinical screening which involves an examination by a trained professional (every three years for those who are below 35 years of age and once a year for those who are 35 years and above, including mammography for those over 40). Emphasis is being placed on self-examination which is taught in schools as part of the curriculum to be performed and

documented during the second week of the menstrual cycle in pre-menopausal women and on a fixed day of the month in those women who are post-menopausal.

Volunteer work through charities like Motec-life, which we had the opportunity to volunteer with, work alongside regional and local clinics to bridge the health inequality gap. Whilst the recommendations seem somewhat rudimentary in a healthcare system as sophisticated as our own, it is important to remember that every little helps and anything that can be done to change the pattern of disease presentation and women successfully with breast cancer, getting these women back to their normal lives – even despite of the mastectomy – will de-stigmatize breast cancer and positively reinforce the curable nature of the disease. In time, this will turn the belief on its head and women will present with early breast cancer that can be cured.

*Natasha Jiwa & Laura Johnson  
St Bartholomew's Hospital, London*

### References

1. Kantelhardt EJ, Cubasch H, Hanson C. Taking on breast cancer in East Africa: global challenges in breast cancer. *Curr Opin Obstet Gynecol.* 2015; 27:108–114.
2. Anyanwu SN. Temporal trends in breast cancer presentation in the third world. *J Exp Clin Cancer Res.* 2008; 27:17.
3. An update on the management of breast cancer in Africa Vanderpuye et al. *Infectious Agents and Cancer* 2017; 12:13

## VIEW FROM OVERSEAS

### BREAST SCREENING IN GHANA – WHAT IS POSSIBLE?

As we approach the 30-year anniversary of the NHS breast screening programme (NHS BSP) in the UK we see continued investment in the project with the widening of the age range to 47-73 with every woman in the UK invited for their first screening mammogram by their 50th birthday. This investment comes despite questions being asked as to the benefit of the screening programme and the difficult time of austerity affecting all public services.

If we consider the screening programme and the complexity involved in the screening programme

to maintain a quality of life is lacking and many succumb to their disease soon after presentation. The window for early intervention – and life preservation – has been missed.

The rural nature of the country is but one factor, an innate lack of awareness of the symptoms of breast cancer and the need for self-examination is overlooked. This coupled with a strong social stigma associated with breast cancer and having a mastectomy for treatment reinforces patients' reluctance to seek help early. Many women opt for treatment from a local herbalist which has little proven benefit and their disease continues

# Association of Breast Surgery Yearbook 2018

Runner up Oral  
Presentation  
Jenny Ackroyd Surgical  
Symposium April 2018

# In summary....

- Proud to be an ambassador of the work of Motec
- Much has been accomplished since 2013
- Our sincere thanks to all who have supported us
- Yet still so much more to be done
- Watch this space

Thank you

