



DISPATCHES FROM UKRAINE

ASPS International Members work under attack while a Society staffer helps rescue her parents from Kyiv.

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SHARE and Smile Train join forces for future growth

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Fight continues for coverage of congenital anomalies

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Standing strong

ASPS International Members and staff shine a light on the professional and personal demands of living and working in a country under seige - and the difficulties of keeping families safe as Russian missile strikes target more cities throughout Ukraine.

Interviews by Jim Leonardo & Paul Snyder



Dr. Badiul (center) in 2014 with Keyian Paydar, MD (from left); ASPS past President Gregory R.D. Evans, MD; Joseph Gryskiewicz, MD; and Garrett Wirth, MD; at the University of California-Irvine.



(Above) Plastic surgeons and staff (Dr. Badiul is fifth from left) at the Burn and Plastic Surgery Centre in Dnipro, Ukraine; and (below) a landmine injury with defect of femoral bone and pelvic fracture, with an TDL free flap. (Photos courtesy of Dr. Badiul)

'Continuous work without a day off'

An interview with ASPS International Member Pavlo Badiul, MD, PhD, DMedSc Dnipro, Ukraine

Can you tell us a little about your situation in Ukraine right now?

I'm with my wife, my 12-year-old daughter and my 5-year-old son in Dnipro, a city in east-central Ukraine. My city isn't currently a war zone; we've only sustained three rocket attacks. But many of the wounded from other cities around the country are being sent to us. I teach burn treatment and plastic surgery basics to residents at Dnipro Medical University, but my clinical base is the Burn and Plastic Surgery Centre, where I'm treating many battle casualties – mainly burn and gunshot wounds and landmine blast trauma – which are very complicated and usually combined. But we're ready for this – we've had a lot of experience since 2014 [when Russia forcibly annexed the Crimean Peninsula in Ukraine].

I was born in Dnipro, and I've spent most of my life here. I graduated from Dnipro State Medical University in 2001 and since then have practiced at the Burn and Plastic Surgery Centre.

What has been your experience in America with plastic surgery training?

I became an ASPS International Member in 2013 and was named as an international scholar the following year. I spent nearly four months at University of California-Irvine, where I learned at the side of ASPS past President Gregory R.D. Evans, MD, and his team, which exerted an enormous influence on my professional development. At that time, Russia's aggression against Ukraine in the east had just begun. Dnipro became a frontier city to the hostility zone and we received a lot of wounded.

On my return from America, I was able to advance new treatment methods in the clinic and develop a reconstructive microsurgery strand that allowed for the successful treatment of complex combat trauma. My colleague and I in 2020 published *Perforator Flaps in Reconstructive Surgery* in Ukrainian, where technical aspects of reconstruction with main flaps were presented. This book has become of great use for our colleagues in Ukraine.

Can you tell us about working while Dnipro was under rocket attack?

Early on Feb. 24, the citizens of Dnipro were awakened by the sound of explo-

sions as the Russian military launched missile strikes at our airport and several defensive sites in the city. After that, there were more attacks on the city. For now, there are no hostilities in Dnipro – that's why a lot of wounded are evacuated to the city for medical aid. Several times a day we hear air raid alerts, but the city currently functions almost in a normal mode, and we carry out our duty and treat our wounded.

What types of injuries have you been treating in the past few weeks?

Our patients are predominantly soldiers, but there are civilians, too. I don't know the general casualty load. My department has hit its capacity of 40 patients – more than 20 of them are wounded soldiers. Their injuries are very complex, and many are combined traumas: fractures, burns, vast landmine and gunshot injuries, many traumatic limb amputations. Most of the injured in 2014 experienced lower-limb trauma; today, there are a lot both lower- and upper-limb combination trauma, which I suppose is due to the use of different weapons. We perform a lot of surgery using flaps, and a lot of microsurgery.

What are some of the unique demands of practicing reconstructive surgery in a nation under attack?

Right now, plastic surgery is exclusively for treatment of the wounded. We don't do any aesthetic procedures; we're only performing reconstructive surgery. It's continuous work without a day off. We need to be ready to perform complex surgeries at any time – and we need to continue with a surgery in progress even when air raid alerts sound. We don't take cover. We're short of nursing staff. Our young residents help us a lot – but people are very tired.

We need medical equipment, instruments and medicine. Although some European countries have been helping us, there have been problems tied to the delivery of many of these items. For example, there's a great demand in negative-pressure wound therapy devices – they're necessary for fast wound preparation for plasty, but we're in short supply.

Do you think the Russian people are being misled by their government to support this unprovoked invasion?

I have friends, colleagues, and even relatives among the Russians. After the war started, I was supported by all my friends and colleagues from all over the world – and only from a few Russians. The Russian propaganda sources have been using messaging against the Ukrainians for many years – and not just against the Ukrainians. Such messaging was aimed at many other nations around the world. We definitely know that the majority of Russians support the invasion into Ukraine. This is the impact of Russian chauvinism.

Certainly, Putin and his propagandists feed the people of Russia with false information, but Russian people like the information they get. They attacked Ukraine under the pretense of helping the oppressed Russian-speaking people in Ukraine, and that we've been shelling and destroying Russian-speaking cities and killing Russian-speaking people. This scheme has been used many times, starting with the attack on Finland in 1939. Of course, there are right-minded, adequate people with high moral standards among the Russian people, but they are at the minority. They write to tell me they understand everything, but they are afraid to speak out against this aggression.

What should PSN readers know about your situation that hasn't been addressed?

I'm deeply grateful to ASPS for its support during this terrible situation – the Society is composed of highly professional members who have shown they will support other members in need. I'm also grateful to the Society for my PSF International Scholar designation, professional development and education.

Some European countries are helping us with consumables and medicines, but we still have a great need for support in the form of medical equipment, instruments and medicine. Although we get some targeted aid, much is still lost, diverted or taken to the wrong places. I hope this article will help us gain the help we need.

We really appreciate the support, interest and help of ASPS. PSN

