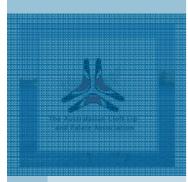
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CLAPA NEWSLET

President's Message

Dear Members

It is with much sadness that I write to inform you of the recent death of Mr Harold McComb.

Harold played a key role in the development of cleft lip and palate surgery in Australia and in the establishment of *ACLAPA*. He was to *coin a phrase*, "a Gentleman and a Scholar" and will be much missed by all who knew him.

I would also like to take this opportunity to thank Martin Persson who flew out to Australia in March of this year to run a Biopsychosocial Symposium for ACLAPA. This Symposium took place in Perth and we were able to "Teleconference" with the Cleft Team in Queensland. We thank them not only for joining us through technology but also for their patience throughout the day. All who attended this meeting did find it to be a real eye-opener and we are indebted to Martin.

Martin also ran a Parent workshop the following day and several parents have commented that they found this to be an exceedingly valuable and informative session.

Over the last one to two decades we have seen several multi-centre outcomes assessment relating to cleft care. These would include studies as CSAG; Euro cleft; AmeriCleft; ScanCleft etc. To date no such study has been undertaken in the Australasian region for benchmarking purposes. I think the time has come where we need to give serious thought to such a study. To that end we have had preliminary discussions with several members of ACLAPA about how best to establish such a study. A study such as this would require significant planning and collaboration between the various Cleft Lip and Palate Units around the Australia and New Zealand regions. This will rely on a high degree of collaboration between Units and I would see the project to be an excellent way to foster closer ties between Units. I have outlined more regarding this study in the body of this Newsletter.

In July of 2013, 19th – 21st,

we are looking at a meeting which will be run in Sydney and hosted by The Children's Hospital Westmead. The primary objective of this meeting will be to formulate plans for a Multi-centre Outcome Assessment Study. We have approached Rusty Long, an American Orthodontist, who was the Chief Investigator and Co-ordinator of the recently published AmeriCleft study. We are also pleased that Martin Persson, a Psychologist from Bristol and Stockholm, will be able to return to help with his experiences in Intercentre outcome assessments.

I would encourage all interested members to attend this meeting. The meeting will, I believe, be vital to establish exactly what we want to look at in regards to outcomes and how best to approach the project.

I look forward to the opportunity to meet with you in Sydney.

Kind regards

DAVID GILLETT

ACLAPA President

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Vale Harold McComb





A presentation by Tony Baker and John McComb

Harold Keith **McCOMB** Plastic Surgeon 1924 - 2012 MB BS (Melb) 1947 FRCS 1952 **FRACS 1956** ACS 1960

Harold McComb was born in Brisbane in 1924 Son of Rowland McComb, a Gallipoli veteran and senior administrator in the Commonwealth Department of Civil Aviation and Kathleen Clare Earnshaw.

Following his graduation from the University of Melbourne in 1947, Harold began his medical career at Royal Melbourne Hospital where, working under the guidance of pioneer plastic surgeon Sir Benjamin Rank, he developed a passion for plastic surgery.

In 1953 his potential as a surgeon was recognised by the prestigious Nuffield Foundation with a scholarship the risk of cross infection. to undertake two years specialist training at Oxford.

After just three months at the university however, he was offered a position as a consultant plastic surgeon at the Royal Perth Hospital. Without the option of taking leave from the hospital to finish his studies, his Oxford teachers stepped in to accelerate Harold's training. With their assistance he was able to complete his training within nine months and was able to return to Perth in 1954 as a consultant at Royal Perth and Princess Margaret Hospitals.

Harold was the first fully trained plastic surgeon to work in Western Australia. He filled the position created by the distinguished war veteran and surgeon Leslie LeSouef, who had established plastic and traumatic units at Royal Perth and Princess Margaret Hospitals.

Although in those days Consultants were not paid, many eminent members of Perth's medical fraternity worked without payment in public hospitals. Rather than lamenting his lack of remuneration however Harold regarded his appointment as a Consultant as a privilege. An innovator from his arrival, he designed beds that could be could turned into watertight 'boxes' and filled

with water to allow burns patients to be bathed in their own beds to eliminate

His contribution to the development of SSD cream at PMH was said to revolutionise the management of patients in the Burns Unit there - as well as in other hospitals which are said to have used it "by the bucketful."

Treating burns patients was just one aspect of Harold's work. While repair of hand injuries and deformities, correction of prominent ears, removal of birth marks and revision of scars all contributed to his routine surgeries, cleft lip and palate surgery was his maior love.



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Vale Harold McComb





In addition to lip and palate repairs, Harold pioneered the correction of cleft lip nose which he regarded as one of the worst deformities of the cleft lip. With his team, he developed a technique that corrected the nasal deformity and the lip defect at the same time. His results were so successful that following publication, the techniques were adopted worldwide, as were those using bone grafts to fill the gap associated with cleft palates.

Outside the operating theatre, Harold was instrumental in establishing the first Combined Clinic in Australia for children with facial clefts. This clinic offered the opportunity for patients to be reviewed by all specialists in the Facio maxillary team at the same time - rather than having to attend additional appointments at PMH on different days as they had previously.

A member of the Court of Examiners of the Royal Australasian College of Surgeons Harold was highly regarded in Perth being appointed to the Royal Perth Hospital from 1954 to 1979, to Princess Margaret Hospital from 1955 to 1989 and Fremantle Hospitals from 1955 to 1965.

Training future plastic surgeons both home and abroad was also very important to Harold. As the plastic surgeon for aid programs under the Colombo Plan, his journey to Madura, India in 1964 heralded a long running program designed to train local medical teams in Afghanistan, Papua-New Guinea, Vanuatu, Mauritius, Indonesia, Tuvalu, Fiji, Vietnam and Laos to repair cleft deformities.

From his early days, Harold played a pivotal role in training future generations of plastic surgeons in Perth. He taught that 'we are first and foremost to be compassionate, competent doctors, and secondarily plastic surgeons'.

Artistically innovative and technically gifted, he led by example, demanding excellence in results. The current cohort of skilled Perth trained plastic surgeons owe much to the surgical legacy of Harold McComb.

Whilst not one for accolades, Harold greatly valued his "Distinguished Honorary Fellowship of the American Association of Plastic Surgeons" – a peer endowed award in recognition of his global contribution to the challenge of treating Cleft Lip and Palate. He was, at the time, one of four non-American recipients in the world.



His publications include:

- "Primary repair of the Cleft Lip Nose" in Reconstructive Plastic Surgery (1989),
- "The Nasal Deformity in Clefts" and
 "Primary Treatment of Cleft Lip Nasal
 Deformity" in Cleft
 Lip and Palate: A
 System of Management (1989),
- Anatomy of Unilateral and Bilateral Cleft Lip Nose",
 "Primary Unilateral and Bilateral Cleft Lip" and "Nose Reconstruction" in Multidisciplinary Management of Cleft Lip and Palate (1990).



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Biopsychosocial Course





Martin is a dynamic and informative speaker who offered a variety of topics in both a research and hands-on perspective. His common sense approach was refreshing and entertaining as well as highly informative.

We thank him for giving so generously of his time and expertise to the Perth Unit and look forward to extending our next invitation to him to use his expertise in both biopsychosocial information as well as cleft clinical audit information to other Units.

Martin also presented a parent day which was very well received. We have received much positive response and gratitude from parents for both the content and presentation of the information.

The President of CleftPALS also

sent a formal letter of appreciation for Martin's presentation, in particular the high standard of his information as well as the practicality of his advice and expertise.



Multi-centre Studies

As President of ACLAPA I am keen to foster the development and support of any project which facilitates collaboration amongst our members and their constituent teams.

I have formed a sub-committeeworking group to look at the best way to start a regional prospective collaborative project. That team consists of myself, Wendy Nicholls, David Fitzsimons and Peter Fowler.

I have also been asked to be a member of the Outcomes Task-force for the World Congress which will be held in Jacksonville Florida next May 2013. Peter Fowler is also on the taskforce and David Fitzsimons is Chairing the speech assessment taskforce for the World Conference. This I believe will put us in a good position to formulate a worthwhile study plan.

Last month we met and agreed that in order to proceed with such a project the best way to do this would be to:

1. Create a steering Committee

- 2. Seek external guidance from International experts who have prepared, planned and experienced projects such as this.
- Seek additional membership for the steering committee from interested people or teams.
- 4. Survey our membership and other interested parties for their thoughts and suggestions on all aspects of such a project.
- Create a forum/opportunity for teams to come together and help plan for such a project including determining/identifying/confirming:
- Primary Outcome measures
- Secondary outcome measures
- Potential barriers (including, systemic, financial, ethical and practical)
- Scope of the project (patient group, timelines etc.)
- Methods for overcoming any barriers

- 6. Prepare a multi-centre ethics application based on the above information
- 7. Secure funding support where necessary/appropriate from the ACLAPA Education

For July 19-21 2013, we have invited Rusty Long, Head of AmeriCleft Project, and we have also invited Dr Martin Persson to the meeting.

Please mark this date and consider whether you would be prepared and interested to be involved in the subcommittee to plan and establish this study.

Any member who would like to be involved would be very welcome to contact me via my email listed below.

davidgillett@plastic-surgeon.com.au

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