

## IN CONVERSATION WITH

# Derek Mendonca

Interviewed by The PMFA Journal



We were delighted to chat to **Derek Mendonca**, renowned Paediatric Plastic and Craniofacial Surgeon, about his remarkable career.

## Can you tell us a bit about your background and what made you decide on a career as a paediatric plastic surgeon?

I was born and raised in Bahrain, in the Middle East. My parents, both from Managlore in India, had migrated to work there before I was born. My mother was a nurse in the local government hospital, and I think that had an early influence on my decision to pursue medicine as a career. I did my basic medical degree in India, and then went to the UK for my higher training. I completed my plastic surgery residency in the West Midlands region around Birmingham, complementing it with a fellowship in paediatric plastic surgery in the United States.

My decision to pursue paediatric plastic surgery was heavily influenced by a five-month volunteer stint at a leprosy mission hospital in Pokhara, Nepal. While I was there, I worked under a Canadian surgeon who did excellent work in leprosy hand reconstruction, and cleft lip and palate surgery. We flew to camps in various parts of the country to perform cleft lip and palate surgery and burn contracture releases on children. I remember being struck by the tremendous international need for paediatric plastic surgery. I also realised how skilled surgeons can use their skills to reach out to those who would not otherwise have access to treatment, as ambassadors of goodwill and compassion.

## What would you say have been the main highlights of your career?

I am incredibly proud of my role in starting a new department for plastic surgery in a tertiary hospital in Bangalore, India. During my time there, we established

a new team for complex craniofacial surgery collaborating with specialists from neurosurgery, neuro-anaesthesia, critical care, paediatric anaesthesia and allied specialties. I am still in regular contact with my plastic surgery colleagues in Bangalore. The team is still going strong and continuing to perform advanced surgical reconstruction for patients from all over India, the Middle East and beyond.

I also introduced a new surgery technique for endoscopic craniosynostosis correction, that had not previously been used in Asia. This was a skill I learnt during my fellowship in the United States, and I was able to translate that knowledge and train others in India, with the help of my senior neurosurgical colleagues. Since that first case in 2016, a further 30 patients have been treated from all over India, and abroad.

In the United Arab Emirates, over the past two years, we have established the first formal paediatric plastic surgery department within the country's only specialist children's hospital.

## What challenges have you faced and how have you overcome these?

Many children with deformities who would greatly benefit from surgery face financial barriers to accessing treatment. Treatment is very often expensive and beyond the reach of many families. Whilst in India we began fundraising for those in need and created a special account in the hospital, called the plastic surgery fund. This fund helped me start doing complex craniofacial surgery and paid for the cost of paediatric intensive care, implants and postoperative care. As we moved forward, this fund became even more critical to



help children with cleft lip and palate and other craniofacial anomalies. I also began to partner with a local charity organisation, where these patients were treated at another mission hospital at a lower cost.

Another challenge is the lack of a clear referral pathway, as exists in the NHS in the UK. After relocating to a new country, I found that many colleagues were not aware of my skills and training or the service I was offering. So, I decided to start my own website to have an online presence. The website included patients' results, education and research publications on craniofacial anomalies, and my location and contact details. This increased awareness amongst referring doctors. It has also enabled patients to find me directly, make contact and come to the hospital to see me. Our patients now are younger, internet and phone savvy and are willing to travel anywhere seeking the best care. I have learnt that we need to be

proactive in raising awareness, and have seen the benefits of this.

**You are widely published – looking back over your publications, do you have any personal highlights, or projects you have been particularly proud of?**

The publication of our first case series on the endoscopic assisted craniosynostosis correction from Asia has been a highlight. We clearly showed that the surgical technique is safe, effective and can be widely applied to all forms of isolated, non syndromic craniosynostosis. We were even able to manufacture a locally made 3D printed helmet for the cranial moulding.

More recently, I devised and published a new surgical technique for primary cleft nose deformity correction, based on a new approach of defining the anatomical subunits of the mucosa lining. It is still early days at the moment, and I am hoping to publish a long-term series and follow up.

**Many see you as a role model – do you have a role model yourself?**

My main role models are two surgeons whom I sadly never had the chance to meet while they were alive! The first one is Dr Paul Brand, who was a pioneer missionary hand surgeon who worked in South India. He was involved in research into the treatment and prevention of deformities in patients with leprosy. He described many surgical techniques in hand surgery and tendon transfers that we commonly use today. Dr Brand's book *Ten Fingers for God* is one of my all time favourites.

The second surgeon I hugely admire is Dr Samuel Noordhoff. Dr Samuel was an American plastic surgeon, who pioneered

a new hospital and the first plastic surgery service in Taiwan. After four decades of service, the department he founded is now one of the leading institutions for microsurgery, hand surgery, craniofacial and cleft surgery and other innovations. There are no books or biographies on Dr Samuel, I really wish there was, so that I could understand his thoughts!

**What is the best piece of advice you have been given?**

The best piece of advice I have been given was from one of my mentors, Mr Hiroshi Nishikawa, a craniofacial surgeon from Birmingham, UK. He advised me early on to find an area of interest that very few people are into. This creates a special niche for your work so that there will always be a need for your services. I saw this first hand last year when COVID struck and there was a lockdown for a few months. Those surgeons who were focused on only cosmetic work were really struggling, and sadly some had to close their practices.

**How would you encourage other young surgeons into the field of paediatric plastic surgery?**

I would strongly encourage young surgeons to find a place where you can get good exposure to paediatric plastic surgery. Many fellowships are available in Europe, Canada, Australia and the United States on cleft and craniofacial surgery, congenital hand surgery, facial palsy, ear reconstruction, brachial plexus, paediatric burns, vascular anomalies and lasers. I would also encourage surgeons to travel and visit surgeons who are doing unique work in the field. As surgeons, we have to invest in our careers and training. I can tell you from personal experience, that time well spent early on in travel and visiting centres of excellence will pay rich dividends

for your future career. The relationships you build and new skills you learn will become a foundation that you can continue to build on.

**What do you see as the main challenges facing surgeons at the present time?**

The main challenges I see facing surgeons are isolation and burnout. Sadly, often surgeons do not work together and support each other, maybe due to rivalry, personal grievances, personality issues or local politics. I think surgeons work best when we are in teams. We need to support one another, and I believe there is room for everyone at the top. We have only a finite number of years in practice, so let us make it enjoyable and treat each other with respect.

Another issue I see on the rise is burnout due to becoming overstretched or disillusioned. I have faced it myself, and it happened on days where I was most tired and pressured. My family is a huge source of strength for me, and my wife and three children keep me grounded and help buffer any frustrations I have at the workplace.

**And finally, if you have any spare time, how do you like to relax?**

If I wanted to be completely relaxed, I would need to turn my phone off and throw it away!! Joking apart, I like to play golf, when I can find the time. I find the game so refreshing although I am not very good at it. I enjoy being out in the open green spaces, breathing fresh air, having long walks and navigating different terrains. I particularly like to visit golf courses in any new country I visit. There is always something unique about it, and I find lessons learnt on the golf course closely parallel that of life: long term thinking, patience, hitting the ball straight, dealing with failure and finally, not taking yourself too seriously!