



Centro Médico San Benito José (San Benito Jose Medical Center)

www.sbjhonduras.com

**Report on Development of a Podiatry Section for Medical Missions to SBJ
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San Benito Jose Medical Center

Centro Médico San Benito José (San Benito Jose Medical Center, affectionately known as “SBJ”) is a relatively modern outpatient surgery hospital completed in 2005 by the Franciscan Friars of the Renewal for the purpose of hosting surgically-oriented medical mission teams to treat the poor from in and around Comayagua, Honduras. (<http://sbjhonduras.com/>) It has four operating theaters that can accommodate up to four separate surgical specialties for any single medical mission team. Right now, there are between 5 and 6 multi-specialty mission teams per year that come for one-week surgical missions. There are overnight and observation wards with beds sufficient for patients treated on each mission; families can stay at the a nearby facility hosted by the friars. Mission teams stay in local hotels.

The front of the hospital has a well-equipped primary care clinic with multiple examination rooms staffed by 5 primary care physicians who examine, select and screen the patients for surgery; they also provide postoperative care. Here are some videos about SBJ: https://www.youtube.com/watch?v=Ht3Kvljt_hM
<https://www.youtube.com/watch?v=7icCCVJ0CrE&t=2s>

VISION

After informed invitations from several SBJ mission veterans, consultations with Fr. Felix, participation on two mission teams as coordinator and surgeon for podiatry, plus projects to get equipment needed for complex orthopedic bone/joint surgery (e.g. mini C-arm x-ray machine, power surgery sets, specialized instruments and specialty supplies) here is my perspective:

Pardon me for giving this dissertation in the first person. I envision that SBJ could accommodate and benefit from 3 podiatry sections or sub-teams a year. I think this specialty has a lot to teach the primary care doctors (who are very enthusiastic about our educational programs) as well as the physical therapists, nursing staff, outside medical folks, etc. in addition to specialty surgery.

Emphasis will be given to all facets of clubfoot evaluation and treatment and will include educational programs on every mission. The mini C-arm x-ray machine makes this possible as well as the quality of the volunteer team members selected. We must keep in mind that orthopedic bone surgery can be more demanding for cleaning and sterilization services which puts an extra load on the sterilization hospital staff and autoclaves (something I will note to Fr. Felix). In other words, there are more power tools, instrumentation, fixation, etc. than, say, general surgery. We are working on secure storage and inventorying in between missions.

Not only can SBJ generate enough surgery cases but I think podiatry is a good fit for SBJ as feet are the major method of transportation for these poor people. Also, our teams are made up of trained educators. Each team will be capable of evaluating and treating clinic patients for future surgeries and minor procedures, as well as providing follow-up on patients who have previously had podiatry surgery at SBJ. Screening day which should be reserved for patients selected for possible surgery on the said mission.

Each team can have access to all the equipment and supplies left by previous teams, tell the next team what is needed for the next mission team, and follow surgery patients from previous teams. Great care is taken in the recruitment of surgeons and other personnel to serve on the podiatry sub-teams, regardless of the mission. Our focus is to attract well-qualified and skilled team players with missionary hearts. They must be culturally respectful, preferably bilingual, and people who we can trust with the surgical equipment we have transported and donated to SBJ. Each team will have different members because of the demands of work, family, etc. – but ideally the same core team annually. Bringing one resident per team is encouraged since sowing the mission seeds will bear future fruit.

The Connection and Recruitment

In 2017 I was assembling our 6th annual podiatry/pediatric orthopedics surgical mission to Hospital Obras Sociales de Monsignor Gregorio Schaffer in San Lucas Toliman, Guatemala on the shore of Lake Atitlan, now known as the Opal House-Rotary Medical Mission Team. Through previous contacts, I recruited Dr. Constantine Kokenes from Atlanta who has worked for years at DeKalb Medical Center, contributing to the training of podiatry residents. He did a great job as one of the 4 anesthesiologists serving for that one-week mission where we did 35 surgical cases.

After that mission, Dr. Kokenes invited me to bring a podiatry team as a specialty section on one of the medical mission teams to San Benito Jose Medical Center in Comayagua, Honduras to serve the poorest of the poor. He stated that the primary care clinics at that hospital had been seeing a lot of foot, ankle, leg problems over the years since the hospital has been in operation since 2005, including many clubfeet and other congenital deformities, developmental deformities, arthritic conditions and malaligned bones. Efforts to have podiatrists be regular medical mission participants had failed. This was of great concern to him because he served on the board of SBJ and saw this as a great need for the people the hospital served that was not being met.

Developing a Plan

Dr. Kokenes provided information on the management and financial support for the hospital, then arranged a meeting with Dr. John Kelley, the orthopedic surgeon from Atlanta

who had been going to SBJ several times a year since 2005, and Dr. Marie-Christine Bergeron, an interested podiatrist, surgery-trained. Dr. Kelley was able to communicate an orthopedically-oriented picture of the hospital, its surgical support capabilities, the equipment available and needed as well as the medical staff and level of care at the hospital. He then put me in touch with Celiamarie Moore, team leader of the Aloha Medical Mission which was scheduled to bring a four-specialty team to SBJ in January of 2018. Unfortunately, that mission was canceled due to political unrest in Honduras.

I then invited Celiamarie to join Dr. Kokenes and me on my Opal House-Rotary Medical Mission team in March of 2018 which she accepted, along with three other members of her own team. This allowed for a more detailed discussion of the SBJ missions and protocols and logistics as well as the special needs and expectations for a podiatry team. I was able to develop a more concrete plan.

I did communicate with Fr. Felix Desilets, the Hospital Director, about the needs for orthopedic bone and joint surgery, especially an X-ray machine. A fluoroscopic mini C-arm for the operating room seemed to be the priority. Fr. Felix felt that they were not ready yet for a full body X-ray machine for the hospital.

Preparation for Bone and Clubfoot Surgery

The first issue to tackle was to acquire a fluoroscopic x-ray machine for the operating rooms. With the help of my Fidalgo Island Rotary Club, my church (Sacred Heart Parish in LaConner, WA) and several private donors I was able to purchase a used GE6800 mini C-arm x-ray machine and have it refurbished. It was then shipped to SBJ with the help of the Virginia Medical Center Brigade's shipping container. The machine arrived in Comayagua in September of 2018 but was not available for use until January of 2019. At that time, the device was unpacked, calibrated and prepared for operation by Rich and Jeff Johnson, medical equipment technicians from North Carolina.

Also needed were orthopedic bone surgery hand instruments, power instruments, fixation sets, bone anchors, bone grafts, orthobiologics and a variety of durable medical equipment such as cast boots, casting supplies, postoperative shoes and AFO splints. These items were acquired and packed and distributed to team members to take to SBJ in Comayagua, following models developed over the years of leading many other medical missions to treat similar pathology.

The next important perceived need was for education of the local healthcare providers in Comayagua about clubfoot: its nature, anatomy, conservative care, surgical treatment as well as post-casting and postoperative management. Various printed material was assembled, PowerPoint lectures and videos and clubfoot models acquired for teaching purposes. It was decided that at least one-half mission day would be devoted to education of the primary care physicians, physical therapists, nurses and other interested parties. In addition, critical education regarding clubfoot and postsurgical orthopedic management was prepared to add to the skills of the primary care doctors and physical therapists.

First Missions for Podiatry Teams

Solanus Medical Mission – September 22-29, 2018

The first podiatry team I was able to contribute to SBJ was welcomed by Judy Craig, team leader of the Solanus Medical Mission Team, as well as her cohorts and Fr. Felix Desilets, the Hospital Director. The dates of this 30-member mission were from September 22-29, 2018. Members of the Podiatry Team included me and Matrona Giakoumis, DPM from New York, as well as two residents from her area: Anthony Jabra, DPM and Ashley Bittar, DPM. Without an x-ray machine in the hospital (x-rays can be taken at the local government hospital), the podiatry surgery was limited to general forefoot and tendon surgeries. No clubfoot surgery could yet be performed. Postoperative x-rays were accomplished locally.

We had a local anesthetist, scrub nurse and circulator assigned to our room but did most of the circulating ourselves. There were 31 patients screened the first day which resulted in a 5-day schedule of 21 surgery cases. Two clubfoot patients were evaluated, one referred to the next podiatry team and the other, a 14 mos. old girl was treated with a Ponseti cast, with follow-up to be performed by the local physical therapists. Eight other patients were seen in clinic and several ingrown nails permanently corrected. This first team was well-received and did a great job.

I was able to acquire and donate a Vilex Power Surgery set, a Stryker TPS surgery set, many TPS attachments, cast materials and teaching aids for the Ponseti casting technique, all to be left permanently at SBJ. We were assigned one storage cabinet. The team put on a Clubfoot Seminar for local staff for one-half day in the conference room, including hands-on practical Ponseti casting exercises. Spanish translation was necessary, but the seminar was very much appreciated.

Dr. Giacomis is committed to coming again in September, 2019 and I have recruited Francois Harton, DPM from Calgary, Alberta, Canada. He trained at the Podiatry Institute-associated program and is experienced with clubfoot surgery and Ponseti casting. They will be choosing a resident or another podiatrist to help.

Aloha Medical Mission – January 18-26, 2019

The second podiatry team to SBJ was the result of an invitation from Celiamarie Moore, Team Leader of the Aloha Medical Mission in January, 2019 to be part of a 28-member, 4-specialty surgical mission team. Team members included me, Marie-Christine Bergeron, DPM from New York (and Quebec), Rodney Graves, DPM from Washington state, his wife Tricia and Adam Bernatsky, DPM – a resident from New York. We had a team anesthetist and Stacey Orellano, RN was our scrub nurse. Tricia Graves served as our principle circulator, assisted by myself and others. The advantage here is that three team members were fluent in Spanish.

The GE6800 mini C-arm was now available. This opened the door to do more sophisticated bone and joint surgery, including neglected clubfoot repairs. The team screened 22 patients from which 10 much more complex problems went to surgery over 5 days. There

were two clubfoot repairs: one talectomy and one modified PMR. Several patients from the previous mission were seen in follow-up. Plans were made to set up an online data base for the podiatry patients seen at SBJ, especially the surgical ones.

Many generous donations of medical supplies and equipment were acquired and brought by team members: bone grafts, cast boots, postop shoes, AFO's, special sutures, specialty surgical instruments (including sets), internal fixation hardware and large fragment screw sets to be left at SBJ for their team and future podiatry teams (and for the orthopedics team, e.g. they were able to do a bimalleolar ankle fracture repair this trip because of the fixation sets and x-ray machine). Approximately 10 patients were seen in clinic, mostly by me, while the rest of the team did the surgeries.

Again, a half-day seminar was presented in the conference room with a clubfoot review in Spanish and a set of lectures on postoperative care of clubfoot and other orthopedic surgery patients, also in Spanish. The idea was to prepare the primary care doctors to do the follow-up care after these more complex orthopedic surgeries. This included a workshop on the proper and safe application of fiberglass, below-knee casts. The seminar was greatly appreciated.

Fr. Felix supplied two large stainless steel cabinets which were fitted with padlocks to store the equipment and supplies to be left for future podiatry teams. Other durable medical devices were stored in the bodega for future use.

With the addition of Spanish-speaking skills and more sophisticated equipment, this podiatry team made a great impression on SBJ and the Aloha Medical Mission Team. They handled all the surgeries with precision and clinical insight. Follow-up care instructions were carefully outlined in English and Spanish on every chart. Drs. Graves and Bergeron both indicated a desire to return with Aloha in January, 2020.

Solanus Medical Mission – May 4-11, 2019

I recruited but did not accompany the third podiatry team in May of 2019; nor did the Solanus Team Leader, Judy Craig who had suffered a serious injury. Overall leadership and management of the 23-member, 4-specialty team was handled by Dr. John Kelley and others, who volunteered to take on these additional responsibilities. The podiatry team lead surgeon was Joe Southerland, DPM of Dallas, Tx accompanied by his practice partner Ryan Lawrence, DPM. Both had good foundations in communicating in Spanish. They were assisted by Anusha Iyer, DPM a foot and ankle surgery resident from New York who was fluent in Spanish and proved to be a big contributor all week. Also of great assistance was Doug Taylor, a scrub tech who came with them. Special thanks goes to Sheryl Ronne, CRNA who provided anesthesia services in the podiatry room for the week. Much of the circulating was shared among the team members.

Dr. Southerland and his team brought a loaner small fragment screw set as well as several other items in quantity which were left for future use: bone anchors, orthobiologics and some medical supplies. The team left a list of needs for future missions: special sutures (e.g. with cutting needles); a small fragment fixation set to leave there; injectable steroids (esp. methylprednisolone acetate); syringes and needles commonly used in podiatry (e.g. 3 cc and 5

cc syringes, 16 ga needles (tenotomies), 25 ga X 1.25' needles, 27 ga X 1.25" needles; sterile pliers; sterile vise grips; and, more pins (K-wires and Steinman pins).

The doctors screened 32 patients from which 20 were scheduled for surgeries, ranging from permanent matricectomies to clubfoot repairs. Several patients were seen in clinic during the week. Dr. Lawrence performed a 5 month follow-up on Brauli Geovani Canales Lainez, who had a clubfoot repair on the Aloha Medical Mission in January. He graciously took photos which were relayed to the original surgeons and then stored in the patients digital file. The team did two talectomy clubfoot repairs. One was from very stiff bilateral clubfeet on an 8 yo male with spina bifida; the other was on a 38 yo patient with ulcerations under the fifth metatarsal. Both were reduced satisfactorily and placed in casts with written instructions for follow-up care in the clinic.

The team also put on a half-day educational seminar and workshop on the evaluation and treatment of clubfoot, especially for local medical staff. This included the hands-on Ponseti casting demonstration on a 10-month old boy. Instructions were left for follow-up castings and care, to be seen by the September 2019 Solanus-Podiatry Team.

This third podiatry team did an incredible job on all the pathology organized to challenge them. They interacted compassionately with all the patients and families using Spanish for communication as much as possible and collaborated with the rest of the Solanus mission team and SBJ staff professionally and courteously. Dr. Southerland thoughtfully prepared a brief report of their mission, something each team will do in the future. Patient lists, surgical schedule, and photos will complete the record of the mission. Perhaps in the future we can scan the patient charts into our digital records.

Drs. Southerland and Lawrence have already committed to returning as the podiatry section in May, 2020. That will be with the Operation Hope Medical Mission Team lead by Matt Miller, CRNA. They will be joined by Doug Taylor, the scrub tech who came with them this year and by Dr. Southerland's wife, Kimberly Southerland, RN who is an OR nurse. I am committed to come and assist as mentor/coordinator.

The Future

The stage is now set for three podiatry sections to serve on medical mission teams to SBJ each year: January, May and September. The equipment needed for specialized bone and joint surgery is gradually being fully realized. We hope this will also attract another fully engaged orthopedic surgeon to support Dr. Kelley and his colleagues – and one day a native Honduran to utilize the hospital for charity care. Besides organizing and mentoring the podiatry teams, I would like to assist Fr. Felix in expanding the hospital by adding on-site physical therapy, more advanced wound and diabetic care, a full-body digital x-ray machine, and a Mobile Health Clinic for outreach into the villages. Adding solar power to meet the hospital electric energy needs in a reliable and sustainable fashion and acquiring a fully equipped ambulance are other projects in the works. I am trying to involve Rotary grants and donations for funding these projects on a trial basis while searching for other funding sources.

Hopefully, this report will serve as a blueprint for podiatry surgery and specialty care at SBJ while integrating with the orthopedic teams that share the operating theaters.



Videos – SLT Mission – 2019

Matt Gerber Video – First Day Amputation (4:59)

<https://youtu.be/rGhHlPkJgl>

Constantine at Dinner (James Kiffmeyer) – Solo (3:15)

https://youtu.be/9_3YLtzAFWQ

Matt Gerber – End of Mission Video (2:25)

<cid:A1DA8AF1-D58C-4C29-9E0C-D63ED98B1B87/3F7F01EE-309A-4BA3-801E-F3496B3D8401>

Michael Morrissey Videos – Spirit Horse Productions (with Carl Cordova)

Opal house – Rotary Medical Mission (13:50)

<https://youtu.be/puZWjlErpFg>

Interview with Rotarian Matt Gerber – A Rotarian Life (10:19)

<https://youtu.be/OuOG3w50Jv4>

The Miracle of Ester - Ester Mateo Perez - revised (10:06)

<https://youtu.be/is6LBOjMoeA>

The Ponseti Method – English (20:55)

<https://youtu.be/QrligKxXgUM>

La Ponseti Método – Spanish - Final Version

<https://youtu.be/zqDNBiRFKUU>

Patient Data Base on OneDrive

<https://1drv.ms/f/s!AsCHNgNfeNV3gwpP4-7g8yq6kB0zn>

Includes videos of Ester

Anderson Story – Rich Rice (7:26)

<https://youtu.be/FvtcFCosagA>

See “Anderson Exercising”

Opal House – Michael Larson

https://drive.google.com/file/d/1mSZAerNGgl4ScsLD7AlZRGd5zN7_T4yc/view?usp=sharing

Slide Shows – Pat Fruen

<https://youtu.be/UAzDQH0DtmY>

<https://youtu.be/LorIMug9kQo>

<https://youtu.be/lv6Q7Npg4vg>

https://youtu.be/XrIfbhi_b_U

Sinabong, Indonesia eruption on Sunday, June 9th as caught on CCTV

https://www.youtube.com/watch?time_continue=51&v=C79QekHjH6U