

SUMMARY REPORT

Healing the Children Foot Surgery & ObGyn Medical Mission to San Lucas Toliman, Guatemala February 17-24, 2012

In January, 2011 Dr. Stephen Miller did a site visit to Opal House and to the hospital in San Lucas Toliman, Guatemala to assess the needs of the hospital and the local community. This was augmented by subsequent site-visit by ED Ann Anderst and Chair of the Board Barbara Knowles in October, 2011. The hospital is a community hospital serving the 18,000 residents of San Lucas Toliman as well as the 17,000 people in the surrounding area. It has 45 beds distributed through three wards plus an OR, recovery area, central supply for sterilization and a very active delivery room and ER. There is also a fully equipped dental clinic but no visiting dentists.

From these investigations and after much discussion an invitation for a foot surgery team with ObGyn support was sent to Dr. Stephen Miller from the hospital to bring a specialty medical mission team for at least one week of work. The term for a medical mission in Guatemala is “jornado”. The Healing the Children Oregon and Western Washington chapter (www.htcoregonwashington.org) sent a Foot Surgery Team with an ObGyn surgeon to San Lucas Toliman.

This team of 16 volunteers committed to sacrificing precious time from their busy work schedules to help the poor and needy people of San Lucas Toliman. It consisted of 3 surgeons, 2 anesthesiologists, 1 family physician/team physician, a nurse anesthetist, a resident, 3 nurses, 2 scrub techs, a team administrator, a logistics assistant, and an IT/translator. Although most were from Seattle and Anacortes, Washington team members also came from Philadelphia, PA; Rice Lake, WI; and, West Kingston, RI. Dr. Boegel and Diane Boegel were able to contribute their surgical skills as well. The Team Leader was Stephen Miller, DPM. David Rapella and Glen Barde did the cooking for the team members who stayed in Opal House.



This medical mission evolved out of the efforts of Healing the Children volunteers Will and Diane Boegel who served on HTC medical mission teams to Guatemala (2004) and Vietnam (2007) and subsequently felt called to return to Guatemala to serve the needs of the poor, the indigent, the sick and the forgotten in a society, particularly the Mayan community, emerging from civil war and its effects. They sold their house in the US and moved onto a finca (farm – Opal House)) near the town of San Lucas Toliman (pop. 18,000).

Dr. Boegel has focused a lot of energy on equipping the local hospital in order to make it functional. He holds free clinic there two half days a week and has helped bring general surgery teams to the hospital. Dr. Rafael Tun is the only (family) physician in the town and has clinic at the hospital five (5) days a week. He and Pablo Benedicto were instrumental in helping our team get through all the beaureacracy to register our medical volunteers and have our medications and supplies clear customs. Also, as a footnote, Dr. Tun lost his house three years ago in a landslide that buried an edge of San Lucas Toliman.



The staff at El Sanitorio y Clinica de la Parroquia all were gracious hosts to the HTC Team. They included all the hospital support staff as well as the following:
Hospital Medical Director: Rafael Tun, MD
Local Mission Liaison: Will Boegel, DPM, Opal House
Hospital Administrator/Director: Pablo Benedicto
A number of local volunteers were helpful as translators and a fourth-year medical student from the University of Virginia who happened to be doing a rotation at the hospital was especially helpful and able to participate in various aspects of the surgical care.

Patients were initially procured via the local clinics and networks of Dr. Tun and Dr. Boegel. Many more arrived for the screening day (Feb 18) as a result of local advertising and word-of-mouth. Several presented at the hospital during the mission. An attempt was made to bring a Guatemalan orthopedic surgeon to the hospital for cases of his specialty but at the last minute, through no fault of his own, he had to withdraw. This resulted in only four full days of surgery being done.

The goal of the HTC medical mission team was to treat children with foot and ankle deformities and to donate equipment and supplies and medications to the hospital to enable more surgery to be done locally. The pathology encountered included clubfeet (rigid, neglected and recurrent), partial dropfoot, hardware for removal, tumors, cerebral palsy, isolated equinus, congenital pes valgus (close to vertical talus), short limb, valgus ankle post-trauma, and digital deformities of the lower extremities. During the mission the team evaluated 48 patients, 22 of whom were accepted for surgical intervention, undergoing 43 surgical procedures.

Dr. David Hunter was recruited for the team in response to requests from Dr. Tun for help with his specialty. Although he and the team were prepared for surgeries in his specialty, it was understood that this was primarily a scouting exercise. The ObGyn patients (5) were seen in Dr. Tun's clinic on Feb 21 and it was determined that none of the cases were suitable for surgery during this mission. Dr. Hunter spent a great deal of his time visiting with Dr. Tun and evaluating the facilities at the hospital for ObGyn surgery in the future. Since transfusion blood might be needed for some of his surgeries, he also visited the department (regional) hospital in Solalal to check on support services and staff. There are 5 ObGyn surgeons there and they share one day of surgery per week. The Chief of ObGyn there invited Dr. Hunter to return to the hospital and do pro bono surgeries there. Other surgeries of less risk could be done in San Lucas Toliman. Hopefully, this will lead to a future ObGyn surgical mission working at both hospitals. Dr. Tun was especially pleased with his discussions with Dr. Hunter.

Will be provided by Dr. Will Boegel at nno cost to the patients or their families. A modest fund calculated at \$20 per surgical patient waa left with the hospital administrator to cover costs such as transportation, special dressings, crutches, special shoe gear, braces, medications and x-rays

As listed in the Summary Statistics Report, a large amount of surgical equipment and instrumentation was donated to the hospital. This included a Stryker Electric TPS Power set, procured through ProjectCURE; a new donated Valley Lab Electrocautery Unit procured through AmeriCares; a 6.5 mm Synthes screws set and large frag instruments; a small frag screw set for 2.7, 3.5, 4.0 screws; a 4.0 cannulated screw set; a complete Acutrack 3.5 and 4.0 headless screw set; a pin cutter, some new hand instruments from Delta Instruments and many used hand instruments. Bone grafts were donated by the Musculo Transplant Foundation (MTF) and the cast material by . External fixation pins and frames came from and most medications supplied by Group Health Global Health.. To all these generous donors we are very grateful.

Several needs were discovered that would enhance the operating room. Since there are two operating tables and only one overhead set of OR lights there is a need for another set of OR lights. In addition, in order to enhance the capabilities of the two fine anesthesia machines, the following attachment will be sought: Ohmeda Tec 4 Sevo vaporizer.

In order to cover some of the in-country expenses such as some snacks, tips, miscellaneous supplies purchased locally, transportation, tips, etc. \$100 each was collected from the team members BEFORE the mission trip. This made it less onerous on the volunteers so they did not have to carry so much cash and did not have to be burdened with one or more unexpected expense donations during the trip. This was of great help in budgeting. However, it was somewhat confounded by a newly implemented MTA Fee of \$100 assessed to each team member before the trip and subsequently rescinded and replaced with a voluntary \$50 fee with most of the refunded money being donated to this mission. Other sponsors of this mission were the Rotary Club of Fidalgo Island (\$1,000) and some private donors.

In summary, the team felt welcomed and well-supported by the hospital with no requests for financial payments per patient or other demands. Dr. Tun and Pablo Benedicto made it abundantly clear that not only did they appreciate the team's work and care and donations this visit but look forward to future visits from Healing the Children medical teams. Dr David Hunter was especially invited back to provide his ObGyn surgery skills to the local community with the full support of the hospital. Through the efforts of this HTC medical mission, many young lives were enhanced and the hospital left much improved and better supplied.

There is also a need for a dental mission to this hospital in the future.

Stephen Miller, DPM, Team Leader