2011 March 21

Yes, I'm home, and partially unpacked and washed up. This e-mail would have arrived sooner if I had been able to find a functioning e-mail kiosk in some airport along the way. There were lots of WiFi hot spots and lots of long stopovers, but my little travel computer got its battery fried by a power surge in Kathmandu so I couldn't connect along the way. This trip it's hard to say whether enjoying being able to drink water out of tap.... or having the lights go on when I flick a switch.... has been the bigger treat on returning home. As my daughter commented during our return flights, this trip has left her very grateful for being born in Canada!

Our second week in Dhading proved as challenging as Lamjung, but just in different ways. All five docs did get their licenses after their Sunday interviews, and by Tuesday the team was granted permission to do surgery for prolapsed uterus patients in Dhading. Interestingly the interviews would have been very difficult to handle if we hadn't sent two people to Dhading on the previous Thursday to scout out their resources. The Nepal Medical Council members asked very appropriate, targeted questions of both anesthesia and surgery which could not have been convincingly addressed were it not for that preliminary visit. However.... don't delude yourselves into thinking that the visit also meant that the hospital was therefore prepared for our arrival. When our team arrived on Sunday afternoon to set up the operating 'theatre' (the OT) the most promising activity was the presence of several people sweeping builders' dirt out of the rooms we would be using. With some encouragement a mop and water eventually followed. The only items in the operating room were some excellent OR lights and one operating table. However, people scurried into action and soon a precession of tables, desks, a suction machine, oxygen concentrator and mayo stands appeared one by one. I haven't a clue how people managed last week in other areas of the hospital from where these items were scavenged. We were the first people to use these new OT facilities and it was quite the learning curve for the hospital to realize what you need to make an OT functional. By Monday morning we were ready to operate... but only with permission to fix hernias and hydrocoeles. We plowed ahead. Tuesday the list of patients awaiting surgery for their prolapsed uteruses was growing and the health authority approval was granted, at which point we learned that the blood crossmatch orders for these patients hadn't actually been pursued yet. Another delay. Because their is no blood bank in most places, and the biggest perioperative risk of prolapse surgery is a major post-operative bleed, it is important to have a matched donor identified before you go ahead with the surgery. Just as permission was granted we learned the lab tech had gone to Kathmandu suddenly because his brother had been injured in one of the all-to-common motor vehicle accidents that claim lives in Nepal. Cross-matching now appeared unavailable, but fortunately another technician in town was identified. By Wednesday morning some donors had actually been cross-matched .... but the technician chose not to arrive at work until 11:00 am to produce the data. Another delay.... and my head by this time was spinning trying to keep on top of the changes on the changes. However at all times we could count on patients with hydrocoeles appearing at the door to fill our operating list. Apparently one place nearby is called 'hydrocoele village' because of the high prevalence of the condition there.... probably from endemic filariasis. By late morning Wednesday we started on the first prolapse case and ended up getting a grand total of 7 prolapses dealt with before we left. The rest of the women, many of whom have suffered with this for 20 to 30 years, will just have to wait for another team to arrive. The saddest thing for me were the women we had to turn down because no blood donor could be identified among their available relatives. We learned that in Nepal blood is only donated to family members, not to strangers, and that ruled out surgery for those women.

Our next challenge was to guarantee that our prolapse patients would actually be monitored adequately post-operatively. Our team was smaller the second week so we pulled everyone back into the operating rooms and dropped the medical clinics component of the project. It also

became clear that hospital staffing levels were not adequate to provide close monitoring. We ended up hiring a Nepali nurse for intensive monitoring of vital signs overnight. We thought our plan had worked quite well until on rounds the next evening we learned that the reason one patient was in severe pain was that none of the hospital staff had taken over even basic drug administration after our night nurse left and the woman had received absolutely nothing of the drugs ordered for her over the previous 12 hours. Just another 'hole' we hadn't anticipated on what proved to be a very steep learning curve both for us and the hospital.

One neat aspect of the week was our being able to have three delightful little boys 3 -6 years of age get their hernias fixed under general anesthesia, since we had brought our own portable 'anesthesia machine in a suitcase' and even had a pediatric anesthesiologist (Nancy Ghazar) on the team. What more could one ask for! (Actually... since someone asked... a few more trash cans around the country would be a big help.....) All in all 35 major surgeries did get done in Dhading despite all the glitches along the way. The hospital board was very grateful for our efforts and felt they had learned a lot that would help facilitate their efforts to bring surgical services into the area. And we got to know many wonderful Nepalis who supported our efforts in any way they could.

And now I'm back in Canada I'll have to remember again that here it isn't considered appropriate to discuss the state of one's bowels in great detail at the dinner table... despite our group's interest in such matters over recent weeks. It is hard to imagine how one can maintain adequate hygiene in guest houses and restaurants with power on for only 8 hours a day and severely limited water supplies. In Kathmandu water comes out of the taps in peoples' houses for half an hour every 5 days on a rotational basis. During that half hour people fill up as many containers as they can. Water trucks supply guest houses and restaurants. We are so fortunate here in Canada! And now back to 'ordinary' work......

Alison