SewHope Trip Report – April 24 – May 1, 2010

Trip members
Anne Ruch – Ob/Gyn
Melinda Rakesmith - Nurse Anesthetist
Renee Schultz – scrub nurse
Karen Karcher – R.N.
Rachel Novakovic – General Surgeon
Linda Smith – R.N.
Maria Fernanda (from Columbia) - translator
Maria Coc (from Guatemala) - translator

The original goal of this trip was to perform surgeries at Hospital Sayaxche in Sayaxche, Guatemala. We had visited this facility twice and previously met with the hospital administrator, medical director and Minister of Health of this region. This is the hospital that Dr. Cliff O'Callahan (member International Health Committee of American Academy of Pediatrics and founder of the Guatemala branch of Concern America in Guatemala) has a good relationship with and it was Dr. O'Callahan who originally put us in touch with this facility. It is one of 5 small regional hospitals in the Peten and is in great need of all kinds of assistance. We had been eagerly welcomed initially but as time went by, there appeared to develop an unwillingness to have us perform surgery there. We were not given a definite answer of "negative" until one week before our planned trip. At that point, Ismael made an appointment at Hospital San Benito (the major regional hospital in Peten) to see if they would like us to become involved with them. There response was fairly enthusiastic but they felt that it would be best to make this first trip an "observation only" trip so that we could begin to understand their needs and challenges. Our team members had been made aware of these issues throughout the months and they were very willing to go under these circumstances.

We spent all of Tuesday, Wednesday and half of Wednesday at the hospital. It was an incredibly revealing visit which gave us great insight into the issues that this hospital faces. Myself and Dr Rachel Novakovic were given several opportunities to assist in surgery and I performed one hysterectomy alone with a resident.

We received a very warm reception from the hospital administrator and most of the nurses and especially the nurse who was in charge of the OR! There was a Cuban surgeon and 2 anesthesiologists and a Guatemalan general surgeon who were also eager to have us participate. The female Ob/Gyn was emphatic that they did not need any help and she basically ignored us. Below are some of our observations:

1. Although the doctors insist that they have a very low infection rate, there were many things done that would suggest the opposite.
    a. Sterile technique was rarely observed in the OR
    b. Resterilization of items which should not have been
    c. No prophylactic antibiotics were used

    d. The room was often cleaned in between cases after the next patient was already brought in the room.
    e. The resident mentioned to me that he has seen a lot of infection after Cesarean Sections and one case of necrotizing fasciitis this year.

2. The hibiclens skin prep was not washed off the patients after surgery so they had skin burns on the following day.
3. No prophylaxis against DVT's
4. No protection of the patient during surgery – arms and legs not strapped
5. No EKG on patients during surgery. Anesthesiologist often walked out of case during surgery and turned machine off
6. No counting of instruments or sponges
7. No sterile light handles
8. Cautery machine worked in only one room (there are 2 OR rooms used though there are 4 in total)
9. Nursing students are left alone to care for patients in OR and are very poorly trained
10. They primarily use pentothal, fentanyl and thiopental and would like seroflurane
11. Spinal needles are reused
12. Need for laryngoscopes
13. Hospital personnel use very old, worn scrubs
14. Great need for bovie cautery pencils and tips
15. Need for scratch pads for bovie
16. Scrub techs are poorly trained and could definitely benefit from proper training in handing off instruments to avoid lacerations. One of the assistants was cut during the surgery.
17. OR gowns are not impervious
18. Very limited suture and blades
19. Very limited instruments
20. Need sharps containers – needles and blades are thrown in regular trash
21. Need IV tubing, Oxygen tubing
22. Patients have no identification on them!!! During one case, they brought in 3 charts trying to figure out which one went with this patient!
23. OB patients are not given breast pump if baby goes to ICU so mother's milk does not come in.
24. Moms are not notified of status of sick newborns. They don't even know if the baby is alive!
25. No fetal monitors
26. No use of Mag Sulfate although the Ob/Gyn tried to lie about this in a patient with a BP of 240/130
27. Ob/Gyn can do Cesarean Section in 10-20 minutes!! The mothers are lied to about why they are having a C/S. (eg. "I have high BP" when she does not)
28. Pitocin is not given after baby is delivered
29. No radiopague sponges
30. Use penrose drain instead of J-P drain

31. Surgeons only work about 5 hours and leave around 1PM despite long lines of patients waiting for surgery
32. Very limited supplies for wound healing. Tremendous need for Wound Vac. Karen Karcher works for this company and will look into possibility of bringing this there in the future.
33. All PP patients are in same ward where they keep their baby in the bed with them. Babies are named by the entire family after the mom goes home
34. Tupperware container was used as an improvisation for an incubator!

We donated a huge amount of supplies to the hospital. The list was signed by both myself and the hospital administrator. The bigger supplies were going to be picked up the following week and Ismael was going to have this list notarized. They were extremely grateful for these items which were urgently needed by them. Overall, we felt this time was very well spent and we have started a good relationship with the hospital and the medical community there. However, we would be very reluctant to operate there in the future because of the high risk of significant complications in our patients and the possible bad reputation that we could then develop.

Clinic in Pueblo Nuevo

The clinic was a huge success. We worked there all day on Monday and saw about 200 patients. I did 15 pap smears and about 10 prenatal ultrasounds. Diagnoses varied widely. We were delighted to find out that the patients that we had treated for H Pylori during the March trip reported amazing results which encourages us to continue this fairly involved regimen of antibiotics to all the people complaining of gastritis.

The people truly welcomed us and the fact that we do not own this clinic seems almost better at this point. They installed plumbing and a toilet in anticipation of our coming! Because the building belongs to the community, they are clearly interested in making this program work.

We were unable to meet the health promoter because he was working during the day but he is receiving his certificate from the government this week and hopes to work with us in June.

Several teenagers from the community who want to become nurses also volunteered to help us during the June trip.

There was great enthusiasm for making Pueblo Nuevo a “central hub” for the surrounding villages. People walked several miles and some came on horse to see us!

School in Pueblo Nuevo

We spent most of Friday working in the school teaching the children about health and the relationship between sanitation, nutrition, hygiene, clean water and their health. We

received an incredible welcome and they are so eager for us to return in June. We also talked about their dreams for their futures and how important an education is to achieve these goals.

The teachers did not stay for the class. When we arrived, all the kids were outdoors while the teacher was doing some artistic painting on the walls outside the school. We were unable to locate the supplies we had previously sent. Ismael had been told that the teachers were only showing up about 3 days a week and sometimes only stayed for about 2 hours. The parents had a meeting during the week to discuss this situation and how they were going to handle it. The children are not being served the KAH food when school is not in session.

While we were there on Friday, we cooked the KAH food along with the cook. All the kids loved it and each was given a spoon to bring back with them each day.

We met with the leaders of the new teen club devoted to improving the lives of the children. We took pictures of the executive leaders and talked to them about their dreams. Some would like to work with us in the clinic in June. They are also very interested in having an intermediate school to better prepare them for high school.