

Podiatry Institute Faculty at Work in Nepal

Healing the Children Foot Surgery Medical Mission to Nepal Orthopedic Hospital Kathmandu, Nepal October 29 – November 4, 2010

Do you ever wonder what happens long-term after completion of a Rotary World Community Service project? Is it still working; is it self-sufficient; how many people are being helped? One such project is the Nepal Orthopedic Hospital (NOH) in Kathmandu, Nepal with which Rotary District 5050 and faculty from the Podiatry Institute have been intimately involved. This accomplishment is the product of a very dedicated Rotarian, Jim Sinclair with a follow-up by Dr. Stephen Miller and other faculty via medical missions.

Through the persistent efforts of Rotarian Sinclair, the NOH was initiated as a Rotary WCS project organized for the Nepal Disabled Association (NDA) in 1989 and sponsored by the Rotary Club of Patan, District 3290 (Nepal) and Rotary Clubs in District 7090 (Western New York, USA /Southern Ontario, Canada). Initial equipment and supplies came from Rotary Clubs in Belgium, France and Holland. The result was a 20-bed orthopedic specialty hospital that opened its doors in 1998 to serve the wealthy and the indigent people of Nepal.



Dr. Miller with patient after surgery

It was not long before the Board of Directors and Hospital Director, Dr. Anil Shrestha, realized that if the hospital were to become self-sufficient, it would need to expand the number of beds and operating theaters. This resulted in the Phase Two expansion by 32 more beds and two more operating theaters. Funding at this time came from multiple Rotary clubs in our District 5050, with Jim Sinclair again leading the campaign with his tireless enthusiasm. The upgraded 52-bed hospital re-opened in 2004 and by 2008, 10 years after it first opened, the hospital was self-sufficient, treating patients who could not pay with the funds generated from those who could pay.

On invitation from the Medical Director (Dr. Saju Pradhan) of the Nepal Orthopedic Hospital (www.noh.org.np), the Healing the Children Oregon and Western Washington chapter (healing.orwwa@frontier.com) sent a Foot Surgery Team lead by Dr. Stephen Miller for the third year in a row. This team of 15 volunteers committed to sacrificing precious time from their busy work schedules to help the poor and needy people of Nepal consisted of 3 surgeons, 2 anesthesiologists, 2 residents, 1 ER/team

physician, 5 nurses, a team administrator and a logistics assistant. Also on the team from the Podiatry Institute were Dr. Tom Chang from Santa Rosa, CA and Dr. Jay Ryan (R2).

By now, the hospital was staffed by 8 Nepalese orthopedic surgeons, anxious to share their skills working with so little while our team came to share their specialty skills and donate a generous amount of supplies and medical equipment. Over the years of the mission the HTC team donated fracture fixation sets, surgical power sets, a portable cautery machine, an anesthesia machine and numerous supplies including bone grafts, casting materials, sutures and dressings.



Clubfoot before repair

On the first mission to NOH from HTC the need for an ambulance was recognized to replace their aging vehicle. Since that mission, the Rotary Club of Fidalgo Island in partnership with the Rotary Clubs of Lynnwood, Washington (District) and Kathmandu West obtained a Matching Grant of approximately \$31,000 USD to purchase a new van for conversion into an ambulance. The anesthesia machine as well as surgical instruments donated on previous visits, were all made available to the team, and had been much appreciated by the hospital staff. The staff at NOH all were gracious hosts to the HTC Team.

This year the team evaluated 30 patients, 18 of whom were accepted for surgical intervention, 9 for the correction of talipes equinovarus (clubfoot) deformity. Eight of these patients presented with neglected clubfoot deformity and two of them had bilateral corrections, while five patients underwent talectomies. The local orthopedic surgeons were observed to have greatly improved skills in correcting clubfoot deformities with the conservative Ponseti casting technique and correction using such tried procedures as posteromedial release. By the end of the week a total of 44 procedures had been done on 20

feet. Nepali surgeons scrubbed in on 5 patients and observed on the majority of others, so there was much more interactive education as they appeared to be so much more comfortable with our team than on the previous missions.

A 4-hour educational seminar was provided by the surgeons, ER physician and anesthesiologists including hands-on teaching of ultrasound-guided spinal injections. There is a plan to have an ultrasound machine acquired and donated to NOH now that the surgeons are more comfortable with using it. Many accolades and expressions of gratitude were received from the doctors and staff of NOH with an invitation to return for at least two more years. The team felt well-received and appreciated observing that the local surgeons were certainly improving their skills in foot and ankle surgery. Arrangements were made to sponsor one of the NOH orthopedic surgeons to the US for specialty training in foot and ankle surgery.



Clubfoot after repair at 1 year

In 2009, the NOH staff saw 12,092 clinic patients and performed orthopedic surgery on 2,070 patients, many of whom paid little or no fees. The hospital is currently undergoing a Phase three

expansion to meet the ever-increasing demand for these specialty services and the ongoing commitment to serve the indigent population. In summary, the NOH represents a very successful, now self-sustaining project supported by hundreds of Rotary Clubs in multiple countries, including Nepal, as well as numerous individual Rotarians plus surgeons from the Podiatry Institute.

The goal is to make the Nepal Orthopedic Hospital the Center of Excellence for Foot and Ankle Surgery for Nepal. Host Surgeon, Dr. Dinesh Shrestha, will be attending a Cadaver Surgery workshop at the Podiatry Institute in June and the Surgical Team will return for a fourth mission in November.

Stephen Miller, DPM, HTC Team Leader