

SUMMARY REPORT

Healing the Children Foot Surgery Medical Mission to Kathmandu, Nepal November 27 – December 4, 2012

This year marks the fifth Healing the Children Surgical Mission to the Nepal Orthopedic Hospital in Kathmandu, Nepal. In Nepal they prefer to call them “Surgery Camps”. The difference this year was that not only did the team evaluate and treat foot and ankle problems but with the gracious volunteer assistance of HTC Board Member Dr. Marshall Partington, the team expanded its care to those patients requiring hand and plastic surgery.

The Nepal Orthopedic Hospital (NOH) was conceived and built by funds raised by over 130 Rotary Clubs in Nepal, the United States, Canada, Belgium, Holland and France under the direction of Jim Sinclair (US/Canada) and Luc Salens (Belgium). Under the direction of Dr. Anil Shrestha during the 10 years 1998-2008, the NOH achieved financial self-sufficiency. The mission of the hospital is to provide quality orthopedic surgical care to both paying patients and well as to the needy and indigent of Nepal by its staff of 7 orthopedic surgeons. Last year, under the guidance of Medical Director, Dr. Saju Padhan, the hospital was able to expand its outpatient facilities and add another ward of 30 beds, making it 100-bed hospital. This qualified it to become a teaching hospital. The first orthopedic resident to rotate through the hospital will come soon from Nepalgunj Medical College in western Nepal.

As part of our goal to make NOH the Center for Excellence in Foot and Ankle Surgery in Nepal and to assist in making NOH self-sufficient, with the help of Rotary we brought the NOH Chief Administrative Officer, Mr. Shyam Rupakheti, to the Pacific Northwest for two weeks, during which time he had extensive tours & meetings with local hospitals for in-depth exposure and training in hospital administration practices in the US. This was coordinated by Marc Estvold, the Team Administrator.

The staff at NOH were gracious hosts to the HTC Team. They included all the orthopedic staff surgeons and house staff as well as the following personnel:

Hospital Director: Saju Pradhan, MD

Local Mission Liaison: Rajesh Maharjan, MD

Hospital Administrator: Shyam Rupakheti

Hospital IT Specialist: Bibek

Patient Liaison: Pragya

Director of Nursing: Suman

OR Supervisor: Anita

In keeping with last year’s assessments, the team shrunk in size from 17 to 13 members, with much more assistance and involvement from the staff our host hospital. The team consisted of a Team Administrator, one lead anesthesiologist and two anesthesia residents from the University of Washington, a pediatric nurse practitioner from Fort Collins, Colorado, a plastics and hand Surgeon from Bellevue, WA, three foot and ankle surgeons (Atlanta, San Diego, Seattle), a foot and ankle surgery resident from DeKalb Medical Center in Atlanta, two very experienced OR nurses (Anacortes, WA and Road Island – together having served on a total for over 130 medical missions), and an OR technician from Seattle. The team



was able to integrate fairly quickly as we started the screening a day earlier than was planned. One of the reasons to bring as many foot and ankle surgeons was because this year during the planning and the mission itself, Drs. Jennifer D'Amico and Carl Kihm were being groomed to take over the leadership of this mission to NOH.



The invitation came from the Medical Director (Dr. Sajū Pradhan) of Nepal Orthopedic Hospital (www.noh.org.np) in Kathmandu, Nepal to the Healing the Children Oregon and Western Washington chapter (www.htcoregonwashington.org). Assigned to the hand/plastics cases was Dr. Prakash Gyawali while Drs Prakash Bhandari and Rajesh Maharjan worked closely with the foot and ankle surgeons. The team evaluated over 83 patients most of whom were given medical advice or referred for conservative care. Some clearly wished to defer their surgeries until 2013. Seventeen (17) patients went to surgery after further work-ups. Of these, 11 were foot/ankle cases and 6 were hand or plastics cases. Several required relatively complex surgeries so the total procedures performed numbered more than 59. Much attention was given to hands-on teaching of the NOH surgeons and anesthesiology staff.

The co-funded traditional appreciation dinner was held at a restaurant that served traditional Nepalese food and entertained the visiting team and local hospital staff with music from the Nepalese culture. The friendships evolved into many animated conversations and much dancing, preceded by the presentation of honorary scarves and gifts. Appreciation speeches were sincere and brief.

As part of the purpose and the tradition of HTC missions, many supplies and pieces of valuable surgical equipment were donated to help make the hospital more self-sufficient. This included new ValleyLab Electrocautery unit donated by the company and acquired by Dr. Carl Kihm as well as a used and more portable electrocautery unit. From Island Hospital through HTC was donated a bilateral electropneumatic tourniquet and stand. The Musculoskeletal Transplant Foundation provided many valuable bone grafts while the Stryker Corporation, through ProjectCURE donated a new cast cutter. Cascade DAFO donated a case of the very critical AFO braces and BSN Medical provided several boxes of cast material. Orthomed of Portland, OR supplied K-wires and Steinman pins. MetaSurg supplied a loaner cannulated screw set. A portable ultrasound machine was loaned to our anesthesia team by Sonosite while many medications and 13 boxes of sutures highlighted the supplies left for the hospital.

In order to cover some of the in-country expenses such as meals, 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.



At the end of the mission, the majority of the team members participated in a highly publicized media event called the Disability Awareness Walk to support NOH and increase public knowledge of the quality care available through the facility. In summary, the team felt well received and appreciated, especially bringing such expanded expertise and a smaller team.

After the week of work in Kathmandu, Dr. Steve Miller and Bo Chelette visited with Dr. Dinesh Shrestha at the Nepalgunj Medical College in western Nepal where he had accepted a teaching position as part of the orthopedic residency program. He toured us through the 750-bed teaching hospital and residence facilities, introduced us to the administrative staff and Director of the Medical College, and invited us to send a full HTC Foot & Ankle Surgical Mission Team to his hospital in 2013. In preparation for this mission, with the help of the Stryker Corporation and PorjectCURE, in anticipation of this mission, we provided Dr. Dinesh with one Stryker Large Bone Battery Operated Power Surgery Set and one Stryker Small Bone Battery Operated Power Surgery Set (transported to Nepal by OR Nurse Susan Stewart and Dr. Jennifer D'Amico) and one Stryker cast cutter as well as numerous bone grafts, an Acumed headless screw set and many bone plates and screws.

A sad but essential part of this report is the tragic loss of Dr. Ian Vincent before he was able to make it safely back home. This bright, smiling young anesthesia resident who was so integral to this humanitarian mission drowned in a surfing accident while visiting relatives in Western Australia after leaving Nepal. It profoundly affected our medical mission team, especially the anesthesia members, as we tried in our most sincere ways to express our condolences to his family.

Plans were made to invite an HTC team back to NOH next year, coordinated in October between the Desain and Diwalli Hindu festivals. Team leaders will be Drs. Jennifer D'Amico and Carl Kihm. Dr. Miller will assist in mentoring this mission and then, after a couple of days, he hopes to have a second HTC team join him in Kathmandu, wait a day, then travel to Nepalgunj in western Nepal for a full one week foot and ankle surgery mission at the Nepalgunj Medical Center. There was observed to be a lot more pathology and needy children in that area (the hospital covers all of western Nepal) and Dr. Dinesh has proven himself as an excellent liaison and dedicated teacher in the clinical setting. We also hope to supply one or two guest surgeons to assist our hosts as they conduct their own Orthopedic Surgery Camps in the remote villages of the country and continue to promote and teach the Ponseti Casting Technique for the more conservative and highly successful treatment of clubfoot deformities.

Stephen Miller, DPM, Team Leader