

## Medical Mission to Guatemala 2003

Stephen J. Miller, DPM, FACFAS

A Clubfoot Surgery Team headed by Dr. Steve Miller of Anacortes, Washington successfully completed a one-week medical mission to Guatemala from September 27 to October 5, representing the 10th mission to that country by a faculty member of the Podiatry Institute. The endeavor was co-sponsored by the Washington and Oregon Chapter of Healing the Children Foundation and the Podiatry Institute. The former provided the logistics and non-surgeon team members while the latter underwrote some of the instrumentation costs. The Rotary Club of Anacortes provided \$1,000 toward equipment and supplies. Other surgeons that volunteered for the trip were: Richard Bouche, DPM, Seattle, WA; Don Orminski, DPM, Yakima, WA; and Jason Rockwood, DPM, Miami, FL.



Dr. Miller credits the overall coordinator of this four-week project, Dr. Don Van Nimwegan, with the invitation to assemble a team of experienced foot and ankle surgeons to repair congenital clubfeet and other deformities seen in third-world countries. Dr. Van Nimwegan, an anesthesiologist from Seattle, has been taking teams to Guatemala for seven years. This year was his most ambitious project as he organized the supplies, equipment and personnel for four one-week missions in a row, including two clubfoot teams, one ENT team and a maxillofacial team.

Twenty volunteer medical personnel made up Dr. Miller's team, including three anesthesiologists, two family practitioners, four surgeons, as well as a scrub nurse, circulating nurses, recovery room nurses, a team administrator and a supplies coordinator. Most were from the Northwest and several were fluent in Spanish. According to Miller, "They were a great group that worked well together. Everyone stayed focused on the children." They were hosted by the Pediatric Foundation of Guatemala, who located afflicted children, provided support personnel and transportation, arranged for the use of their temporary hospital facility, and will

ensure follow-up for all children treated. A local pediatric orthopedic surgeon, Dr. Ana Zofrano, helped with some of the surgery, particularly for a youngster with cerebral palsy.

The team operated on 20 children, performing 44 surgical procedures as well as four cast and dressing changes under anesthesia and seven cast applications in the clinic, some using the Ponseti method. Cases included virgin clubfeet, clubfoot revisions, bilateral vertical talus, polymetatarsalgia, tarsal coalition, CMT tendon transfers, cerebral palsy and amputation stump revision.

While the surgeons were operating at the hospital other team members were busy working on a project at the city dump. The project, known as Camino Seguro, is directed at providing elementary medical care, hygiene supplies, as well as some education materials and clothing to children who literally live at the city dump.

In summary, it was a very fruitful trip. "This mission was one of the best experiences of my life," said surgeon Dr. Richard Bouche at the end of the trip. "I can't wait to go back again." As usual, the dedication of all the team members was outstanding. The operating rooms are hot and humid, equipment often makeshift, supplies not always exact and instruments a challenge. In the end, however, the team makes the best of the situation and young lives are changed forever.



## Medical Mission to El Salvador 2003

The mission team met in Houston, Texas on September 27, 2003. Members of the team were from New Jersey, Chicago, Missouri, Arizona, California, Colorado, Georgia, North Carolina, Philadelphia, Germany, and Guatemala. We then flew as a group to San Salvador, El Salvador. The local Rotary Club was instrumental in equipment shipping, local hospital support and assisting with accommodations.

On Monday morning we traveled to Hospital Nacional Zacamil to set up and screen patients. Between 75 and 100 people were there waiting to be screened. There were many severe deformities; untreated clubfoot, residual clubfoot, post-polio, vertical talus and many severe neurological deformities. Children were screened based on severity and medical stability. We began performing the surgeries later that same day. In total, 35 surgeries were performed over the next week. Contact was made with local physicians in order to assure follow-up care, cast changes, and pin-removals. We were fortunate to see a young El Salvadoran boy that we had treated in Nicaragua in May of 2002. He and another girl traveled to meet the team, when the original trip was cancelled in 2001 due to 9/11. He was a 5-year-old with severe untreated clubfoot. He had surgery in Nicaragua and then traveled back to El Salvador. On follow-up the foot looked excellent and he was pain free, wearing normal shoes, without any visible deformity.