

SUMMARY REPORT

Rotary-Sponsored Surgery Mission to San Lucas Toliman, Guatemala February 21 – March 1, 2014

This is a report on the third annual surgical mission to the parroquia hospital in San Lucas Toliman, co-sponsored this year by Opal House (www.opalhouse.com) as the co-host, and the Fidalgo Island Rotary Club of Anacortes, Washington (www.fidalgorotary.org) with additional financial support from the Podiatry Institute (www.podiatryinstitute.org) and several private donors. Although the primary focus is for deformities and disabilities involving the lower extremities, mostly in children, this year it was expanded to include other orthopedic problems by the addition of a volunteer pediatric orthopedist to the team. The Podiatry Institute was represented by Drs. Steve Miller, Louis Jimenez and third year resident, Emily Hermes.



The 25 patients who underwent surgery in 2013 had healed uneventfully and the team was invited to return this year by the lone hospital physician, Dr. Rafael Tun and the Hospital Director, Pablo Benedicto. Both were of enormous assistance throughout the “jornada”. Since our last visit the hospital had been officially renamed after its founder, **Hospital Obras Sociales de Monsignor Gregorio Schaffer** supported by Friends of San Lucas (<http://www.sanlucasmision.org/healthcare.php>).

This surgical mission evolved out of the efforts of volunteers Will and Diane Boegel who felt called to return to Guatemala after a medical mission to serve the needs of the poor (especially the women and children), the indigent, the sick and the forgotten in a society, particularly the Mayan community, emerging from the 36 year civil war and its effects. They sold their house in the US and moved onto a finca (farm – Opal House) near the town of Agua Escondida, 20 km from San Lucas Toliman.



Including Will and Diane, this team of 22 volunteers committed to sacrificing precious time from their busy work schedules to help the poor and needy people of San Lucas Toliman and surrounding Lake Atitlan. It consisted of 3 podiatric surgeons, 1 pediatric orthopedic surgeon, 2 anesthesiologists, 2 family physicians, a nurse anesthetist, a foot and ankle surgery resident, 5 nurses, 2 scrub techs, a radiology technician, a team administrator, and logistics assistants. Three represented Group Health and three represented the Podiatry institute. Although most were from Seattle and Anacortes, Washington team members also came from St. Paul, MN; Atlanta, GA; and, Rice Lake, WI. Also of great assistance was Santiago, a fourth year medical student from the University of Virginia, Glen Barde, the US coordinator for Opal House and teachers Jacqueline and Marin. The hospital and parroquia staff (especially Mario) were especially helpful.

Patients were procured via the local clinics and networks of Dr. Tun and Dr. Boegel. Word-of-mouth and successfully treated patients returning to their communities as well as other NGO's brought many more patients with

challenging problems. Other organizations sending children included *Embrace Guatemala* (Brian Stipek), *Nuestros Picanos Hermanes* (Dr. Lauren Gomez), *Salud y Paz* (Wayne Wiley) and several brought by Dick Rutgers. The team evaluated over 60 patients and performed 64 procedures on 35 candidates, mostly children. There were 7 clubfoot repairs: 2 PMR's and 5 talectomies. Several orthopedic cases were performed. All cases had excellent anesthesia support and close management coordinated by our family physicians.



The goals of this surgical mission team were to treat primarily children with lower extremity and other orthopedic deformities and to donate equipment, supplies and medications to the hospital to enable more surgery to be done locally, as well as for follow-up care. The pathology encountered included clubfoot (virgin, rigid, neglected, residual and partially corrected), dropfoot, hardware for removal, tumors, cerebral palsy, isolated equinus, congenital pes valgus, short limb, ankle valgus, femoral nonunion, dislocated hip and tibial torsion deformities. The child with the excised amniotic band due to Streeter dysplasia and a contralateral clubfoot from the 2013 jornada was doing exceptionally well. Her leg had healed from the surgery and the clubfoot was responding so well from Ponesti casting that its planned corrective clubfoot surgery was deferred.

One of the problems that we had to solve this year was lack of an x-ray technician (the local one had been badly injured in a motorbike accident) as well a reliable x-ray machine that lacked portability to the OR. These issues were resolved by recruiting a radiology technician from the USA (Bil Martin) and acquiring a donated portable x-ray machine (thank-you Walt Guterbock). A boom on wheels for getting the x-ray head over the operating table was fabricated by Roy Martin of Anacortes with assembly instructions. The donated x-ray head was switched with the defective one in the hospital. Our immediate future plan is to search for and acquire a digital full-body x-ray machine for the hospital as well as a fluoroscopy and/or mini C-arm for the operating room. These will greatly enhance the capabilities of the hospital and the OR.



A generous amount of surgical equipment and supplies were donated to the hospital by the team in support of the surgeries and for follow-up care. This included Stryker Electric TPS cords, blades and drill bits procured through ProjectCURE; a 1.5-4.0 mm cannulated screw set loaned from MetaSurg; and pins and external fixator parts from Smith & Nephew; bone allografts donated by the Musculoskeletal Transplant Foundation and OrthoPediatrics who also supplied hardware implants, Especially valuable were the many AFO braces donated by Cascade DAFO and OrthoPediatrics. Synthes supplies some hardware and loaner instruments. Most medications were



supplied by the Group Health Global Health Foundation at cost. To all these generous donors we are very grateful. We also wish to thank Dr. Rafael Tun for his support and guidance.

As the hospital is trying to get more solvent the *Friends of San Lucas* have helped institute more fees which affected our budget for this year and will impact it in the future. Each patient family as asked to pay 200Q (\$25 USD) per surgery which was covered by donations if they were unable to do so. Also, lunches supplied by the paroquia were paid for from the team budget. As a gesture of goodwill and to promote inter-cultural understanding, our team sponsored a full restaurant dinner one evening, integrating team members among the tables of hospital and paroquia staff.



In the future, we plan to expand our pediatric orthopedic services and try to institute some educational programs for the hospital staff and clinics in the vicinity of Lake Atitlan. Another helpful idea is to bring a bilingual instrument technician and floor nurses to improve communication and patient care. This year the local hospital technicians were under a lot of pressure and frustrated largely due to the language barrier.

Many of these patients present with very complex problems requiring judicious evaluations and customized surgical plans plus skilled anesthesia. In the end, many lives are changed, the ultimate goals being to improve the health and to expand the opportunities for each individual. Each year we come to the same hospital and treat the indigent, we feel we can migrate slowly to the goal of making the hospital more self-sufficient and attracting other healthcare providers to the area.

Stephen J. Miller, DPM
Team Leader