

**SUMMARY REPORT**  
**Rotary-Sponsored Surgery Mission to**  
**San Lucas Toliman, Guatemala**  
**March 11 - 19, 2016**

This is a report on the fifth annual surgical mission (fifth visit) to the 45-bed parroquia hospital in San Lucas Toliman, Guatemala: **Hospital Obras Sociales de Monsignor Gregorio Schaffer**, named after its founder. The mission or “jornada” was co-sponsored by Opal House ([www.opalhouseguatemala.com](http://www.opalhouseguatemala.com)) as the co-host, and the Fidalgo Island Rotary Club of Anacortes, Washington ([www.fidalgorotary.org](http://www.fidalgorotary.org)) with additional financial and logistics support from the Podiatry Institute ([www.podiatryinstitute.com](http://www.podiatryinstitute.com)) as well as several private donors. Although the primary focus is for deformities and disabilities involving the lower extremities, mostly in children, for the third year it included other orthopedic problems by the integration of two volunteer pediatric orthopedists.

The 33 patients who underwent surgery in 2015, followed locally by Dr. Boegel, had healed uneventfully and the team was invited to return this year by the lone hospital physician, Dr. Rafael Tun. As usual, Dr. Tun was both welcoming and extremely helpful throughout the “jornada”. He was involved at every level in the evaluation and treatment decisions. The Hospital Administrator, Julio Lopez, and the Director of Logistics, Pablo Benedicto, were extremely helpful. The hospital is supported by Friends of San Lucas (<http://www.sanlucasmision.org/healthcare.php>) headquartered in Minnesota.

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 27 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 5 podiatric surgeons, 2 pediatric orthopedic surgeons, 3 anesthesiologists, 1 ER physician, 1 pediatrician, 1 nurse anesthetist, 3 nurses, 2 scrub techs, a team administrator, an electronics engineer and several logistics assistants. Two represented Group Health, one from the University of Washington, four were faculty from the Podiatry institute (Alan Banks, Brad Castellano, Josh Mann, Steve Miller) and the two pediatric orthopedists were from Gillette Children’s Hospital in St. Paul, MN. Although most were from Seattle and Anacortes, Washington, team members also came from St. Paul, MN; Rice Lake, WI; Atlanta, GA; East Greenwich, RI; and Grande Prairie, Alberta, Canada. Also of great assistance was Glen Barde, the US coordinator for Opal House and teacher Jacqueline.

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. Organizations sending children included *Embrace Guatemala* (Brian Stipek), *Nuestros Picanos Hermanes* (Dr. Lauren Gomez), *Mayan Families* (Dwight & Sharon Smart), ADISA (Mirna Lemus) and several brought by Dick Rutgers and *Hope Haven*. The team evaluated over 60 patients, several as follow-ups from previous years, and performed 41 procedures on 27 patients, mostly children. There were 21

surgical patients under age 22 and 6 adults. Included were 5 neglected clubfoot repairs, one Ponseti casting, two CHD reductions, removal of a large bone cyst, one difficult long-bone infected nonunions, and several reconstructions. All cases had excellent anesthesia support and close management coordinated by our pediatrician and ER doctor and PACU nurse. Our ER doctor was also able to assist in the ER.

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 clubfeet (virgin, rigid, neglected, residual and partially corrected), hardware for removal, tumors, cerebral palsy, isolated equinus, congenital pes valgus, pes cavus, short limb, tibial and femoral nonunions, congenital hip dysplasia and amputee revision.

This year, several team members came early to install a donated surgical light in the OR to augment the existing one, as well as to install a computer network around the hospital, especially for the transmission, viewing and storage of digital x-ray images. A mini C-arm had arrived in the OR as part of a Rotary Global Matching Grant and was activated, tested and hooked up to a large monitor installed in the OR. It proved to be very helpful for our surgeries. Still, adequate x-ray imaging support is sadly lacking at the hospital.

Our Fidalgo Island Rotary Club and the local Panajachel eRotary Club had partnered for a Rotary Matching Grant to purchase and install a digital full-body x-ray machine in the hospital as well as the mini C-arm for the operating room. Unfortunately, the digital full-body x-ray machine purchased from Sedecal (Spain) was confiscated by Guatemalan Customs when it arrived in October and is still being held by the customs broker. A tremendous amount of effort was expended to broker the release of this x-ray machine, but we were unable to secure the release before the mission. We were able to use the old x-ray machine as necessary, including in the OR. The hospital will continue the process of releasing, receiving and installing the x-ray machine.

A generous amount of surgical equipment and supplies were donated to the hospital by the team and the Group Health Global Health warehouse in Seattle in support of the surgeries and for follow-up care. This included a 1.5-4.0 mm Ti6 cannulated screw set on loan from MetaSurg (now acquired by Integra); and pins and a large frag screw/instrument set from MedShare; bone allografts donated by Medical Transplant Foundation (MTF) and from Lifelink; prefabricated orthotics from Integrity Orthotics Laboratory; many orthopedic appliances donated by Prestige Medical (Jackson & Ryan Stowers); bulbs and fuses to support the OR light from Medical Illumination International; and numerous compression staples from BME. Especially valuable were the many AFO braces donated by Cascade DAFO, so important toward the long-term follow-up care of our patients. 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. He and the hospital have invited our team back for another surgical jornada (mission) for March of 2017. In the future, we plan to expand our pediatric orthopedic services and try to bring more bilingual people on the team. It is so important for us to connect on several levels with the patients and their families as well as the hospital staff.

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 staff. Gratitude was expressed for the hospital staff. At the end of the mission, the hospital administrators, including Dr. Tun, profusely thanked the team, then presented a team certificate and wooden hand-made gifts to express their gratitude. All topped with cake and ice-cream.

Many of these patients present with very complex problems requiring judicious evaluations and customized surgical plans plus skilled anesthesia, PACU and short-term hospital care. 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 toward the goal of making the hospital more self-sufficient and attracting other healthcare providers to the area.

Stephen J. Miller, DPM  
Team Leader