

## SUMMARY REPORT

**Healing the Children  
Foot & Ankle Surgical Camp (Mission) to  
Nepalgunj Medical Center at Nepalgunj Medical College  
Nepalgunj (Kohalkur), Nepal  
October 22 – 29, 2013**

This Surgical camp was set up via a site-visit by HTC volunteers, Dr. Steve Miller and Bo Chelette and negotiations conducted last year at the suggestion of Dr. Dinesh Shrestha, a former staff member of Nepal Orthopedic Hospital in Kathmandu. He toured us through the 650-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. This facility serves the very poor of western Nepal.

This surgical camp was coordinated with the sixth Healing the Children Surgical Mission to the Nepal Orthopedic Hospital in Kathmandu, Nepal. The local staff orthopedic surgeon acting as liaison and coordinator was 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 and his staff and residents gathered and screened the patients for the surgical camp. Special thanks also goes to Dr. Binayak who coordinated the patient care for the week.

A team of 10 HTC volunteers led by Team Leader, Dr. Stephen Miller, paid their own travel and accommodation costs to contribute to this surgical mission:

**Marc Estvold**  
**Team Administrator**  
Anacortes, WA

**Cameron Eilts, DPM**  
**Surgeon**  
York, Maine

**Stephen Miller DPM**  
**Team Leader, Surgeon**  
Anacortes, WA

**Bojan Kuure, RN**  
**OR Nurse**  
Anacortes, WA

**Dan Baldini, MD**  
**Anesthesiologist**  
Seattle, WA

**Bo Chelette**  
**Surgical Tech**  
Snohomish WA

**Marykay Pasnick, MD**  
**Team Physician**  
Anacortes, WA

**Richard Schneider RN, OR**  
**OR Nurse**  
Brookfield, CT

**James Kiffmeyer, CRNA**  
**Nurse Anesthetist**  
Rice Lake, WI

**Jaclyn Schwartz, DPM**  
**Fellow, LE Trauma**  
Philadelphia, PA

Funding of the mission was largely undertaken by members of the team with contributions from local Rotary Clubs in Anacortes. Healing the Children was not able to provide funds from their chapter budget to support the mission. The team members flew to Kathmandu and then took another flight as a group from Kathmandu to Nepalgunj while their heavy bags of supplies and equipment were bussed across country. Accommodations

were provided at the Nepalgunj Medical College Basic Sciences campus in Chisapani (Nepalgunj-Surkhet Rd) - about 20 km from the hospital in Kahalkur.

In preparation for this mission, with the help of the Stryker Corporation and ProjectCURE, 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 and one Stryker cast cutter as well as numerous bone grafts, an Acumed headless screw set and many bone plates and screws. Unfortunately, we discovered that the wrong battery charger had been packed for the Stryker small bone power set. An additional setback was a missing connecting cord from the Stryker TPS power set we brought with us. We made do with the Stryker large bone power surgery set and an Indian drill.

Our flight touched down on October 22<sup>nd</sup> and we immediately toured the hospital and evaluated many of the pediatric patients that had been procured for needed surgical intervention. A few Ponseti casts were applied to clubfeet. Surgeries were then conducted in the one operating theater provided (challenged by a single OR light) October 23 to 27. They included many complex reconstructions of neglected and recurrent clubfeet and other deformities. Two ankle fractures were also repaired for indigent patients who presented at the emergency department. In summary, there were 39 procedures performed on 19 feet of 15 patients. On October 28<sup>th</sup> a clinical conference of all the patients treated was conducted to formally hand-off the patients for appropriate follow-up care.



Significant donations of medical equipment included a used Valley Lab Surgistat electrocautery unit (est. \$3,000), a vital signs monitor (est. \$5,000), a portable pulse oximeter (est. \$200), 3 nerve stimulators (est. \$1,500), a new SS Lorenz pin-cutter (bolt-cutter) (est. \$850) and a generous number external fixation devices: 1 Hoffman External Fixation Set (est. \$30,000), 1 Orthofix External Fixation Set, Hybrid (est. \$40,000), Ortho fix Monorail Tisial External Fixator - Dynamizhg (est. \$12,000), Stryker “Mini-Rail” External Fixation Set w/ 20 couplers (est. \$10,000), 30 Universal Ex-fix couplers & Monorail ex-fix (est. \$10,000). In addition to all the supplies the team brought and used, a generous amount of bone anchors, sutures,

medications, surgical hand scrub, dressings and cast material were donated for follow-up care and care of

indigent patients. Unused bone allografts that had been supplied by the Musculoskeletal Transplant Foundation were donated to the Orthopedic Department for use on indigent patients.

Guest lectures were given by team surgeons to the orthopedic residents as well as the 3<sup>rd</sup> and 4<sup>th</sup> year medical students. These included: “Angiosomes and Surgical Approaches in the Lower Extremities”, “Talipes Equinovarus (Clubfoot): A comprehensive Review of Etiology and Treatment (Including Ponseti Treatment)”, “Streeter Dysplasia (Amniotic Band Syndrome): Pathophysiology and Treatment”. Books on Internal Fixation and Pediatric Orthopedics (Tachdjian) were donated to the Orthopedics Department. Many hours of instruction were provided in spinal regional anesthesia blocks using nerve stimulators and ultrasound



guided needles. In exchange, our team learned a tremendous amount of information on how local surgeons and anesthesiologists provide so much medical care with so little resources. Perspectives were also observed integrating some Asian and Eastern medical practices and philosophy.

As a result of this intensive surgical camp, many young lives were changed to bring about improved mobility and ambulation, lighting the way for a more positive future. The relatively small surgical cohort belies the complex surgeries that were performed. Skills were maximized and passed on to our hosts. Hopefully, the shared skills as well as donated equipment will contribute toward a future

of self-sufficiency for the local surgeons and knowledgeable treatment of clubfoot and other disorders.

Stephen J. Miller, DPM  
Team Leader

*"We work on ourselves in order to help others, but also we help others in order to work on ourselves."*  
- Pema Chondron