

SUMMARY REPORT

Rotary-Sponsored Surgery Mission to San Lucas Toliman, Guatemala Hospital Obras Sociales de Monsignor Gregorio Schaffer Fidalgo Island Rotary Club – Opal House March 9–17, 2018

This is a report on the seventh annual surgical mission (eighth visit) to the 31-bed parroquia hospital in San Lucas Toliman, Guatemala: **Hospital Obras Sociales de Monsignor Gregorio Schaffer**, named after its founder. The mission or “jornada” was sponsored by the Fidalgo Island Rotary Club of Anacortes, Washington (www.fidalgorotary.org) and co-hosted by Opal House (www.opalhouseguatemala.com) with additional logistics support from the Podiatry Institute (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 fifth year it included other orthopedic problems by the integration of two volunteer pediatric orthopedists and their PA as well as volunteer anesthesiologists including a pediatric anesthesiologist. Skilled nurses and surgical techs rounded out the surgery team.



The 34 patients who underwent surgery in 2017, 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 not only grateful but 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 Maya 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.

This year, the hospital had added a multi-unit bodega and conference room with new banjos next to the surgery area, connected by a second floor skybridge. This made enough room available to add a small operating room for a third surgical bed, increasing surgical capacity. The new room required bringing and installing surgical lights. In addition, the XiScan Mini C-arm had been repaired and returned to the OR. It was kept functional for the whole week of surgery. X-ray images could all be stored digitally, so this year a patient data-base was established to save organized patient records, x-rays and clinical photos.



Including Will and Diane, this team consisted of 30 self-sponsored volunteers committed to sacrificing precious time from their families and busy work schedules to help the poor and needy people of San Lucas Toliman and surrounding Lake Atitlan as well as patients from greater distances. It consisted of 6 podiatric surgeons, 1 fellow, 2 pediatric orthopedic surgeons, 1 orthopedic PA, 2 anesthesiologists (one pediatric), 2 nurse anesthetists, 1 family physician, 1 pediatrician, 1 family med PA, 4 nurses, 2 scrub techs, a team administrator, an electronics engineer and several logistics assistants.



Podiatry Institute faculty on the team included: Will Boegel, DPM, Louis Jimenez, DPM, Dorian Jimenez, DPM (and wife Jessica), Carl Kihm, DPM, Josh Mann, DPM, Jose Gonzalez, DPM, Stephen Miller, DPM

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 torsional extremity disorders, clubfeet (virgin, rigid, neglected, residual and partially corrected), nonunions, malunions, amputations, hardware for removal, tumors, cerebral palsy, isolated equinus, dropfoot, congenital pes valgus, end-stage arthritis, congenital hip dislocation, amniotic bands (Streeters), and finger deformities.

This largely-charity hospital serves more than 34,000 people locally, mostly Maya. 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 bring many more patients with challenging problems. Organizations sending children included *Embrace Guatemala* (Brian Stipek), *Mayan Families* (Dwight & Sharon Smart), and several brought by Dick Rutgers and *Hope Haven*.

This surgical mission is not about numbers as much as it is about delivering skilled, compassionate and very specialized healthcare to a population of native Guatemalans, without cost, while respecting their dignity. However, statistics help us review our efforts and plan better for future care, including follow-up. The team evaluated over 85 patients, several as follow-ups from previous years, and performed 85 procedures on 51 patients (20 orthopedic; 33 foot/ankle), 41 children and 10 adults. Included were 13 neglected clubfoot repairs (8 PMR's and 5 talectomies) plus 3 revisions, 2 Ponseti castings, tibial/femoral derotational osteotomies, ankle fusion, flatfoot reconstruction, tendon transfer, an osteomyelitis reconstruction, removal of an enchondroma, amputation revisions to fit prostheses, finger de-webbings and several other reconstructions including 5 limb-saving amniotic band releases. All cases had excellent anesthesia support and close management coordinated by our local physicians as well as ICU and PACU nurses.

A generous amount of surgical equipment and supplies were collected and donated to the hospital by team members as well as the Group Health Global Health (now Kaiser Permanente) warehouse in Seattle in support of the surgeries and for follow-up care. This included prefabricated orthotics from Integrity Orthotics Laboratory; numerous compression staples from BME; and at-cost surgical instruments from Delta Surgical. 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 and Gillette Children's Hospital at cost. The rest we purchased. With a grant (anonymous) we donated a set of Delfi tourniquet systems. To all these generous donors we are very grateful.

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. The safety of the patients and their welfare are our highest priorities. 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.

Improvements need to be made in the remodeling of the new operating room for safety and efficiency. Re-stocking our medication inventory is becoming more challenging. Finally, we would like to extend special thanks to the Rotary Club of Bend (Oregon) for their current efforts to apply for a Rotary Global Grant to buy a Compact Fluoroscopy C-Arm for the hospital. This will expand our orthopedic surgery capabilities and maybe attract a Guatemala orthopedic surgeon to utilize the hospital.

Stephen J. Miller, DPM
Team Leader