

SUMMARY REPORT

Opal House-Rotary Medical Mission

Hospital Obras Sociales de Monsignor Gregorio Schaffer

San Lucas Toliman, Guatemala

March 9–16, 2019

March 2019 saw the Opal House-Rotary Medical Mission Team conducted its eighth annual surgical mission (ninth 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 Gillette Children’s Specialty Healthcare (<https://www.gillettechildrens.org>) and 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 sixth year it included other orthopedic problems by the generous participation of three 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.



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 35 self-sponsored team members consisted of 5 podiatric surgeons, three pediatric orthopedic surgeons, one family physician, 2 anesthesiologists, 2 nurse anesthetists, one orthopedic PA, one family medicine PA, 9 very dedicated nurses, and several support volunteers. 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. There were also two volunteer videographers and one medical photographer to help make documentary

recordings of our mission. Podiatry Institute faculty on the team included: Will Boegel, DPM, Louis Jimenez, DPM, Carl Kihm, DPM, Stephen Miller, DPM.

This largely-charity hospital serves more than 34,000 people locally, mostly Maya, without discrimination of any sort. 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. Some patients came from as far away as the Mexican border and the Pacific coast. As usual, Dr. Rafael Tun, the Medical Director 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. Dr. Boegel provides the skilled postoperative care.



This year, the added third-bed operating room was expanded and remodeled for safer and more efficient environment and the communication and scheduling was much more streamlined based on past experience feedback. Two days before the start of the surgeries, as if by a miracle the compact C-arm purchased with a Rotary Global Grant by the Rotary Club of Greater Bend (Oregon) and assisted by the local Club Rotario Panajachel arrived in a crate. It was set up, calibrated and put into service with the skilled help of volunteer x-ray technician Bill Martin who also trained local XR tech Daniel Tuiz. There were seven (7) Rotarians serving on the team, all from different clubs.

The pathology encountered included torsional extremity disorders, nonunions, malunions, hip dislocations, osteomyelitis, hardware for removal, tumors, cerebral palsy, patellar dislocation, clubfeet (virgin, rigid, neglected, residual and partially corrected), isolated equinus, dropfoot, congenital pes valgus, end-stage arthritis, amniotic bands (Streeters) including one adult requiring amputation, and finger deformities. The team evaluated over 90 patients, several as follow-ups from previous years, and performed 104 procedures on 50 patients (28 orthopedic; 22 foot/ankle), 40 children and 10 adults. Included were 13 neglected clubfoot repairs (3 PMR's and 8 talectomies), 2 Ponseti castings, tibial/femoral derotational osteotomies, a leg amputation, hip relocations, derotational osteotomies, a patellar relocation, excision of tumors, flatfoot reconstruction, tendon transfer, and an osteomyelitis reconstruction.

Acquiring the needed medications and supplies is becoming much more challenging with less donations available. Getting anything through the nefarious Customs in Guatemala is nearly impossible. We are grateful to both corporate and private donors as well as the several Rotary clubs that made contributions, especially the Fidalgo Island Rotary Club of Anacortes, Washington which is our primary sponsor. Surgical equipment and medications from Gillette Children's Specialty Healthcare are much appreciated, as is support from the Podiatry Institute.





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.

Stephen Miller, DPM
Carl Kihm, DPM
Team Co-Leaders
2019