

MEDICAL MISSION UPDATE: EL SALVADOR 2004

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On its annual mission to El Salvador, the Podiatry Institute's medical mission team titled "Small Steps" headed up by Drs. Todd Gunzy, Luke Cicchinelli, and Todd Haddon successfully revisited the same location for the second year in a row. An eight-day mission from September 18–26, 2004 was this particular team's thirteenth mission since 1992. The local authorities, rotary club, hospital personnel, and orthopedic community were very enthusiastic to have our team return and have also extended us an invitation to return in May, 2005. This mission was once again cosponsored by the Greater Philadelphia chapter of Healing the Children and the Podiatry Institute, Tucker, Georgia. The team has made great strides with the medical community since its first mission in October of 2003. They will travel back to El Salvador for a May 2005 mission to provide follow-up of the children recently operated on and to offer further surgical services to the poor and indigent pediatric population.

TEAM COMPOSITION

A decision was made to down-size the overall number of team members to become more efficient from an organizational standpoint and to help decrease the costs incurred to each team member, the local rotary club in El Salvador, and Healing the Children. This tactic proved to be very useful as costs were lessened and organization of the entire team was much more noticeable by all veterans. Typically, the team is composed of approximately 25 members but this particular mission was down-sized to 19 individuals. The composition as follows: one anesthesiologist, two CRNA, three operating room nurses, two recovery room nurses, five podiatric surgeons including a guest Podiatrist from Spain, one orthopedic surgeon from Guatemala, two residents, one prosthetist, one observing college student, and one administrator from Healing the Children organization.

EL SALVADOR DEMOGRAPHICS

No real changes have occurred since the last visit, it remains one of the smallest countries in Central America with a population approaching 7 million people. It is roughly the size of Massachusetts and located on the Pacific Coast of Central America. San Salvador is the capital with a population of one million. It is a Spanish-speaking country with a high infant mortality and unemployment rate.

MISSION

After intensive planning and securing of supplies six months prior to its departure, on September 18, 2004, nineteen team members from different regions of the United States arrived at the airport in El Salvador. The team was mostly composed of veterans that have been with the team ten years or more. New for the team this year was the inclusion of a prosthetist that added another dimension to this pediatric lower extremity surgical team. The prosthetist was able to assist in areas where surgery was either contra-indicated or not necessary. This type of service will become an annual contribution to the team for all future missions.

The second day after arrival is solely dedicated to screening children who have traveled to the hospital where surgeries were to take place. That particular day saw 137 children triaged, with half of that number treated by the Prosthetist for appropriate devices and 41 children scheduled for surgery. Once again, the parameters for selection of surgical candidates includes: severity of deformity, medial clearance, rehabilitation potential, and acceptable prognosis. Due to the large volume of children present at the screening, age of the patient became a strict guideline for this Pediatric mission as many adults had waited for many hours to be screened should there be an opening on the schedule. The scheduling of operating time was completely depleted by the end of the screening

process forcing the team to abort any further screenings of children during the work week.

Each triaged candidate selected for surgery then made his way to the pediatric anesthesiologist for medical clearance. Four children had surgery canceled due to health issues, and four more children were added in their place. From that point, nurses from the team escort the child for appropriate bloodwork and radiographs as required. Each child is pre-admitted for hydration purposes as most of the individuals are dehydrated and then assessed by the nursing staff. Finally, once the entire screening process is completed, a daily schedule of operations for the week is composed and each parent of the children is given instructions of when to report to the hospital.

By the end of a 4.5 day work week, 41 patients had received surgical intervention and the number of extremities operated on totaled 57. The majority of the procedures were 11 clubfeet requiring traditional posterior medial and lateral releases. Other deformities treated included two vertical talus, numerous Achilles tendon lengthenings or gastrocnemius recessions, polydactyly resections, metatarsus adductus corrections, treatment of osteomyelitis and bone tumors, and approximately 15 major tendon transfers for paralysis of the lower extremity due to neurologic involvement.

Upon immediate recovery of the child in the PACU, each child is admitted postoperatively for 24–48 hours for pain control and observation. Once the child is comfortably tolerating oral pain medications and is afebrile, urinating, and has a

good appetite, he is discharged with postoperative instructions and donated oral pain medications. The befriended orthopedic surgeons donate their time and resources along with our team's remaining supplies to follow up each child at regularly scheduled intervals.

A second successful mission to El Salvador is completed and co-sponsored by Healing the Children, Greater Philadelphia chapter and the Podiatry Institute. The same team with roster intact will return to the exact location in 8 months for follow-up of postoperative patients and to continue providing the same surgical service to the children of El Salvador. Forty-one children were operated on with sixteen children of those forty-one having bilateral deformities. The majority of deformities were congenital or neurologic.

A new dimension has been added to this thirteen year-old team in the realm of Prosthetics and Orthotics which was extremely valuable to the patient population that was screened. This will continue to be incorporated into the general make-up of the team for years to come. The same site and hospital location will be visited May of 2005 for postoperative follow-up of the 2004 patients and to also allow for more indigent children the opportunity for surgery they may never receive.

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Figure 1A. Neglected clubfoot patient in weightbearing attitude.

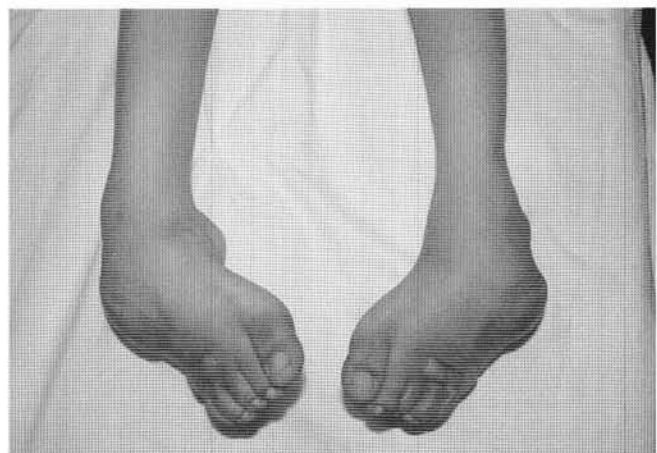


Figure 1B. Preoperative non-weightbearing AP of a patient with bilateral neglected clubfoot deformity.



Figure 1C. Non-weightbearing view.



Figure 1D. Postoperative lateral view of the right foot immediately after correction.



Figure 1E. Postoperative AP view of corrected right foot.



Figure 1F. Postoperative AP view of corrected left foot.



Figure 2. Weighbearing view of neglected club-foot deformity in 21-year-old female.



Figure 3. Team photo.