

# MEDICAL MISSION UPDATE 2007

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### INTRODUCTION

The medical mission team re-visited the same location of El Salvador in February 2006 and continued its relationship with the host countries contacts in addition to treating numerous children both surgically and medically. This was the fourth consecutive mission to El Salvador and the fifteenth overall since the early 1990s. Continued support of the team has encouraged return to the country. Computerization and recall of patients has allowed the team to expand its overall affect. This was one of the largest team assembled to date with a total of twenty-five members having incorporated some visiting surgeons from other countries. Additionally, 2 prospective medical students traveled with the team to El Salvador and interacted with all staff learning the typical daily functions. Healing the Children Greater Philadelphia chapter assisted in all travel, logistics, and coordination of details throughout the mission. The Podiatry Institute contributed personnel and financial backing. This is the seventh consecutive year of organized missions for the Podiatry Institute with this particular team concentrating on Central and South America countries. Many other mission type opportunities have presented to personnel of the Podiatry Institute since its affiliation.

### TEAM COMPOSITION AND MISSION

The team consisted of a total of twenty-four members: 1 anesthesiologist, 3 nurse anesthetists, 6 podiatric surgeons, 1 orthopedic surgeon from Guatemala, 2 operating room nurses, 2 operating room techs, 2 PACU nurses, 2 students, 1 orthotist, 1 Administrator, 2 podiatric residents, and a visiting surgeon from Australia.

Prior to arrival of the team, the local rotary had marketed the arrival of the team via different forms of media detailing the exact dates for the screening and location of the hospital. From a very

detailed and organized database, communication was also made to the patients from prior years for continued postoperative assessment of the selected surgical procedures. This allowed the team to discuss and rationalize the results with other members as to the efficacy of the findings. This recall also allowed any child in need of further staged surgery the opportunity for overall completion.

The medical triaging took place the day after arrival and approximately 85 children were screened on that particular day with an additional 25 children being screened throughout the course of the week as continued media alerted the public of the team's arrival and stay during the week. Approximately 31 children were selected to receive surgery based on severity of deformity. These children were then medically cleared and preadmitted to the hospital in preparation for surgery. Five of the children had upper respiratory symptoms and fevers, and were scheduled for the end of the week but they did not recover in time so these surgeries were canceled. They were informed that a return trip would allow them first priority for surgery upon return of the team in 2007. These specific patient's information was gathered and entered into the database for recall one month prior to the next trip arrival. Each child selected was given a surgical date and appropriate orders to prepare them for surgery.

A five-day surgical work week tallied a total of 26 children receiving operations; over half of the children had bilateral lower extremity deformities, a total of 42 extremities were operated on. Throughout the course of the week, 13 tendon transfers, 5 clubfoot corrections utilizing posteromedial and lateral releases with bone work in older children, 5 metatarsus adductus procedures in older children, 3 major rearfoot and midfoot fusions, in addition to other standard and some less demanding procedures were performed. Postoperatively, the children were all released within 48 hours with one child staying an additional few days for pain control

and observation. The children were all followed postoperatively by the local orthopedic staff at the facility that the team operated at. Continued updates were gathered via email from the local rotary on the status of the children.

The team has been invited to a more secluded area of El Salvador in 2007 in the small town of

Zacatecoluca by a local orthopedic surgeon who has shown enthusiasm by establishing a name and phone contact list of pediatric patients in need of lower extremity surgeries. The local rotary club of El Salvador will be coordinating the logistics for a successful mission slated for May 5-12, 2007.

### CASE HISTORIES



Figures 1A-1D. Preoperative photos of a 6-year-old boy with neglected rigid talipes equinovarus deformity.



Figure 1A.



Figure 1C.



Figure 1D.



Figures 2A-2C. Preoperative photos of an 11-year-old boy with severe rigid pes equinus of the right lower extremity.



Figure 2B.



Figure 2C.



Figure 3A. Preoperative view of neglected talipes equino-varus originally taken in 2003.

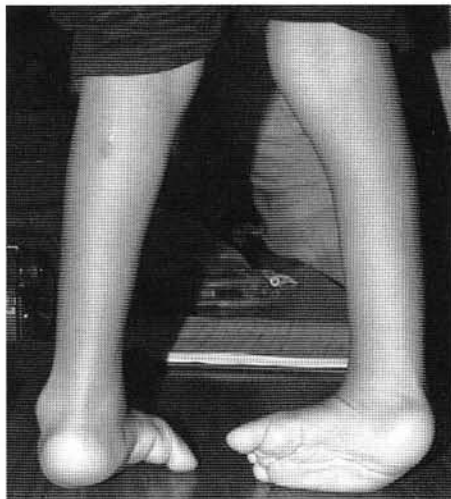


Figure 3B. Preoperative view from 2003.



Figure 3C. Postoperative photo taken in 2006. The patient is 6-years-old.



Figure 3D. Postoperative photo taken in 2006.

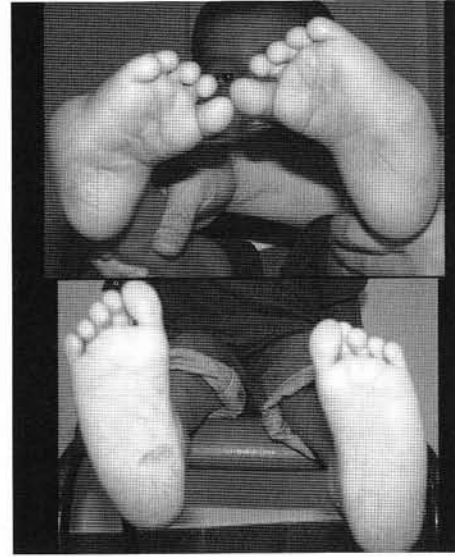


Figure 4. Two-year follow-up of a preoperative bilateral talipes equinovarus (top) and postoperative result (bottom).

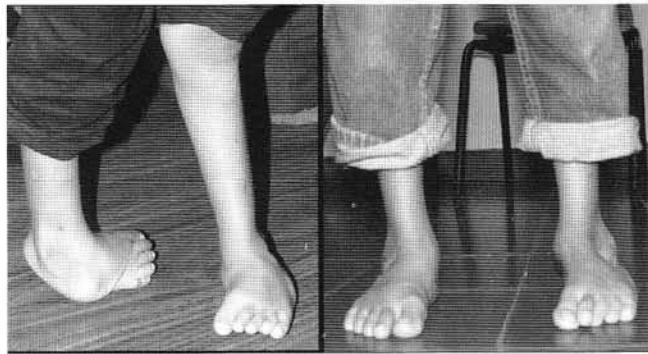


Figure 5. Two year follow-up of a right talipes equinovarus (left) and postoperative result (right photo).