
MEDICAL MISSION UPDATE 2011

Todd R. Gunzy, DPM

Luke D. Cicchinelli, DPM

Todd B. Haddon, DPM

Donald R. Powell, DPM

INTRODUCTION

The Podiatry Institute's medical mission to El Salvador increased its overall effectiveness by incorporating a hand surgeon to the lower extremity team. This team has now incorporated a prosthetist and hand surgeon to the already existing foot and ankle surgeon roster. This has allowed the formation of a complete distal extremity team able to accomplish both conservative and surgical alternatives to those children in need of upper and lower extremity care. The team returned to Zacatecoluca, providing services to the Zacamil National Hospital in San Salvador from May 1-8, 2010. Due to the economic US recession that began in

early 2009 and then became worldwide months later, it was recommended by both the contacts in El Salvador and our team members to postpone a 2009 medical mission due to the unstable world economics. So after having taken an 18-month hiatus, the 25-member team named "Small Steps" arrived in San Salvador on May 1st, 2010 (Table 1).

This was the team's 6th consecutive visit to El Salvador, the 18th mission since 1992. The Greater Philadelphia chapter of Healing the Children and the Podiatry Institute co-sponsored the mission. The Podiatry Institute provided much needed financial support, defraying airfare costs and also aided in supplying medical personnel for the team including both attendings and residents. Healing the

Table 1

MEDICAL MISSION HISTORY

COUNTRY	DATE	SURGEONS
Guatemala	Oct. 10-17, 1992	(Dr. Gunzy)
Guatemala	July 10-17, 1993	(Dr. Gunzy)
Colombia	April 23-30, 1994	(Dr. Gunzy)
Guatemala	May 10-18, 1995	(Dr. Gunzy, Caminear, Pellechia)
Guatemala	May 04-12, 1996	(Dr. Gunzy, Cicchinelli, Caminear)
Guatemala	April 25-04, 1997	(Dr. Gunzy, Cicchinelli, Caminear)
Guatemala	May 16-24, 1998	(Dr. Gunzy, Cicchinelli, Caminear)
Guatemala	April 24-02, 1999	(Dr. Gunzy, Cicchinelli, Miller)
Guatemala	Nov. 13-21, 1999,	(Dr. Gunzy, Cicchinelli, Miller, Southerland, Cavalliere)
Venezuela	Sept. 16-25, 2000	(Dr. Gunzy, Cicchinelli, Miller, Haddon)
El Salvador	Oct. 13-21, 2001	(CANCELLED 9/11)
Nicaragua	May 04-11, 2002	(Dr. Gunzy, Cicchinelli, Southerland, Haddon)
El Salvador	Sept 27-4, 2003	(Dr. Gunzy, Cicchinelli, Haddon, Chang, Keller)
El Salvador	Sept. 18-26, 2004	(Dr. Gunzy, Cicchinelli, Haddon)
El Salvador	May 14-22, 2005	(Dr. Gunzy, Cicchinelli, Haddon)
El Salvador	Feb. 25-5, 2006	(Dr. Gunzy, Cicchinelli, Haddon, Southerland, Stapp)
El Salvador	May 5-12, 2007	(Dr. Gunzy, Cicchinelli, Haddon, Keller)
El Salvador	Sept. 6-13, 2008	(Dr. Gunzy, Cicchinelli, Dinowitz)
El Salvador	Sept. 18-25, 2009	(Canceled due to economic recession)
El Salvador	May 1-8, 2010	(Dr. Gunzy, Cicchinelli, Granger, Haddon, Dinowitz)

Children continues to provide all the logistical implementation services for this particular team including air travel, food and hotel arrangements, local host country contacts, and in-country transportation for the 25 team members. Together, they offer further surgical services to the poor and indigent pediatric population, which is the primary goal

Upon our arrival, the mayor of Zacatecoluca donated a full length service bus for transportation of the team from hotel to hospital each day. The following day after arrival was set aside to medically screen 116 children. A total of 33 patients were selected, prioritized according to deformity severity. Unfortunately, the turn-out was tremendous and approximately 10 patients had to be deferred, placing them on a “wait list” for our return September 2011 as we could not accommodate the number of surgical patients triaged.

We were fortunate to also be able to evaluate patients from our previous mission 18 months prior, some came for simple check-ups, others presented to have the contralateral extremity operated on. All in all, the success of these surgeries provides a better forecast for each child’s future, the ability to ambulate without pain, run, and even work productively in the near future.

The prosthetics subdivision of this team screened and treated approximately 80 patients during the week. These nonoperative patients were fitted for ankle/foot orthotics or custom foot orthotics and the postoperative patients were dispensed night-splints to be worn for 1 year following surgery.

The hand subdivision of this team surgically managed 8 patients mainly for flexor contractures of the wrist and fingers. They also triaged another 10 patients in the host country’s hospital emergency room for a multitude of wrist and elbow fractures with mainly closed reductions being performed. All follow-up care will be performed by local orthopedists.



Figure 1. Neglected bilateral clubfoot deformity, lateral view.

TEAM COMPOSITION

This particular mission consisted of 25 individuals, which is somewhat larger than the past few missions to accommodate a number of visiting podiatric surgeons from Spain. The composition was as follows: 1 anesthesiologist, 3 CRNA, 4 operating room nurses, 2 recovery room nurses, 4 podiatric surgeons, 1 orthopedic surgeon from Guatemala, 1 orthopedic hand surgeon, 3 residents, 1 prosthetist, 1 college pre-medical student, 4 visiting doctors from Spain, and 1 administrator from the Healing the Children organization

MISSION

Thirty-three pediatric patients were scheduled for surgery after the screening session and 10 surgical patients had to be wait-listed for the following mission due to the high turn-out. Operations ensued Monday through Thursday. The parameters for selection of surgical candidates included: severity of deformity, medial clearance, rehabilitation potential, and acceptable prognosis. By the end of surgical work week, 33 patients had received surgical intervention and the number of extremities operated on totaled 38. The majority of the procedures were traditional posterior medial and lateral releases for clubfoot deformities, reconstructive flatfoot procedures due to failed conservative measures, tendon transfers of the wrist, surgical tendon transfers with arthrodesing procedures for neurological cavus deformities, and rearfoot/ankle joint fusions or talectomy for neglected adult clubfoot deformities (Figures 1-4).



Figure 2. Neglected bilateral clubfoot deformity, posterior view.



Figure 3. Postoperative evaluation and nightsplint dispensal.

CONCLUSION

This was the sixth consecutive mission to El Salvador co-sponsored by Healing the Children, Greater Philadelphia chapter, and the Podiatry Institute. We continue to encourage the donation of medical equipment, medical supplies, monies, and personal time. All donations are tax deductible through the Podiatry Institutes' 501 C-3 tax exemption number. The same site and hospital location will be revisited in September 2011 to provide similar surgical services to the poor and indigent population of El Salvador. This will allow the team a tracking mechanism for the



Figure 4. Typical operating room conditions.

postoperative follow-up. The successes and failures of procedures performed can be recorded both via digital photography and computer programming. A blog was formulated during the mission by the residents and it can be viewed at www.htcphilly.org/blog for daily events of the most recent medical mission. The team would like to thank all sponsors and participants for their assistance, especially Healing the Children Chapter of Greater Philadelphia, Cuscutlan Rotary and the Podiatry Institute. The next medical mission for this team is slated for September 17-24, 2011.