

2012 February 4

(I just found out that the e-mail I tried to send yesterday went nowhere. My computer froze in Manila airport immediately after I hit send. I had hoped the e-mail had already been transmitted. Obviously not so. I had a bit saved in the drafts folder and will try to reconstruct it and hit send again.)

Well... we've finished our first week of operations down in T'boli, down in the south of Mindanao. We have just experienced the largest team ever for one of these projects in the Philippines. There were 18 in the primary team plus a plastic surgery team of 5 from Manila who came to do the lips and palates. At one point Matthew counted 26 people in two small operating rooms. And I mean SMALL! It took a while for us to figure out how to distribute all our personnel effectively.

We have an interesting mix of people and skills. We have several LPNs who have transformed into scrub nurses over the past week under the coaching of the one true scrub nurse on the team and a critical care nurse who at least has scrubbed on a few prior projects. Necessity often calls in the 'see one-do one- teach one' rule. We did about 40 major cases over the 4 days we were operating at that site. The plastics team did another 20 cases in the 3 days they were there. My toughest time was listening to the screams of the children they did under local anesthesia. I would have concluded much earlier they weren't mature enough to handle the needles in their lip without any kind of sedation, but apparently this is the way they like to do this age group. They had to bail on one child. I have no idea whether they brought her back later for a general anesthetic or not. The plastics team is a group of five from Manila with a plastic surgeon, an anesthesiologist, two nurses and one who cleans and sterilizes instruments. They run an extremely efficient operation and a lot of children are now going around with repaired cleft lips .

One real disappointment of the week came from a lady with a huge ovarian cyst that was compressing her circulation so much that her legs were like tree trunks. She was assessed and reassured that the surgery wouldn't cost them anything except they needed to buy some blood from the blood bank in a city 30 minutes away. Everything was lined up but she didn't appear when booked for surgery. Her daughter came and told us mother had changed her mind. No reason was given. It was a really distressing turn of events because the tumour is likely benign but will kill her soon because of its sheer size and impact on her circulation and her kidneys. She is 68.

Matthew has adapted quickly to our limited resources and done a great job. I was sorry he lost the chance to handle the cleft lips and palates as we usually have done in the past. He has had the usual number of rather large goiters to deal with. That hasn't changed. I think I'm the one who has had trouble adapting to having such a large team. It took until Tuesday evening to figure out how to resolve the confusion about who should be doing 'what' next and where. The next few days ran more smoothly after I requested a few organizational changes. It seems the more people you have the greater the chance that they may all disappear when you need them most, thinking someone else must be around to do 'x'..... but hey... we did get a lot done.

Saturday, Feb ?

Yesterday we flew to Manila and then Puerto Princessa on the island of Palawan for some R&R and then a week working in the regional hospital in Taytay. Today we went to a crocodile centre that is trying to preserve the endangered freshwater Philippine crocodile. We then headed out to Honda Bay for some island hopping. Most of us rented snorkelling gear. The first place was rather unimpressive but our second stop was great! I really enjoyed it. Tomorrow we're on the move again. We've never worked at that site before so it will be a whole new adaptive challenge.

And now I'm going to hit send and hope this e-mail goes where i intend it to....

Alison