

Hello from Siem Reap...

What a week! Each trip is a new adventure in problem-solving. Like dirt, maybe??? We arrived in Kampong Thom province and were taken to the Boray District Referral Hospital, which was to be our home for four days. The assistant director of the hospital had been screening some patients for our arrival. 55 of them, in fact. There were two problems with this. First of all.... we only had one surgeon. Secondly, that surgeon tended to be very unrealistic about how long his operations would take. Seemed to think one could book 7 thyroidectomies for one day.

In any case, our first priority was to create a functional space in a hospital wing that hadn't been used since the team was last here two years ago and was **filthy!!!** Our Dutch-Canadian team members (a nurse and general helper) took one look and went into action. Gives new meaning to that old brand name 'Dutch Cleanser'. They started with the operating room and then moved on to 'recovery' (aka the hallway) and the ward. The latter was such a disaster that Maria was literally in tears by the time they tackled the second room. Fortunately 3 workers from a local orphanage run by a Filipino missionary doctor jumped in to help with the monumental task. Interestingly, by the next day the hospital was also putting their patients in 'our' ward' which was now the cleanest place around, and Allan and Maria were the only ones to get job offers to stay!

Monday morning was occupied with getting oxygen tanks, trying to fix the leak in the oxygen hose that ran the anesthesia machine. It was the hose from the regulator labelled 'broken', that continuously read 1500 no matter how much I used. (Interestingly by day three the broken regulator was working again. My solution until then had been to keep a full tank and a large wrench beside the machine for a quick change when needed.) By afternoon we started cautiously with a lipoma under local and then ventured a general anesthetic for a thyroidectomy. Everything went reasonably smoothly, thank God! Monday we finished two GA cases and were fed and back to the hotel by 11 pm.

By then we'd learned that although there either a nurse or doctor was supposedly on call each night, they actually had no intention of checking on the patients. We couldn't leave until we were sure the family members knew what complications to look for and how to call for help. Yuck.

Tuesday I was greeted with great disfavour by head nurse in the OR. Apparently I was the one responsible for locking up the hospital when we left last night. We shouldn't have had the guard do it. Wish someone had told me that. We had a lot of miscommunication issues over the course of the week, fortunately none were disastrous. The next challenge was Tuesday evening when our last goiter patient started to desaturate during a long, complicated resection. As the oxygen levels worked their way down to the 93-94 range on 100% oxygen despite my giving PEEP with my hand ventilation and her lungs sounded increasingly like a clogged sewer pipe I started to pray..hard! As far as I could figure, our nearest resource for a higher level of care than we could give would be in Phnom Penh, about four hours and a large oxygen tank's worth away. At one point something suddenly changed and her saturation levels jumped to the 97-98 range and the 'sewer pipe' quietened down. I later learned that Allan and Maria weren't just looking through the window from the scrub room.... they were busy praying too! At the end I kept her deep enough to do a thorough lung suctioning and then we woke her cautiously, making sure she could hold her oxygen saturations before we extubated her. A few more hours of proper recovery room care and we took her to the ward...and her family's care... about midnight. By that point our PACU nurse (a Filipino nurse from N Carolina who works post-op hearts back home) had taught the husband chest percussion, postural drainage and deep breathing and coughing, and we fished out some antibiotics for her pneumonia from the supplies we

brought. We learned very quickly that family members were much more reliable than the local staff.

At that point I made it clear that I couldn't work a 16 hour day every day. We had to come up with a realistic OR schedule! The big problem was our lack of trained staff. We had one trained scrub nurse (Alfred), who was essential for organizing everything and keeping the sterile supplies coming, and keeping the OR running. His wife is a ward nurse who worked in the OR in the Philippines for 2 days before this project to brush up on her scrub nurse experience from nurses training years ago. Dr Castro (a general practitioner who runs the orphanage) was our main surgical assist when not screening patients or solving political problems. And we had a number of 'general helpers', one of whom is learning scrub nurse techniques very quickly ! Usually these teams have quite a few Americans on them, but this year it is made up of 7 Canadians, 3 Filipinos and 1 American. Is this a product of the economic turmoil of recent months in the US??

Anyway, we all survived, our patients all did well, and yesterday we 'recovered' by climbing around temple ruins at Angkor Wat.

And now, off to pick up our luggage at the orphanage and then on to Kampong Cham... where we will have one more surgeon, a Cambodian doctor from Pnohm Penh who has also volunteered for the project.

Till the next Internet cafe...

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