

Well.... here I am at my second Internet site, trying to get this e-mail off. Computers are wonderful when they work!

We had a wonderfully restful day driving down from Kompong Cham to Phnom Penh, with absolutely not a responsibility in sight. What a lovely change! Our unrealistic scheduling continued to be a problem this week, but fortunately there was one doctor on the team who could hear the sad truth and be practical about how much we could pack into a day, and he was a real support and also knowledgeable about the local politics of it all. The patients had been screened by a Cambodian surgeon from the military hospital system, and it was surprising how much he thought we could accomplish despite his leaving for 1 1/2 days of the 4 working days we had! The 'practical' one suggested he could go down the line of patients and have them hold out their hands.... and declare everyone with a tremor too toxic to have surgery this year. Not a bad idea with the number of people on his list...

This week we landed in a situation I have never encountered before. Apparently for a small charge of \$50 per major case, their surgeons and anesthesiologists and other staff would work with us and it would be an 'exchange' of some sort. Needless to say that one's educational options are very limited when you don't speak each others' languages. I ended up with 3 (or maybe 4? or was he some other sort of health professional who just came in to squeeze the bag???) nurse anesthetists whom I apparently was supposed to do something with. Two of them I found I could develop a sort of working arrangement with. Their big chief was another matter. He was a classic bully and loudmouth and very hard to take. (Also very unlike most Cambodians we met.) I quickly learned that if he came in and 'took over' a case we might just as well plan to move the patient to our recovery area at the end of the case intubated, knowing it would be at least 15 minutes before she would have any desire to breathe on her own. I kept trying to remember that flexibility is key to cross-cultural interchange. We did have two translators working with us, but again they were non-medical and I had to start by explaining a given concept to them in language the translator could hopefully grasp, and then I could only wonder what they version the anesthetists in the room were hearing. I expect some of it bore little resemblance to my intent. We did have one emergency exploratory laparotomy for a woman who bled after a hysterectomy the day before. I then learned that when your patient has a heart rate of 135, a blood pressure of 80, and a hemoglobin of 4.3, the recommended course of action is a diagnostic ultrasound. I soon realized they could have it done faster than I could influence protocol and move her immediately to the OR, so I gave up. She did fine once her uterine artery was tied off securely and she received 4 units of blood.

Needless to say it was an interesting week. Our hosts seemed very pleased with our efforts and even lowered their charges a little by the end of the week. They definitely want us back there again. We're just not quite so sure we want to go this route again!

Our accommodations in this city were much fancier than in our first week. Asia seems full of buildings with beautiful exteriors but shoddy construction. You wonder how long any of them will last. During a heavy rain one night I got out of bed only to find myself (and my suitcases) in an inch of water. Apparently that's standard procedure, according to the hotel desk clerks.

And now a night in Phnom Penh and we fly for home tomorrow. By the way, the only cars you see in Cambodia are Lexus, Mercedes Benz and Toyotas, with the occasional Honda. Everyone else is heading straight at you despite their red light on a motorcycle.

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