

Well.... the week has not been exactly what was expected. The Terai region of Nepal has been experiencing a prolonged bandh (a protest that shuts down all traffic and most business) over recent weeks. The Interserve annual 'conference' was to be held down in Chitwan, an area renowned for its National Park. At the last minute the conference had to be cancelled. It so happened that most of the patients that had been lined up by Handicap International to come for surgery while we were in POKhara were from the Chitwan area. Needless to say,,, they didn't come. We were busy the first part of the week with patients sent by HI from other parts of Nepal, and patients from Green Pastures HOspital itself, but by midweek we were running out of work. Yesterday and today we just worked half days.

Since all fuel for Nepal comes up from INdia through the Terai, fuel shortages were mounting during the week. Food prices were also rising noticeably as fruit and vegetable shipments dropped to less than 50% of normal since the Terai provides much of Nepal's fresh produce. By Wednesday taxis were slowing down as they passed petrol stations, checking to see if they were still selling gas. When our list was cut short today I made last-minute arrangements to fly to Kathmandu on the 3:00 flight... figuring it was wise to get that far before jet fuel became scarce! I learned during my flight that they still have 9 days worth of airplane fuel left in Nepal.

The electricity blackouts became totally random this last week. Turned out that if we were working in the OT, or the international training course on Community based Rehabilitation was in session, then the generator kept a basic number of lights on. until abruptly one found oneself in the dark.

Our main surgeries this week were burn contractures and pressure sores. The latter were all spinal cord injured patients who either don't get enough help turning frequently when back in their villages, or just haven't caught on to the importance of controlling the time spent in one position. Many were paraplegics who have enough upper body strength that they should be able to turn themselves, but clearly that just doesn't happen often enough. Mind you... the lack of decent cushions for wheelchairs and decent mattresses for sleeping on the ground doesn't exactly help the situation. One young woman yesterday had three such horribly destroyed areas that I couldn't bring myself to take a picture because I really didn't want to see them ever again.

Yesterday Richard and I went to the Western Regional Hospital in Pokhara so I could present a lecture to a somewhat vaguely specified audience on the topic of Preoperative Assessment. One of the anesthesiologists there had requested a lecture specifically on that topic. Turned out the room filled up with a mixture of anesthesia types (the minority) plus a host of Internists and surgeons. People listened politely, but when I opened things up for discussion there was dead silence. I hadn't put people visibly to sleep, so I wasn't clear what this meant. (Richard subsequently told me that's the Nepali way.) Just when I was going to sit down and call it over the first question came. Within 5 minutes the moderator couldn't make herself heard above the din of very 'vigorous' discussion. Turned out to be a very interesting interchange among the three groups most involved in the assessment process at WRH. As I left I realized exactly **why** the topic had been assigned to me!!

Interestingly, the flip side of the slow week in the OT has been more time to meet with Nepalis and learn more about them and their country.

Next stop... Canada! Where the showers have hot water, the lights stay on, and I can drink the water out of the tap....

Alison