

2011 March 12

Well.... this has definitely been an 'experience' so far. Nothing much has gone smoothly. Many of the things we thought were arranged seem to have fallen into large cracks. And then there were the delays nobody could have foreseen. A lot of work had gone into getting all the complex Nepal paperwork organized by our Nepal contact organization so all the doctors could have their required interviews by the Nepal Medical Council members on March 6th. We wanted a morning time so we could get to Lamjung and set up for Monday morning. The only time granted was 2:00 pm. Scuttle plan A. So... we remember our 'flexibility' motto and adjust plans, only to find the death of a former Prime Minister makes the 6th a national holiday so all government offices are closed. These Medical Council interviews only happen once a week. Plan B: leave for Lamjung anyway to work 'under the license' of Dr Bhaby, the Ob/Gyne doctor who actually has a valid license.

On to Lamjung: Turns out the patients we expected are not there. There has been a big gynecology project very recently that operated on 180 women... all for free. The ones left over from that don't want to have to pay any hospital costs (our services are free). Apparently this change in handling prolapsed uteruses is a new government initiative. We're the only ones who didn't know. The hospital was hoping patients with other surgical problems will show up. While we were setting up our anesthesia workstations we were called to go to lunch, during which the above issues were presented to us. We headed back to the hospital and walked in just in time to hear there was an emergency Cesarean Section to be done. Baby's heart rate 30. So we all rushed into action. Needless to say, Rej's initiation into developing country anesthesia was not quite our usual. At that point we had rearranged all the usual equipment but not quite finished organizing ours. Rej threw in a super-fast spinal anesthetic, they prepped and draped, and surgery started. The only good thing for a long while was the baby that came out crying and needed no resuscitation. Then the suction started filling up with blood. At least it did until the power stopped working for a while. While someone worked on that I grabbed foot-operated suction from the recovery room and the blood kept pouring. Meanwhile the blood pressure function of the hospital's monitor started giving ridiculous numbers, so we had our CRNA volunteer on the MMI team doing manual blood pressures, one person mixing/giving drugs, another hanging and pressurizing the pentaspan bags that Rej just 'happened' to have brought...(a genuine life-saver) and me trying to sort out how to order a transfusion for the patient. THAT was complicated. By the end of a very difficult operation both baby and mom were OK. Mom would definitely not have survived without Bhaby's presence. The problem was way beyond the skill level of the local doctor who started the C-section. We were all very grateful! (And it only took 4 anesthesia personnel!)

The next few days were very different from what we expected. I've never been on a project where we got so little surgery done. We ended up sending more team members out to help with the medical camps that went on in surrounding villages for three of the days. We did end up liberating some gallbladders and fixing some hernias. The most amazing case was the 37-year old with two large stones in his urinary tract. One had to be dealt surgically because the equipment for the kind of management that would be used back home simply isn't available to any but the rich. It looked for a while a second incision would be needed for the second stone, but Bhaby just 'happened' to have brought along the portable ultrasound machine Samaritan's Purse bought for her and we ended up doing an ultrasound-guided stone removal from the bladder. You should have heard the cheers when that stone was pulled out!

And now we're in Pokhara, where the plan was for a few days of R&R. but now it turns out we need those medical licenses after all.... so tomorrow 5 docs will be flying to Kathmandu for their interviews with the Medical Council while the rest of us bus to Dhading and set up operating facilities we may or may not be allowed to use. And what's next?????

Alison