

2010 January 15

Well... one week is history now, and some interesting history is it.

The week has been a strange mix of remembering that 'they also serve who only stand and wait', mixed with times of scrambling with every skill we have to resolve problems such as the anesthesia machine suddenly springing a leak in it's oxygen delivery pipeline just after putting a 4 year old to sleep for a thyroglossal duct cyst. Fortunately God was gracious and it happened during the positioning of the drapes, not after the surgery had actually begun, and it was the first day we weren't running two tables so we had another table we could carry her over to with a quick switch of circuits, monitors and the works. And she never so much as dropped her oxygen saturation. I know there was at least one elevated heart rate in the room, however..... namely mine! After that experience, however, the surgeon and I decided that the 2 month old kiddie with bilateral inguinal hernias could have breakfast, grow some more and have them fixed on the next project.

The waiting episodes have resulted from a last minute rearrangement of the schedule for the next two weeks, necessitated because of some administrative foot-dragging at the site we were to be at next week. Everyone blames the reluctance of government employees to sign authorizations for projects on the upcoming elections. As a result someone in Manila tried to mobilize patients for an instant mission at a charity hospital he works at part-time. We ended up going back and forth to the hospital each day (which takes forever in Manila traffic) but actually handling only one case. And that sort of thing is exactly why the organizers of these projects always stress that flexibility is an essential. Fortunately Chantelle has strong organizational instincts (and duct tape, electrical tape, and a Swiss army knife...) all of which we have already needed. The organizational skills were used heavily this first week for constant unpacking and repacking, trying to get the supplies we might need to wherever we were going while minimizing excess baggage charges. The constant repacking was necessitated because every change in plans and airline routes triggers a change in what to take with us and what to store in Manila. Just an extra anesthesia machine is an extra 25 kg of baggage charges, you see... And then there are those heavy monitors. There is a reason we've lived in the same clothes for days at a time. Fortunately laundry has a quick turnaround time here with the winds we've had so far.

Although we've done fewer cases than expected this week it's been good in some ways because it's given Chantelle a bit more time to adjust to working with no end-tidal CO2 monitor, no agent analysis, and vaporizers you 'calibrate for use' by finding out at what setting of the dial the patient moves.

Right now we are on Boracay Island for a brief R&R before returning to Manila, meeting up with the rest of the bigger team and heading over to Leyte Island for the next week's project.

The 'exploding' anesthesia machine definitely qualifies as one of my most memorable moments on overseas projects. (the machine didn't actually explode. It just sounded like it). But.... a few minutes after we transferred our patient to a different anesthetic machine I remembered that the reason the vaporizer control was stuck tight when we arrived was that nobody had given a general anesthetic there for months. So, I asked if we could borrow it for two weeks and we're back in business again, able to run two tables at our next two sites.

And now, on to Manila.

Alison