

Three busy weeks are over and I have such a jumble of memories it's hard to know where to start.

It's been good, despite some tense moments. On Thursday we had an unusually light list for our finish day. At least it was light until an operation on a gluteal tumor in a young woman turned into a blood bath with the nearest blood bank an hour away. I knew things were going bad when I heard Nancy asking the anesthesiologist in the other room whether the blood pressure really was 60 over ??, after which she took over and ran a resuscitation with frequent trips back into my OR to find out what drugs we still had in my 'Resuscitation Box'. Five units of blood later the patient finally could be weaned off her epinephrine and phenylephrine infusions (all run without an accurate infusion pump and no arterial line) and her temperature was approaching 37 after a few hours of re-warming using all of the hottest incandescent lights in the OR with a foil space blanket draped over the whole contraption to create a warm cocoon. Meanwhile I was working in the other OR handing drugs off to Nancy while praying the surgeon I was working with would get control of the bleeding in our patient before the pools on the floor got any bigger. As usual, it was the Filipino surgeon who is the project director for these south-East Asia surgical missions who solved both problems, one at a time, and my patient did fine. Allan really is an incredibly skillful, resourceful surgeon. At that point I announced we couldn't tackle anything more that might bleed because our resuscitation drugs were exhausted except for a few epinephrine syringes. It really has been remarkable how both the skill sets of the team members and the supplies have matched the needs of the situations we've encountered the past two weeks. It sure helps to know many people are praying for both us and our patients while on these trips.

Nancy and I did close the door on one patient Allan wanted to operate on. He was a little 4 year old boy with a diaphragmatic hernia. Allan was sure he could operate on the child successfully with our local facilities but I wasn't convinced we could manage the post-operative care at T'boli. It was possible that the child might end up with two large incisions and a chest tube before achieving the surgical goals... with us leaving town within a few days. It's interesting how consistent it is globally that surgeons tend to focus so much of the operation itself that they forget about possible postoperative needs. Fortunately Allan is always willing to listen to a reasonable discussion. The result was that both child and mother were in the van going to Bethel Baptist Hospital in Malaybalay this morning. They are now on their way to the much better-resourced hospital our Filipino volunteers come from, where they will have the same surgeon to do the operation, but with much more skilled postoperative care available, including an on-site pediatrician. One thing I really appreciate on these projects is the mix of local and out-of-country volunteers we work with. It's so helpful to know we have that ability to transfer a patient to a better-equipped place where they will still get the 'low cost care' offered by the project, but in safer surroundings.

We certainly ended up serving many patients who simply had no other option for care because of poverty. We met many patients who had been able to raise enough money to obtain a diagnosis but then couldn't afford the recommended treatment. It's really rewarding to see the excitement of family members as they see their relative come into the recovery room (definitely no visiting restrictions here about who comes into the 'PACU"! ) having had their cleft lip or palate repaired, or goitre removed. I think we've already eaten a number of the chickens that sometimes serve as payment for an operation. Some of us also wished the local rooster maybe could also be put into the cooking pot????

And now it's back to Canada, where I plan to spend the next week on Vancouver Island visiting friends there and my daughter and her husband. then back to the piles of snail mail and even larger load of e-mails that face one on re-entry.

Alison