



Surgical relief

Operations improve mobility, functionality for Tanzanians

Infrequent medical attention in rural Africa can mean that run-of-the-mill, treatable problems become severe. “Lumps and bumps”—or benign tumours and hernias—grow and hamper movement. Infections and abscesses threaten life and limb. Supporting CACHA’s mission of improving quality of life in the third world, surgery can ease pain, improve mobility and save lives.

During CACHA’s twice-yearly two-week medical mission to Kilema, Tanzania, CACHA’s surgical teams diagnose and operate on between 50 and 80 patients. Ottawa surgeon Dr. Robin Fairfull-Smith travels annually with the CACHA missions to Kilema along with a plastic surgeon, doctors, nurses, pharmacists, anaesthetists and logisticians.

“I think the most frustrating thing we see is bone infection—often in teenagers,” says Fairfull-Smith. “A minor injury may lead to infection, and the bacteria enters the bloodstream. In Canada, the site would be cleaned out and the patient treated with an antibiotic. But left untreated, and because people are less well-nourished or resistant to infection, they can lose a limb.”



Better mobility for burn victims

Another major problem is burns, often from cooking fires inside huts. After a burn, the skin contracts, severely limiting mobility around joints. Even the major referral hospitals in Tanzania don’t have the surgical expertise to treat burns with grafts. Ungrafted, they become even harder to treat, with a year-long process of grafting and splinting out.

Dr. Fairfull-Smith feels that the plastic surgeons on the missions can have a huge impact on people’s lives. “A seven-year-old girl had been badly burned when her nightdress caught fire. She couldn’t move her head or close one eye. CACHA’s plastic surgeon was able to let her move much more easily.”

Working in the Kilema hospital

Dr. Fairfull-Smith has been to Tanzania five times with CACHA and frequently travels to Africa with other international surgical aid groups. He alternates missions with another surgeon, Dr. Mark Hardy from Calgary, providing Kilema four weeks of service per year.

The rest of the year, local medical officers use the operating room to perform minor surgeries such as appendix removals and caesarean sections. Medical officers, the equivalent of Canadian nurse practitioners, perform most of the diagnoses, treatment and basic surgery in eastern Africa.

The son of a district medical officer in Uganda, Dr. Fairfull-Smith has seen a few hospitals. “The Kilema hospital is very well-run, very clean, and the staff are motivated. The hospital administrator, Sister Clarissa, runs a tight ship, and the head operating room nurse, Mama Mbowe, is fantastic.”

While CACHA has equipped the OR with anaesthetic monitors, an electric surgical unit to seal cuts with electric current, and other tools, surgeons are always in need of sutures of all sizes and types.

Progress

When asked how health has improved in Kilema since CACHA began its missions in 2005, Dr. Fairfull-

Smith notes a big improvement on the non-surgical side in the general severity of problems.

"This is due to earlier intervention, but also, more importantly, education. This happens in both directions, with local officers teaching us about tropical medicine, and us teaching them about diabetes and high blood pressure. On the surgical side, because we are limited to providing service without any teaching, the progress is not as obvious."

Sustainability through education

It is Dr. Fairfull-Smith's hope that further resources let CACHA take its surgical work to the next level and start training local surgeons. "This is what makes your work sustainable and provides real long-term benefit."

For a training effort to work, he feels, CACHA would need to focus all potential resources on one local person. "Surgery is experience-based, and expertise is only built over a long period of time."

Local skill development is the goal of his other partners, who are setting up local surgical training programs: the Canadian Network for International Surgery (CNIS) at the Kilimanjaro Medical College, and the Canadian Association of General Surgeons (CAGS) at the University of Guyana.

Opportunities for Canadians

Through an annual grant from the general surgery training program, University of Ottawa surgical trainees can gain international experience on CACHA missions, working in a poorer country with much fewer resources than they are used to. Seven senior trainees have come on mission, with another two slated for February 2010.

Be the change

CACHA founder Dr. Don Kilby often warns fresh mission volunteers: "On your first mission, you won't change the world. But you will change." With subsequent missions, the ratio balances out.

Illustrating this truth is Dr. Fairfull-Smith's story of the shy 13-year-old daughter of a friend. "She was reserved at first. But after a couple of days, she was up at six every morning, lugging boxes, working in the clinic, checking blood pressures, helping us count pills for 500 people every night until 11. She became increasingly independent and engaged. It was just brilliant to see."

And surgery for all

Surgeons working internationally complain that the WHO 1978 declaration of Alma-Ata, which supported basic medical care and clean water for all, constituted 'healthcare for all, surgery for none.'

At the time, surgery was seen as a low priority. But in 2005, a new international strategy recognized that surgically correctable problems were a major impediment to health in poor countries. Surgery is now viewed as a critical component of medical missions.

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