MOTEC LIFE GHANA VISIT JUNE 2009

By Dr Christine Amakye

I arrived in Ghana on the 12th June 2009. I met up on Sunday for lunch with the rest of the Motec Life team at the La Palm Hotel in Accra.

15 -19 June: VRA HOSPITAL, AKOSOMBO

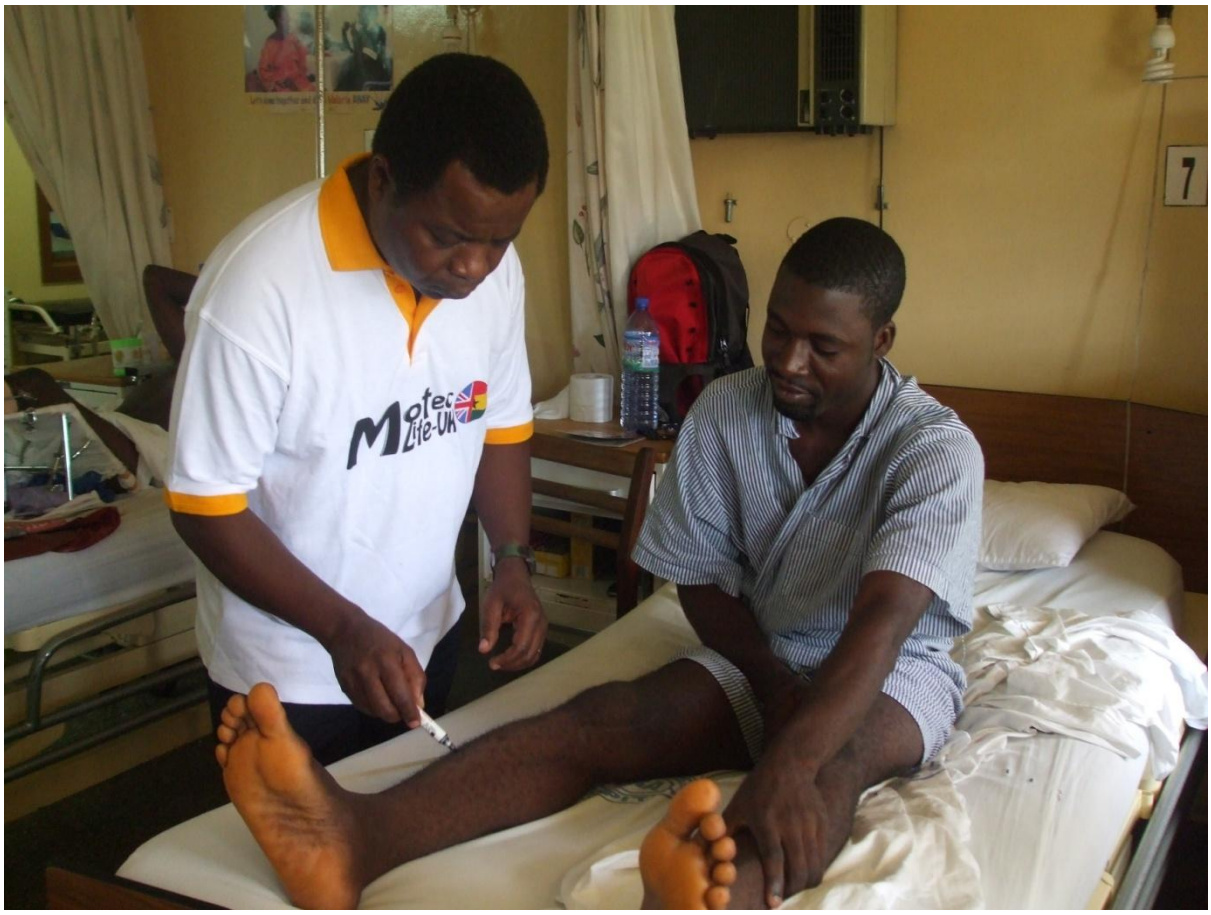
My team was picked up by VRA Hospital transport and were taken to Akosombo. We settled into our air-conditioned bungalow ready to start work on Monday.

We met up with all our old friends including Dr Nkrumah-Mills, Dr Acquah-Arhin, theatre staff, new medical students, rotating doctors and anaesthetic nurse Martin.

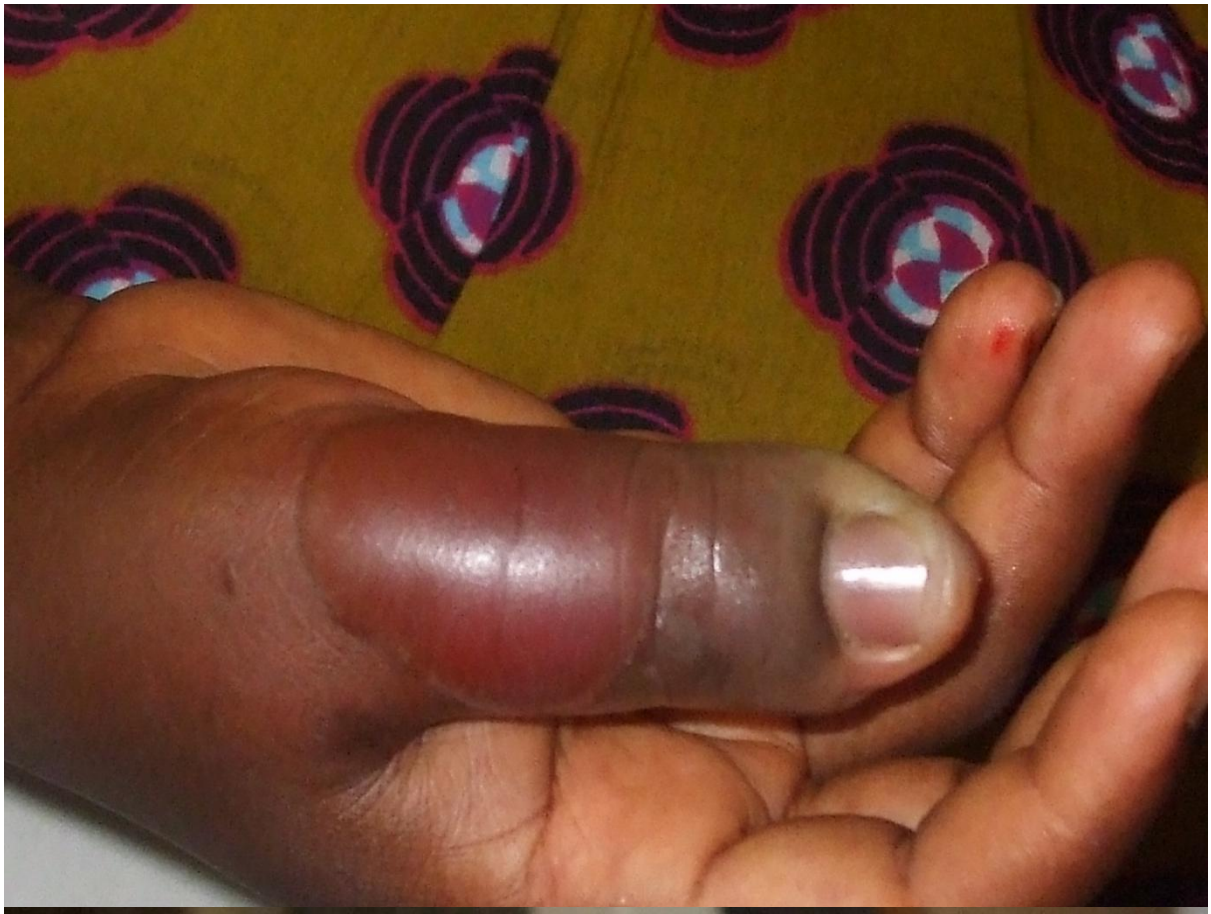
Over the course of the week a series of lectures were given on a daily basis. Mine were on post-operative pain relief and post-operative care. I gave a stop gap case presentation on a sickle cell patient who had had a total hip replacement in June 2008 which was well received.

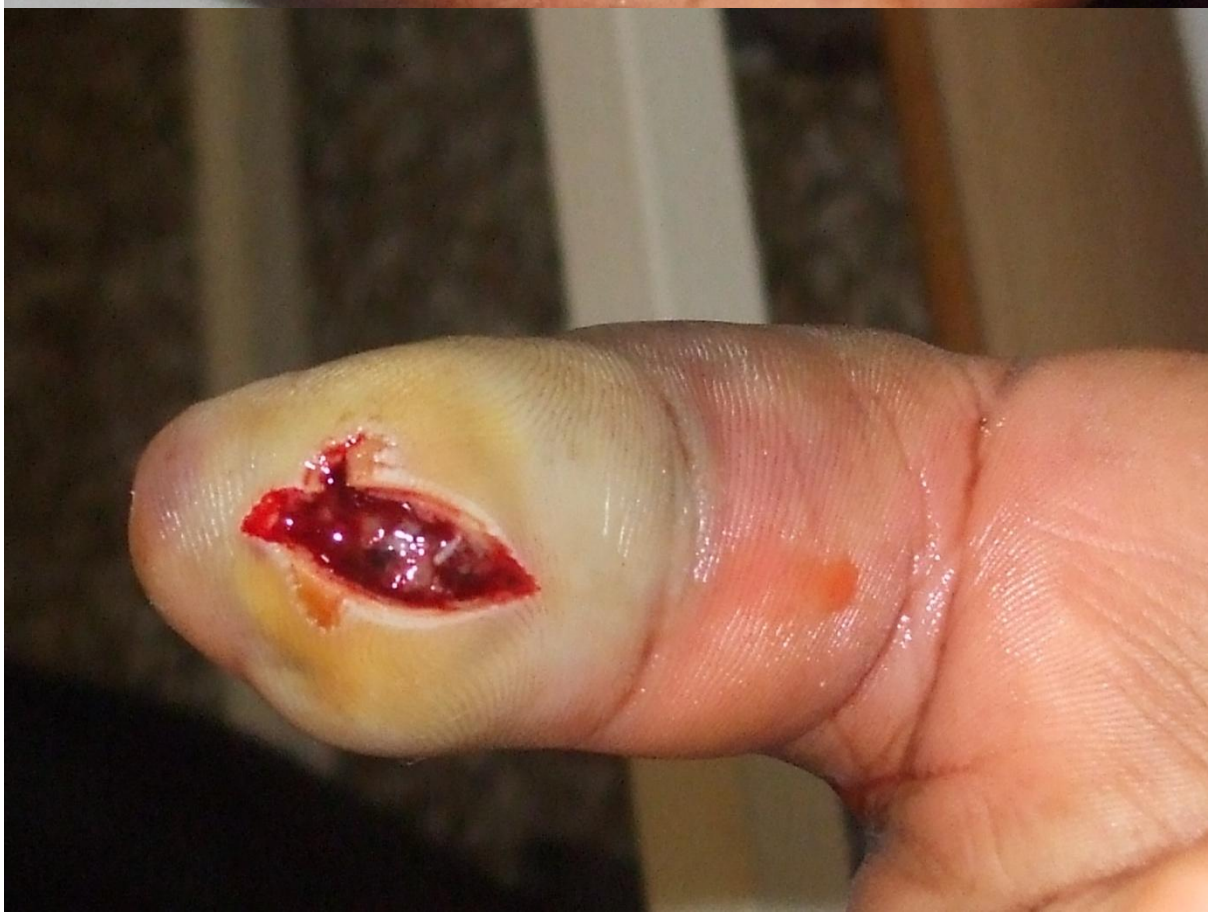
Two sickle cell SC patients had total hip replacements and were weight bearing before we left at the end of the week. They both received top up transfusions and were managed for post-operative malaria. They recovered without any further complications.

Four young Ghanaian footballers had anterior cruciate ligament repairs all of who played for the national teams. This one played for Asante Kotoko.



I was asked to advice on an injury to the thumb of a 30 year old woman who was in hospital because her male twin had fractured his femur. She developed a pulp abscess and her thumb was injected for a digital block with lignocaine and adrenaline for incision and drainage. Five hours later a large blister had developed over the dorsal aspect of her thumb and parts of it were looking dusky. In the absence of phentolamine, injectable alpha and beta blockers sublingual glyceryl trinitrate was applied in gauze to both sides and a dressing applied.





Over the next three days the blister grew and covered most of her thumb and on the fourth day it had to be desloughed. The plan was to surgically apply a skin graft at a later date.

Unfortunately she and her twins had been discharged by the time we got back the following week. I have to find out what management was planned for her thumb after that.

Our travels started again on Friday the 19th June to Nkawkaw to meet up with the second Motec Life team resident at Holy Family hospital. We spent the night in flats at the hospital. We all had dinner together whilst we regaled each other with tales from our previous host hospitals. The following morning we took off for a day of relaxation.

Those returning to Holy Family hospital for the next week spent the night at Pepeasi at a Motec associates residence.

Pepeasi: Serenely beautiful!!

Those of us going north to Jirapa travelled further and spent the night at Noda hotel at Fumesua near Kumasi. The ladies in the team managed a visit to a hairdresser for necessary pampering and a manicure.

Our hosts Dr and Mrs Appah at Pepeasi and Mr and Mrs Acheampong at Noda hotel very caringly ensured that we were well catered for, so we were well rested and invigorated for our equally busy week coming up.

Noda Hotel: First class!!

22 – 24 June: ST JOSEPH'S HOSPITAL, JIRAPA

The Jirapa team was picked up on Sunday by the driver from Jirapa District General hospital. The journey took about nine hours. The road was very straight up north and most of the surface beyond Kumasi was very good. We go there at about 8pm and taken to the guest house on the grounds of the Convent. It was basic but clean and en-suite. Meals were taken in the dining area. Food was basic. We supplemented this by buying a goat for some variety.

On Monday morning we met the medical director of Jirapa hospital Dr Francis Djangmah a very pleasant and approachable man. We had a brief meeting and then went on a reconnaissance tour of the wards and operating theatre.

Jirapa hospital is an agency hospital that survives on internally generated funds from health insurance and surgical fees. It has 145 beds. Most wards are dilapidated and are in need of serious refurbishment. Equipment is very basic but cleanliness is second to none.

The maternity ward is inadequate and the structure needs to be rebuilt as the building is very old and it has cracks in the walls.

The delivery suite needs a new delivery table and gynae-cology examination couch.

In maternity last year there were 900 deliveries with 119 caesarean sections and 4 maternal deaths. Two deaths from meningitis, one from severe haemolytic anaemia secondary to malaria. One case was from deep vein thrombosis where both mum and baby died.

We met the two Cuban doctors on the male medical ward and did the rounds with them. The batteries had run out in their BP cuff machine so no blood pressure readings had been taken on the patients that morning. My camera batteries were duly donated for the good of the patients.

Most patients in Jirapa speak dagarti so the nurses have to translate to facilitate communication on ward rounds. The average patient on the ward is very slim. I felt fat in comparison on every ward I visited.

On the paediatric ward the morning round is run at the table in reception by the medical assistant with the ward sister, nutritionist and nursing students for patients that can be carried. The surgical patients are seen in their beds.

The two patients seen in their beds were – an 8 year old girl who was post-op day one after a laparotomy for typhoid perforation. Advice on post-op pain relief was given. An eleven year old boy who had had epilepsy from the age of two who had fallen in a pot of boiling soup and burnt his bum quite badly. Advice on pre-dressing analgesia was given.

When Felicity and I wandered onto the adult surgical ward there were very few patients but one was of great interest from a medical and humanitarian point of view. She will have a story to tell if we are able to support her through her 'surgical ordeal'. She was severely wasted had lost 10kg in weight and was very pale.

Picture: The patient F, patient's aunt, baby cousin and ward Nurse Hamidatu Seidu.

We immediately consulted with the local doctor in charge and with his permission Motec's experts on the ground elsewhere at Nkawkaw and agreed a support and management programme for his unfortunate patient.

With Mr Ofori-Atta's permission, because of her obvious poverty and need to ensure initial good quality nutrition,

funds were left with Staff nurse Hamidatu for four weeks feeding. Hamida is happily fulfilling her voluntary responsibility as we speak. Within eleven days of our departure Felicity had put on 2kg in weight, she was able to walk out of the ward with a stick and psychologically, her whole mental attitude has changed. After the four weeks responsibility for feeding goes back to her family. This was made plain to her aunt at the very beginning. In a few weeks time the plan is for her to be sent for fistula surgery at the regional hospital.

My visit to theatres was equally interesting. The theatre suite is in a temporary building at the moment and accommodates one theatre. There is no dedicated recovery area. The only elective surgery done at the moment is hernia repairs and circumcisions done by the theatre staff. There are three anaesthetic nurses, two Ghanaians and one Cuban who speaks only Spanish and a smattering of English.

I finally caught up with Mr Ambrose the senior Ghanaian anaesthetic nurse on day three. He was preparing to do three hernia repairs under local anaesthetic infiltration. He makes the mixture himself resulting in 60mls 1% lignocaine with 1:80,000 adrenaline.

Mr Ambrose was taught how to do hernia repairs twenty years ago by a Ghanaian trained surgeon and has been doing them ever since. I watched all three repairs and they were

done in two hours. We discussed the anaesthetic used and I saw it work with very very little discomfort.

On the next visit Mr Ambrose would like some endo-tracheal tubes. He hoped that I would recommend to the medical director so that they could get a long acting muscle relaxant.

Lectures were given daily for three days at 3pm in nursing training college lecture hall. Attendance was phenomenal. At least 200 students attended each day in addition to resident doctors, medical assistants and qualified nurses. The lectures I gave were:

1. Post-operative pain relief

2. Patient recovery

3. Total hip replacement in sickle cell disease and peri-operative care. This replaced regional anaesthesia to suit the attending audience.

Most questions were asked on the sickle cell disease talk and the sexually transmitted diseases talk given by Mr Ofori.

In our spare time we visited the local abattoir where we met the very strict environmental nurse and vet who inspect all carcasses before release for sale.

In Jirapa bicycles are the commonest mode of transport. There are about fifteen bicycles to each motorbike and very few vehicles mostly belonging to institutions and the more affluent.

We made friends with some of the nursing students who used to regale us with stories under the mango tree in the evenings whilst we had drinks.

MEETING WITH MANAGEMENT

On our last day we met the hospital management for a belated introduction. We discussed our stay our thoughts on the lectures and nursing training. We gave some advice offered recommendations and help that could be given by Motec Life.

Our stay was very satisfying.

1. All lectures were given and well attended by the midwifery, community and general nursing students. Lots of questions were asked. We were concerned about the students' apathetic attitude on the wards and lack of engagement or interest in the patients. This apparently a perennial problem and one they were aware of. We asked for future relevant topics

2. The hospital needs a newer gynae examination couch and delivery table. This will be done if we can get them.

3. I recommended they get a long acting muscle relaxant like vecuronium for anaesthetic use. If they do they also need neostigmine for reversal. The pharmacist says it is only given to category D institutions - teaching hospitals.

4. Post-operative pain relief – lecture to be given to the staff repeatedly to benefit patients.

5. Patient recovery – for new theatre suite

We were pleasantly surprised when we were each presented with batakaris (locally made smock) with thanks and gratitude for our visit and work that we had done whilst we were there.

OTHER RECOMMENDATIONS

- Nutrition program for mothers to give them a trade and improve nutritional status of their families
- Delivery and gynaecology couches if available
- More input with nursing school with lectures but also clinical work and tutorials on the wards
- Obstetric and gynaecology input for update and support of antenatal and delivery service.
- Teaching on post-operative management of surgical abdomens immediate and with complications i.e.: fistulae
- Basic anaesthetic monitoring and endo-tracheal tubes
- An anaesthetic drug combination for general anaesthesia that omits halothane but use drugs available. For use in patients with worrying liver dysfunction.

Would I go back to Jirapa? Yes. Definitely

The hospital needs a lot of educative input but it is multi-disciplinary. The staff are doing a fantastic job with what they have little though it may be, but they are struggling in terms

of personnel and facilities. Let's do what we can to help them.

We left Jirapa on thursday18 June to return to Nkawkaw to meet the rest of the team. We stayed at Nkawkaw overnight.

Friday morning we went back to Akososmbo for half day of clinical work and to see the dam (hydro-electric).

We visited the hospital boat (Onipanua). This vessel has a theatre and wards and when it is working sails along the Volta River to remote villages dispensing medical and surgical services to the villagers.

We visited the Akosombo port where the ferries bring produce like yams and shea butter from the north of Ghana for sale in the south and take back other food items.

Mr Michael Burke (surgeon), Claire Dawkins (Cambridge Medical Student) and Dr Thungo Kuwani (anaesthetist) on the hospital boat.

Claire is a fifth year medical student from Cambridge spending two months with the orthopaedic team in St Joseph's hospital in Koforidua. Mr Ofori-Atta brought her to join us on our trip to Akososmbo to see some surgery and the sights. From the dam we visited the Akosombo hotel to get a long distance view of the dam. We had lunch by the river at a nearby village hotel - Atimpoku Continental. Pictures below are the scenes by the riverside.


NISSAN

After lunch we made our way back to Accra to drop Mr Burke and Dr Kuwani at the airport for their return to the UK.

Claire was dropped back at Koforidua by hospital transport.

I returned to Britain a few days later.

Christine Amakye

Trip Leader.

17/7/2009