NKWAKWAW REPORT – OCTOBER 2007

By Veronica Mac-Quarshie

After successful visit in June 2007, another Motec team made another working visit to Nkawkaw Holy Family Hospital. The team were picked from Accra by the host's hospital driver, and arrived at Nkawkaw on the night of 14/10/07. The accommodation was fantastic. A six fully furnished "Virgin "(newly built) house was offered to the members of five comprising of four males and one female, namely Dr. SAED Nadeem (Anaesthetic SPR - British), Dr. Wilbert Spans (Obstetric and Gynaecologist from Holland), Isaac Dadzie and Simon Derbie - nurse anaesthetists, and the only female, Veronica Mac-Quarshie – scrub nurse and educational facilitator. The later three persons are Ghanaian born and living in Britain. Simon left the team for Pramso hospital after the first week. Raymond Ofori, Microbiologist joined the team in the second week. Though the ratio was 1: 5, it was an effective happy team. As the saying goes for marriage couple that "The two shall become one" this time it was the five shall become one". Motec's goal as always and continue to be effective patient care, training and education as well as imparting knowledge and skills.

Catering was provided and served by Mrs Amuzu and her team, which in my opinion was very delicious, and a first class service. It was a great joy working with the October Nkawkaw team.

Orientation

On the first day (15thOctober), we had a meeting with the senior medical officer Dr. Amuzu who took us round the various departments to familiarise ourselves round the hospital set up. He introduced us to the staff and patients of the various departments as well as the principal of the Nurses` Training College.

After the hospital tour, the team went back to operating theatre to introduce us to the theatre team formally and established rapport and discussed our aims and objectives for our visit. The theatre sister in charge and the senior nurse anaesthetist were very happy and said that they were really pleased for us (Motec team) to sit down and discussed our aims and objectives together. This made headway for happy family working together to achieve one aim. The following day (16/10/07) we went to see Dr. Asare (visiting Gynaecologist from Korle-Bu Hospital, Ghana) who was not around on the first day of orientation. We had a chart with him and discussed how best we could work together to help improve patient care.

On the 17/10/07, the team went on ward round and compiled theatre list for the 19/10/07 and left for Accra British Council. The team returned to Nkwakaw late morning on the Wednesday.

Other duties

Other duties included compilation of theatre list, pre-operative visits, peri-operative care, post-operative visits, emergency calls, one to one education to the ward and theatre staff as well as medical students who were present in theatre.

Dr Spaans and myself were keen to educate, train , demonstrate vacuum delivery to help reduce the indications for operation (Caesarean Sections).

Surgical Procedures Performed

The team performed a number of successful surgical procedures during this visit including Total Abdominal hysterectomies (TAH), myomectomy, cystectomy plus oophrectomy, one Sacro-Spinal fixation of prolapsed uterus and vacuum extraction. The age ranges of the patients were between 18 to 65 years. One of the TAH was done under general anaesthesia. Emphasis was placed on appropriate use of vacuum extraction.

Educational Lectures -From 17/10/07—25/10/07

Lectures took place every afternoon after morning theatre section from 3pm to 5.30pm at the Nurses' Training College auditorium. It was predominately attended by first to third year students, the tutors and some hospital staffs. Lectures were organised as follows with a copy of each lecture saved on the Nurses College laptop computer for their future educational use.

DATE	TOPIC	LECTURED BY
17/10/07	INFECTION CONTROL	MR.CEASAR MENSAH
18/10/07	THE EFFECTS OF HYPOTHERMIA IN PATIENT UNDERGOING MAJOR SURGERY	MRS.VERONICA MAC-QUARSHIE
19/10/07	AIRWAY MANAGEMENT	MR.ISAAC AMO DADZIE
22/10/07	CEASERATION SECTION	DR.WILBERT SPAANS
23/10/07	PAIN MANAGEMENT	DR.SAED NADEEM
24/10/07	NASOCOMIAL INFECTIONS	MR RAYMOND OFORI
25/10/07	OPEN FORUM	Team (led by Mr. Raymond Ofori

Each lecture was rewarded with a vote of thanks led by a student on behalf of the entire hospital and the training school. This was crowned with songs from the college choir. Please check Motec site for lectures, procedure performed and other pictures taken.

Teaching at Nkawkaw by Motec

Social programmes and the adventure of Motec some team members

Most of the evenings, we took a walk to the town centre as a refreshing time to exercise and have a drink together and site seeing.

On the 20/10/07 (Saturday) myself and Dr. Nadeem (Tosh) decided to tour the highest mountain in the Eastern region of Ghana called Odwin Anoma. One could view Accra and the surrounding towns from summit of the mountain. You need a 4-wheel drive to take you there. The road was extremely rough and had huge big potholes. We did not know this so we boarded one of the smallest taxis in town called 'tico taxi'. This took us to and from the hospital with three main problems but we eventually made it.

- When we were climbing the mountain there was a thick smoke coming from the taxi but we could not stop because the mountain was very steep and other cars were behind us.

- At the plain of the mountain the taxi had a burst tyre. We got off and decided to go to a nearby Internet café. On our way to the café we were soaked by heavy rainfall but finally got to the café. Nevertheless, the driver fixed the tyre and took us to our destination. The view at the summit of the mountain was fantastic and it was worth our while the hazard of using the tico taxi to get there.

- On our way back we had another burst tyre this time at a point of no return. However the driver managed to drive the car to the nearest village. This time the adrenaline pumping in us could not be measured on any scale. The determined driver managed to look for another tyre to bring us back to the hospital. This shows that 'a friend in need is a friend indeed'.

The sorry state of the Taxi.

Cheerful with taxi driver, in spite of agony.

Clinical Issues

The importance of swab instrument and sharp count were emphasised. We educated them on the importance of swab count during surgery and the need for documented on board as well as the important of documentation of Theatre care of patient. A copy of care plan was given to the sister in charge to study for possible implementation their theatre for which she was very grateful. The importance of verification and marking of limb as well as the documentation to back it was also introduced.

We discussed the importance of having instrument list, which could be used to counter check pre and post usage of instrument. She promised to implement it and email if she needed any further help or information. I also took the opportunity to teach medical students how to scrub, gown and close gloving method.

Instrument

There was lack of correct size of instruments needed for some operations. For instance total during total abdominal hysterectomy procedure, the correct size

instrument could not be used which made the procedure a bit difficult for the surgeon. He had to use a bit of creativity when a patient was bleeding but managed to stop it with great difficulty. We later on found out that there were instruments donated to the theatre but locked away because there were no instructions or lack of knowledge of the use of such instruments therefore full benefit could not be achieved from such donated instruments.

Recommendation

More education needed. More good working instrumentation needed for the work to be done effectively. Effective documentation needed to be emphasised. Our members are aware of the need for adaptability.

Farewell Meeting

The team met with the chief medical officer, Dr Amuzu and discussed the success of our two weeks visit. He thanked us for our continued visits and the impact we are making on patient care, the skills were transferring to their staff and also about our educational programme. He and his team could not wait but looking forward to our next visit.

ANAESTHETIC REPORT (Isaac Dadzie)

The October team performed seven successful major gynae cases, which included hysterectomies and myomectomies all under spinal anaesthetic except one who had general anaesthetic.

There was cooperation and a lot of support from the resident anaesthetic team and the entire theatre staff.

Equipment

Currently the department has three anaesthetic machines but unfortunately only one of them is working and this has to be shared between the two theatres. However, efforts are been made to service the other two machines. An engineer from Kumasi was invited to access the machines during our visit and hopefully the problem will be sorted before motec's next visit.

The department also has an ECG monitor which appears to have been abandoned, our team found this equipment somewhere in the corner and used it for all our cases without any problem. The local anaesthetic team was encouraged to make use of this important equipment especially during general anaesthesia since the only volatile anaesthetic agent available to them (Halothane) induces arrhythmias.

Recovery

The recovery area has three beds; 2 for adult patients and 1 for kids. Two of these beds have no side rails and therefore unconscious patients are restrained with ties.

The unit also has 1 pulse oximeter, one functioning suction machine and a blood pressure apparatus.

There is only one trained recovery nurse in charge of the unit.

Recommendation

1. To have beds with side rails
2. To have second pulse oximeter for the recovery area
3. To organise a trolley for airway management
4. To prepare a protocol for care and discharge of patients from the recovery to the ward.
5. A policy for blood transfusion

MOTEC, OCTOBER