

GHANA OCTOBER 2009

Report by Patti Edwards, Sen. Reporting Radiographer

This was my third trip to Ghana with Motec and I have learned that things do not always go to plan. On the English side, the promises of donated x-ray equipment did not materialise due to lack of storage space. This may have been a blessing as the bulky equipment is costly to transport and once in Ghana could cause problems with maintenance. Nevertheless a nearly-new tabletop automatic processor donated by the health centre at HMP The Mount was in the container destined for Nkawkaw Holy Family Hospital. With it were other x-ray accessories, the most useful of which were several 'actinic' markers for film identification. Difficulties at the port meant that the container was unable to be unloaded before our departure from Ghana. I hope that the processor can be successfully installed at Nkawkaw as this will speed up the passage of patients through the clinics. Automatic processing will also help to standardise exposures so that repeat x-rays are reduced.

The first part of the trip was spent at St Joseph's Hospital, Koforidua where we were thoughtfully looked after by the brothers with typical Ghanaian hospitality. I spent a day in the x-ray department which was extremely busy due to the presence of Motec. I was constantly recommending repeat x-rays due to lack of clinical details and poor exposure. This slowed them down a lot and eventually I felt I had to take a back seat in order that the clinics could progress. The situation was further hindered by a malfunctioning processor. The patients' names were entered in a register beside a **number** in the x-ray room. An Agfa identification marker was available and in working order but no films were identified before being processed. When I asked why the ID marker was not being used I was told that it slowed them down. The x-ray technician identified the film after processing – not with the patient's name but with the patient's x-ray **number** using a flattened felt tipped pen. This was often illegible a few seconds later after the ink had spread a little.

I feel that this system leaves a margin for error and that it is only a matter of time before a serious mistake is made.

Trained radiographers with experience could aid in x-ray interpretation in any hospital with a trauma department, and investment in their continued training could fill the gap created by the lack of radiologists. Anybody can diagnose a blatant fracture but subtle fractures need a trained eye to prevent chronic deformity, of which there was substantial evidence.

A lecture on Children's Fractures which I had prepared was cancelled due to staffing issues.

The next part of my trip was to Nkawkaw where I met up with my old colleagues in the x-ray department. I was delighted to hear that the Image Intensifier, (the main reason for my previous visit), had been used extensively in theatre during the past year. Its twin, however is still standing redundant with a faulty lock after last year's shipping. The x-ray team are eagerly awaiting the arrival of the processor from this year's container.

I was ready to deliver my lecture at the advertised time but no-one arrived.

The weekend was one of teambuilding! We visited Kakum National Park near Cape Coast and braved the hanging bridges over the jungle canopy. This was a real test of nerve for many participants and new bonds were forged to encourage each other to complete the walk. The jungle nature walk was very hot and humid but we learned a lot about the native plant growth. This was followed by lunch with crocodiles at Hans Cottage Botel and a trip to Cape Coast castle which is now a museum to the history of the slave trade.

The team split into two groups on the Sunday and we got the better deal! We chilled out at an almost empty beach in Elmina and swam and paddled in the Gulf of Guinea. We bought beautiful beads from a lone seller on the beach and ate and drank in paradise!

The Motec team converged at Akosombo on the evening before the workshop held at the Volta Hotel overlooking the Akosombo dam. We ate together and were briefed on the following day's activities. I do feel that communication was lacking for this event and I would have liked to have done some preparation for the workshops which were to be 40 minutes long. I was spared embarrassment however, as only one person attended the workshop on hip/ankle fractures which myself and Kate Pascoe (physiotherapist) ran

jointly. The varied lectures were well attended and well received and we were rewarded with a team meal in the evening at the same venue.

The day went very well but I don't think we should be complacent about our luck holding out again without proper preparation.

I remained in Akosombo for the remainder of the trip and visited the x-ray department. Paul had asked me to remind the radiographer of the technique of successful lateral knee x-rays but the final days were otherwise very relaxed. Meanwhile Mr Adedapo was busy in theatre and feels that an Image Intensifier would be a very useful addition to theatre equipment! There is one sitting idle in another part of Ghana!

I really don't feel that my trip was good value for the Ghanaians as my lectures were unattended and some of the promised equipment did not arrive.

However on a personal level I have once again gained enormously. Although I am not used to lecturing I successfully delivered my Radiation Safety lecture at the workshop which was a personal achievement. The people in the team Mr Adedapo, Sue and Kay, and more closely, Suzanne and Charlotte have all been an inspiration to me and I will have extremely fond memories of this trip.