

MOTECLIFE UK WORKING VISIT TO GHANA FEBRUARY 2008

REPORT FROM PATTI EDWARDS (RADIOGRAPHER)

Back in the spring of 2007 Moteclife was donated two C-arm mobile image intensifiers by BUPA. These are large versatile x-ray machines capable of providing immediate fluoroscopic x-ray images and which are of particular use in an orthopaedic theatre. My trip to Ghana was originally intended to inaugurate these two machines in two of the hospitals sponsored by Motec and to train the local staff in their use. However at the very last minute the shipping company let us down and the two machines had to be left behind in Vinay's garage! Despite the setback my first trip to Ghana went ahead and I was able to keep busy in various x-ray departments whilst the remainder of the party (Paul Ofori-Atta, Rosie Doogan-theatre sister, and Christine Amakye- anaesthetist) undertook their duties elsewhere.

Accra

Our first stop was the private Lister Hospital in Accra. The x-ray room was small and equipped with a versatile mobile x-ray machine and a narrow x-ray couch. The set-up is not dissimilar to private practice here in the UK and encourages 'lateral thinking' and improvisation on the part of the technician! Film development took me back to my early days as a radiographer. The dark room was an understairs cupboard with 'wet' developing tanks. Once developed the wet films were taken outside to dry in the sun or attached to the cooling extractor fans.

The two technicians I met were also full-time police officers and altogether three of them provide 24 hour cover in the x-ray department. They were very welcoming and enthusiastic and I hope I was of some help in obtaining good lateral knee x-rays! Their job is challenging due to the lack of space and the limitations of the equipment. For example a lumbar spine x-ray I was told needed two exposures in order to provide one image! However we did manage to achieve relative success with just one exposure for each projection just by increasing the kV. The exposures were very different from those used in my department and the kV settings were generally much lower. This results in unnecessarily large skin dose to the patients.

I found that wet processing actually encouraged an increase in exposures so that films could be produced quickly. However the technicians have told me that they will soon be getting a tabletop processor. This will be of huge benefit to everybody – the consultants will receive their films more quickly and in a better condition, the patients will receive less dose and the technicians will be less exposed to toxic fumes and under less pressure to produce films quickly. Automatic processing will lead to standardization of exposures and hopefully higher kV factors can be used to reduce patient skin dose.

I was concerned about the lack of brakes on the x-ray couch, which could very easily have resulted in serious injury. On mentioning this to the medical director I was assured that this would be attended to urgently. He also saw the need for a small step to allow disabled patients to climb onto the couch more easily.

Akosombo

From Accra we moved up into the mountains to Akosombo to spend a few days at the hospital funded by the Volta River Authority. The setting is stunning and a far cry from my naïve notions of Ghana. We were very well attended to and the 'three girls' were provided beautiful, spacious accommodation, a driver, a cook and a security guard! I was again able to make myself useful in the x-ray department whilst the others attended clinics and surgery.

The x-ray department at Akosombo was equipped with a 'no-nonsense' General Electric floor mounted tube, a couch with bucky, and an erect bucky. The room was spacious and fairly versatile but there was no erect film holder. This is one of the cheapest and most vital pieces of equipment in an x-ray department and its absence means that every chest x-ray is done in the erect bucky, thus giving the patient four times the required dose! I am on the lookout for one to slot over the chin rest of a Phillips erect bucky stand, so if anybody reading this has one spare please contact me! And whilst I'm on the subject if anybody has a spare name marker (or two) I'd also be very pleased to hear from you (patti.edwards@whht.nhs.uk)

Charles was the well qualified radiographer in attendance and Jacob provided excellent support in the office and the darkroom (with an automatic processor). The department had waves of busy and quiet periods and has an annual total of around 2,300 patients. A lot of dental work is undertaken and I was able to re-familiarise myself with dental x-rays. I think I need another visit to reach peak performance!

The superintendent is on study leave for a year to gain further qualifications. This department invests in its staff and has ambitions to improve and develop. My jaw dropped when I was told that x-ray was going DIGITAL within the next six months. This turned out to be wishful thinking upon talking with the medical director, and Charles (who is also well qualified in IT) will be very disappointed!

Lectures in Akosombo, including one on radiation safety, were all well received.

Koforidua

After a few days we moved on to St Joseph's hospital in Koforidua but it was a fleeting visit and we only had time in the morning to give a few lectures in their lovely conference room. There was a heart stopping few minutes when we thought we'd left the cables in Akosombo but Rosie proved to be her usual reliable self and again these lectures were well attended and received.

I did manage a quick tour of the x-ray department which was well equipped and the x-rays well documented and categorized at the end of each year. This is a busy department with over 7,500 patients x-rayed annually and with scope to add another x-ray room.

We also visited the pharmaceutical factory nearby and Christine was able to implement a change in the labeling of their Pethidine.

After only one night at St Joseph's we were on the road again to Nkawkaw. We had a delightful break in the journey at Agomanya where we met Paul's sister who runs a boarding school for

girls. Sister Genevieve gathered the whole school together to sing songs to make us welcome. We were treated to iced water and met Bishop Bowers who Christine remembered from her childhood in Ghana.

Nkawkaw

We arrived at the hospital at around 1.30pm and it was hot! We were shown to our very pleasant flat where the wife of the medical director was ready to greet us with a wonderful display of Ghanaian food. After a brief rest we walked over to the school of nursing where we gave lectures and had talks with the charming students. These young people were impeccably behaved, hungry for information, and a sheer delight to share an afternoon with. It was Valentine's Day and they all seemed to have a spring in their step!

On our return to St Joseph's Hospital in Koforidua there was a frank and fruitful meeting with the medical director and we were given lovely African beads as a token of appreciation.

We paid a courtesy call on Daasebere Professor Oti Boateng, Paramount chief of New Juaben State who holds the equivalent status of a member of our House of Lords. A strict protocol had to be adhered to and we spoke through an intermediary. We were invited to the palace and courtrooms in Koforidua where formalities were relaxed.

We returned then to Akosombo for further clinics and surgery and finally a tour of the Akosombo dam which provides Hydroelectric Power to Ghana. Very impressive indeed!

Our last tour of duty was at the Lister in Accra to organize surgery for the April trip. And in no time at all I was back in London wondering if I'd actually dreamt it all up.

My first impression of Ghana was that of a country in transition, ready to accept outside help and stable enough to encourage visits from the likes of myself. The people I met were proud and welcoming and all the children seemed happy and well nurtured! The visit allowed an exchange of experiences and knowledge from which everybody gained. I was privileged to be part of the team and will be very pleased to return when the x-ray machines reach their destination.