

2007 June Report (MOTEC Moves up to another level)

The Nkawkaw and Pramso Chapters

A group of eleven Motec delegation went to Ghana on another two weeks working visit. We were divided into two groups. The first group led by Dr Paul Ofori Atta accompanied by Dr A Kotecha, Anaesthetist, Veronica Mark-Qwarshie, scrub sister, Rosie Doogan and Davinia, Physiotherapist were based at the St Joseph's Hospital Koforidua. Dr Banaman Orthopaedic Surgeon joined them in the second week, who replaced Dr Ofori Atta. The second group was led by Mr. Raymond general surgeon accompanied by Mr. Simon S Derbie ODP/Nurse Anaesthetist, Mrs. Gladys Ofori Atta, ODP, and Mercy Acheampong Senior Scrub Nurse. The second group visited and indeed worked at the Holy Family Hospital, Nkawkaw, for a concentrated general surgical venture and educational sessions for two weeks. Unfortunately Simon Derbie left the group back to the UK, and the local Anaesthetist, (John Gbenneh and Paul Nyarko) continued the anaesthetic service delivery. This affected the volume of work due to intercessions of emergencies and the run of already booked elective cases by the local surgeons.

As usual the Ghanaian traditional warm reception was demonstrated by management and staff as soon as we arrived.

Geographical orientation was conducted as part of a familiarization tour of the hospital. Accommodation was a single bungalow enough to house four people. Food was a menu chart organized by a designated cook provided by the hospital management. In theatre generally the staff was very friendly and cooperative. Nkawkaw has two operating theatres plus a septic theatre where minor surgery and infected cases are done. They have two anaesthetic machines with basic monitoring that needs upgrading. The only Data scope monitor looks aged and exhausted, temperamental to use and very unreliable. Anaesthetic accessories e.g. circuitry and elephant tubing has undergone years of re-cycling and depreciation that needs revamping and replacement. It was sad to note that there is only one Laryngoscope and a few old disposable blades. Endotracheal Tubes, Macintosh and disposable Mallinckrodt are being re-cycled. Laryngeal mask are not a popular airway device, exacerbated by a lack of knowledge about its use. About 65% of surgical patients undergo spinal Anaesthesia for surgery within the lower body and caesarian sections. Halothane is the only choice of volatile agent. Thiopentone and Ketamine remains the main induction agent. Suxamethonium is available in scarcity for rapid sequence induction and in some cases as a peri-operative muscle relaxant. Overall we did mostly herniorraphies/herniotomies removal of lumps and much to the relief of some patients and medical staff, a few trauma cases.

Overall there was good collaboration between the theatre staff and MOTEC Group. In the Anaesthetic Department there is definitely room for improvement to uplift the standard close to the competitive World. Members also run morning

teaching sessions at the training school with a good turn-up of students and staff.

MOTEC needs to break done walls by breaking through obstacles that keep local staff working in Silo mentality believing that reaching Anaesthetic heights in line with international standards is like looking down in a deep unending well. With constant education and training they must eventually reaccess how they perceive reaching higher standards, to avoid making biased conclusions. To end silo mentality, we must fundamentally work together with local staff and where necessary change the cultural practices and perceptions of the local staff. This is only achievable through the creation of awareness through education, provide training, and show positive drive, dedication, leadership, humility and understanding. Educating local staff in improving Anaesthetic techniques blending with traditional experience where appropriate, and introducing sustainable safer practices that have been developed in the ever changing Anaesthetic world. We need to encourage and sing a song of continues professional development in line with modern technology and practices. Spinal Anaesthesia is still widely used with lots of modification of the packaging and techniques.

Combined Spinal Epidural Anaesthesia (CSE) is an excellent technique yet to be explored by the Anaesthetists in the developing world. Local anaesthesia remains popular, cheap, and simple and has a wide safety margin though undesirable complications may not be excluded. This exercise was another successful quality health care delivery service in the surgical faculty in the bid to alleviate pain and suffering of our deprived patients in our substandard medical institutions in Ghana. The clinical and educational programmes we run were in line with Motec's vision to spread its humanitarian wings ensuring continuity of quality health care to as many suffering all peoples including Ghanaian patients within the limits of our organization. For geographical and comprehensive report about Holy Family Hospital, Nkawkaw, please refer to the Feb/March report by Rosie Doogan.

PRAMSO HOSPITAL:

On the 09/06/07 MOPTEC LIFE fulfilled its mission of and a fact finding mission to the Pramso St Michael's Hospital. The group from Koforidua joined the Nkawkaw group to formalize the visit. We were welcomed by the Hospital Administrator into a lunch forum and discussions. Mr. Amoateng (Hospital Administrator) gave a brief history of the hospital followed by a tour through the various Units and Departments. Key points were noted with questions from members of the group as the rounds progressed. Finally a reality summation of the views and intension of MOTEC towards making a working visit to Pramso was based on a few pitfalls.

- Having a bed capacity of fewer than 20 would underscore and slow the activities and volume of Motec, s performance.

- Activities will be limited by the lack of theatre parks and shortage of surgical instruments if we were to embark on any active 2weeks surgical exercise.
- The Laboratory services are basic, and needs improving and upgrading.
- Redressing the Anaesthetic Machinery is yet a big challenge for MOTEC.

Rising to the challenge;

This means Motec in collaboration with the hospital management must address and improve resources to increase and improve the volume of bed capacity in order to cope with the volume of surgical work load that could be done per day in two weeks in the near future. The question still remains, should MOTEC venture on a working visit or fundamentally embark on educational fora till the ground work is done? There were a lot of individual opinions that gave rise to an erupted debate among members to decide whether it was suitable to venture a working visit now. The fact of the matter is, whatever position any of us will espouse in the debate should be guided by tolerance and critical analysis, even when we disagree with each other's positions. Let us be guided by our objectives and give our high course of responsibility to the course. Together, let us redouble our efforts to advance our humanity, improve the health care needs, quality of lives, and strengthen respect and dignity for the people of Ghana and the sub-region of West Africa. Pramso Hospital could form a fertile port for a perfect quality health care delivery center considering the wide catchments area it serves within the Ashantinti Region of Ghana.

MOTEC has no boundaries though in constant challenge with lack of resources to serve at full capacity, but with will power to deliver quality health care services and transfer of knowledge and skills to the people of Ghana our dream is to triumph.

Also see comprehensive report of Pramso Hospital in the April Visit.

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