Motec Life-UK

THE APRIL STORY (ANAESTHETICS) By Simon Derbie

The group of seven returned from a two weeks working visit to the St. Joseph's Hospital, Koforidua from the 16/04/07 to 27/04/07.

As usual the joy of the hospital staff, particularly the theatre staff was overwhelming. Work started off slowly in the morning of the 26/04/07 by unpacking of equipments orientating new Motec staff to the hospital, a morning clinic and a ward round to select surgical candidates for surgery. Active surgery commenced that Monday afternoon as the zeal to cut was immense. In theatre, the staff welcomed all Motec members with the usual Ghanaian traditional reception, "AKWABA" (Welcome) with dance of joy.

Anaesthetic Department

Work on the anaesthetic machines and equipment began immediately. The local anaesthetic staff was involved in the checks and search to upgrade the faculty close to recommendable standards and to move some steps ahead of previous local standards. Equipment was supplied to add to and upgrade the existing machines. Among other things were:

- Co2 sample lines
- D-fends
- Pulse oximetery probes
- Anaesthetic circuits
- Laryngoscopes/blades
- Spinal needles

Anaesthetic drugs e.g. propofol; heavy marcain; 0.5%, vecuronium; neostigmin and marcain (plain) 0.5%.

Informal training and education for anaesthetic and auxiliary staff on anaesthetic technique and how to assist in anaesthesia was conducted on daily basis.

This gradually changed the culture of the anaesthetic delivery system which was focused on simple, cheap and safe anaesthesia.

There was an amazing enthusiasm and co-operation from staff towards the learning process which facilitated the desire to change for the better.

Recovery/Plaster Room

It is a two bedded recovery room attached to the theatre with no monitoring equipment, no suction facilities and no oxygen source.

A dynamic approach was launched to address this unsafe practice. Staff education on the dangers and importance of patient safety post operatively was carried out. The dangers of post anaesthetic complications were emphasized to highlight the importance and the need for proper recovery of post-op patients. A few complications associated to anaesthesia post-op were discussed in detail and also how to minimize these complications e.g.:

- Hypoxia
- Vomiting
- Laryngospasm
- Failure to breath
- Cyanosis
- Hypotension
- Pyrexia
- Hypothermia
- Haemorrhage

Among other things the department also lacks recovery beds and trolleys including drip stands.

Recommendations

- There is the need to train local staff dedicated to run a safe recovery unit.
- Well structured recovery unit with adequate monitoring and equipments, oxygen supply with tubing's and Hudson's mask.
- Portable suction machine.

Anaesthetised patients for back slabs and circular POPs are wheeled directly from the theatres to the plaster cast room. Recommendations were also made to ensure such patients have adequate monitoring and suction facilities to ensure patient safety.

Motec group met with the Hospital Administrator to discuss the two weeks experiences, changes and recommendations to the department. A lot more needs to be done, in terms of transfer of skills, equipments and education on a regular basis to quantify and guarantee the quality of anaesthetic services at the St. Joseph's Hospital, Koforidua. The future looks bright with staff support and interest to embrace the experience and acquisition of knowledge from the safer and well tried and tested practices.

St. Michael's Hospital, Pramso

Following the previous visit and facts finding mission to the St. Michael's Hospital, Pramso, we found it necessary to invite the Hospital Administrator and the Anaesthetist to St. Joseph's Hospital. The visit was to benchmark the already successful and upgraded anaesthetic practice at the St Joseph's Hospital Koforidua. During the visit the Anaesthetist spent a one day working experience with us in theatre. She benefited from formal education with hands on deck practice on the use of Laryngeal Mask (LMA) observation on other anaesthetic techniques. She took advantage of the opportunity and was thrilled with the experience she learnt. Anaesthetic supplies were given including LMAs; anaesthetic circuits; Laryngoscopes/blades; face masks; Jackson Reese T pieces and guedels airways. It is the hope of Motec to upgrade the anaesthetic services in Pramso Hospital in the very near future.

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