

# Zanzibar 2011

## Interplast Holland mission



report of the fourth Interplast mission to Zanzibar  
2011 February 11<sup>th</sup> - 26<sup>th</sup>



# Zanzibar 2011

## Report of the mission

traveling

Friday - Saturday / February 11<sup>th</sup> - 12<sup>th</sup>

Introduction of the team:

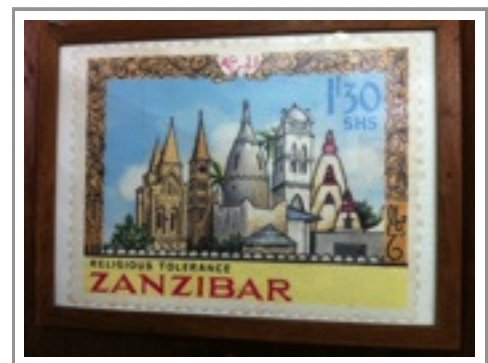
- Ed Hartman, plastic surgeon and team leader
- Ruth Lester, plastic surgeon
- Veronica Evers, anesthesiologist
- Agnes Derwa, theatre nurse
- Ingrid Mus, anesthetic nurse



The Dutch, Belgium and German members of our team had already met before the trip during a team meeting in Nijmegen. Veronika and Agnes who had not been on an Interplast mission before, were briefed and we were confident that we would be a good team.

At Schiphol Airport we did not encounter any problems with the luggage and checking in went smooth. At the gate we met Ruth and the team was complete.

Kenyan Airlines brought us safely from a rainy Schiphol to a cool Nairobi. After a short break, Precision Air flew us to a hot and moist Zanzibar in the well known twin engined turboprop. Because of an outbreak of yellow fever in Uganda, we were asked for our vaccination booklet. Luckily we were admitted without any problem. We paid the usual US\$ 50,- for visa. Bou was already waiting for us at the airport, and we were transported to our hotel, Swahili House. At this early hour, the rooms were not ready yet, but after some waiting this was settled as well. Everybody was tired, and we had a few hours of sleep. In the evening we witnessed part of a music festival in Stone Town and then we went to sleep.



## Day 1 - screening



Sunday February 13<sup>th</sup>

After a nice breakfast at the hotel roof top restaurant, we walked the well known route to the hospital. A large crowd was already waiting for us. Dr. Rama had promised us more than 100 patients. He had not exaggerated...



At 9:00 we started screening.

De pre-screening was very professionally done and the organization of the screening was very smooth. That's why not so many patients had to be send away: of the total of 118 patients screened (another ten patients were seen later during the two weeks the team was working) 96 patients were selected for operation. Three patients needed a second operation, which makes the total amount of operations 99.



Unfortunately, the forms for screening were not available at the time of screening. After the screening they were found to be in the luggage that was already sent in advance.

At the end of the day (21:00 hrs) all patients were seen and a operation program was written for the next two weeks, so that all patients could leave with a date for operation. In the Netherlands this is still utopia for a lot of hospitals...

It was an ambitious program...

After a well deserved diner in the hotel, everybody went to bed early.

### Day 2 - first day in OR

Monday, February 14<sup>th</sup>

First sign of problems at home for Ingrid. Still, a happy meeting with all team members of last year. Halima exuberant as always, Marciano was working with a new colleague that had to be trained. Khamis and Mohamed were again working with us as theatre nurses. A diathermy machine was donated by the University Hospital Maastricht. During the next two weeks, it will be used intensively.



It took a while to start up, but then all went smoothly. Gauzes 5x5 cm were being missed by one surgeon, but apart from that, all was there what was needed. When Agnes found out that bipolar forceps could be cleaned with Cidrex and be used again immediately, she was completely happy. The first day an ambitious program was planned (amongst others a release post burn contractor of the wrist and fingers with a pedicled groin flap) and because of this and because of some problems



with starting up, the day ended at 22:00 hrs. But the first day was over and the whole team was satisfied. Luckily, food was being served in the hotel at this time of the evening without any problem. The food tasted good!

### Day 3

Tuesday, February 15<sup>th</sup>

During this day, problems at home for Ingrid are increasing, forcing her to leave earlier. It will be difficult to work without Ingrid who had developed herself as a very important member of the team. Through the help of dr. Rama and dr. Jamala we manage to get more experienced anesthetic nurses to help us. This is necessary got keep on working on two OR's simultaneously. The as always fantastic Boudewijn manages to get a flight for Ingrid on a very short term.

The operations are getting smoother than the day before. Ed performs a lip closure, two palatal closures and excision of multiple tumors (one big tumor of the nose) in an albino patient. Ruth performs her urethral fistulas. The program ends at 20:00 hrs, which will be the end time of operations for the next days this week as well.

Diners will be in the hotel: this is easy, the food if fine and the personnel is very friendly.



Wednesday, February 16<sup>th</sup>

Ingrid works the morning, but has to leave the afternoon. Bou and Nanette bring her to the airport. We will miss her enthusiasm and work desire, especially Veronika. We are happy to experience that dr. Jamala stands his promise: at least one experienced anesthetic nurse is available every day, so Veronika still can work at two tables simultaneously.

Day 5

Thursday, February 17<sup>th</sup>

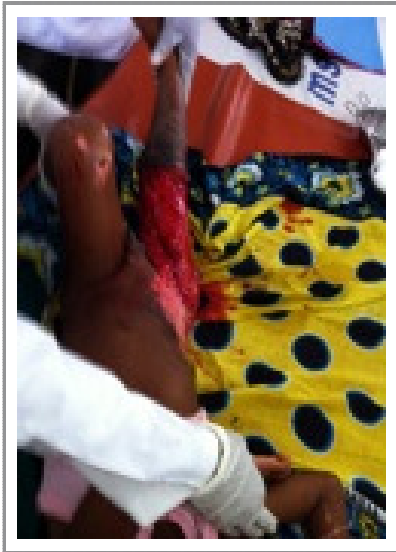
Today, the new Minister of Health, Mr. Juma Duni Haji receives us. He is a member of the opposition party, which party now is sharing power. Dr. Mohamed Jiddawi as a Primary Secretary now has a Minister from another party to deal with. Apart from dr. Jidda, dr. Rama the local manager of the Interplast Project and dr. Jamala the Director of the Hospital, and Dr. Sira Ubwa Mamboya, the female Deputy Minister are present as well. Television reporters record the meeting, which is being broadcast on television the next morning.

The minister seems to be really interested in the Interplast team. Ruth advocates the start of a training for people that perform circumcisions, after which the Minister tells spontaneously about his own circumcision in a small village. Ed advocates a team approach for patients with a cleft lip and palate in the future. Ed shows the Minister and the Deputy Minister part of a presentation on his iPad, about the work of Interplast that was done the year before. After this meeting, we continue our work in the hospital.



Friday, February 18<sup>th</sup>

During our early morning ward round, we see a young patient who is four years old. He had sustained a degloving injury of his right upper leg and flank in a scooter accident one week before. His wound dressing is on the ward, and the child is having a lot of pain. We decide to do some split skin grafting, this same day. Wound inspection after one week showed a good take of the grafts. The last day of the team, the boy who was very introspect and sad at first, was waving the team



goodbye very enthusiastically. That is what Interplast is all about!

Day 7

Saturday, February 19<sup>th</sup>



We plan operations only for the morning: we finish at 15:00 hrs. After this we visit the donkey resort, for which the University Hospital Maastricht has donated a diathermy machine. We bring the machine and Agnes gives a lecture how to use the diathermy. The vet is very pleased with it.

After this we drink something at Bou and Nanette and then we have diner in Tabu, a new restaurant in Stone Town. The meal is fine. During this meal, the information from dr. Rama that malaria is not a problem in Zanzibar anymore is confirmed. We decide to stop the Malarone, we were advised to take in the Netherlands.

Monday, we finish again at 20:00 hrs. Diner at the hotel.

## Day 10

Tuesday, February 22nd

There is a problem with the oxygen bottles: bottles had been ordered, but now it appears that the connectors don't fit! There is no standardization whatsoever. Every theatre and the recovery as well, have different connectors. And because the connectors don't fit, there is continuous loss of oxygen by leaking. New bottles have already been ordered, but are still under way in a dhow, the original sailing boats of Zanzibar. So it depends on the wind whether the bottles will arrive early or late....This gives us a loss of 6 hours of operation time.



Dr Malik, Director General in the Ministry and general surgeon, was informed. He told us that they are preparing for a generalized system for oxygen supply so that next year this problem will probably be solved.

Finally, with permission of dr. Jamala, oxygen bottles are gathered from other hospitals some 10 km's outside Stone Town. Because of this, three patients couldn't be operated on although we worked until 21:20 hrs.

## Day 11

Wednesday, February 23<sup>rd</sup>

Very annoying: still more problems with the oxygen bottles. One bottle was used for a patient who was sent to IC, but this was used for other patients as well and the next morning the bottle was empty. This means no oxygen for the recovery, so patients are being recovered in the OR. So again, only one OR at a time can be used. It takes till the afternoon to get oxygen bottles from still other hospitals in the neighborhood. We don't think we will be popular in these hospitals...

## Day 12

Thursday, February 24<sup>th</sup>

This is the last day of operations. Considering the problems with oxygen, we are satisfied with only two patients that we have to cancel. They will have to wait until next year. In the evening the local team members are invited for dinner in the Spice House, to thank them for their cooperation and to have some time to get to know them closer. For the local team our visit means that they have to work much more hours than they are accustomed to. And beside the hours they spend with us,

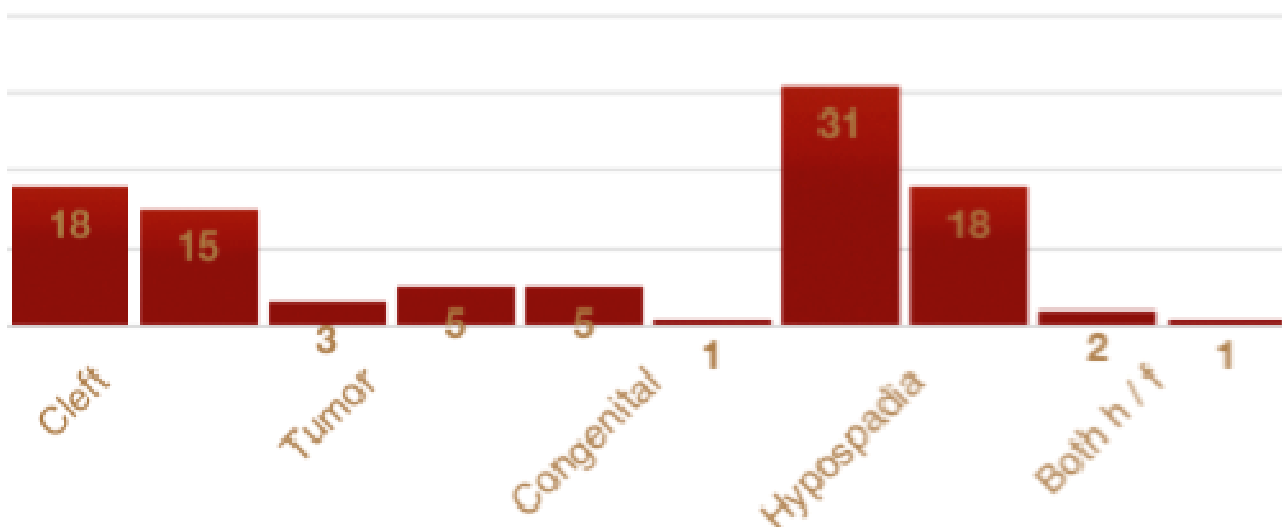


they still are on call as well.

Last year we had this meeting in the Africa House near the sea, but now we chose the Spice House which is a nice restaurant near our hotel. We drank together, ate together and talked together, everybody had a very nice time. The meal was very fine and the everybody agreed it was very worthwhile to be together one evening outside the hospital.

## Results

The results of our trip to Zanzibar: we screened 118 patients the first day and another 10 patients during the time we were there, together some 128 patients. Out of this 118 patients, we selected 97 patients for operation. Additionally, we selected another six patients for operation during our working weeks. Some patients did not have an indication for operation, e.g. because they were still too young. In the end, we had performed 99 operations on



Patients screened	128
Patients operated	96
Operations	99

96 patients. Two patients needed a dressing of wounds under anesthesia, one albino patient needed two operations in stead of one, to excise all tumors. In addition, three patients did not show up and two patients were not operated on because of the problem with the oxygen bottles.

### Considerations

This team was very successful: many patients were operated on and no major complications were seen. The new Minister of Health, the Principal Secretary, the director of the hospital and the project manager were all satisfied. The need for another team next year was communicated. Enough patients will be presented next year, the pre-screening and organization will be outstanding, just like this year. Especially patients with post burn contractures, cleft lip and palate and urethral fistulas will be asking for help. Interplast Holland can provide this help.

Some details: no more malaria profylaxis is necessary, no US\$ 30,- will have to be paid to leave the country.

Nijmegen, 10-3-2011