

## 10<sup>th</sup> Dutch Operation Hernia. Takoradi, Keta and Bole, Ghana, January 12 – 21, 2019

We are proud and pleased to inform you that the 10<sup>th</sup> mission of Dutch Operation Hernia was very successful.



Inguinal hernias are a substantial burden of disease in developing countries with in Ghana an annual incidence of symptomatic hernias of 210 per 100.000 individuals whereof 33% with extension in the scrotum. This results in a major economic impact with limited daily activities in 64% of the cases and incapacity for work in up to 16%. Surgical repair capacity is mostly insufficient and especially in low-resource countries mesh is often unavailable or unaffordable. Mesh repair is superior over non-mesh repair especially with respect to recurrence rates and is safe in low resource environments.

Dutch Operation Hernia started in 2009 with three surgeons and 23 successful procedures. It was in following of Andrew Kingsnorth and Chris Oppong, both surgeons from the United Kingdom, who started the project in 2005 with the following mission statement: 'Operation Hernia is committed to providing high quality surgery at minimal costs to patients that otherwise would not receive it.' Operation Hernia evolved to an independent non-profit organization that provides professional and educational opportunities to surgeons and surgical trainees in the repair of long-standing groin hernias at rural hospitals in the developing world.

Between 2009 and 2019 Dutch Operation Hernia operated more than 1300 patients. This year the mission celebrated its 10<sup>th</sup> anniversary with the largest delegation thus far consisting of 25 team members (13 consultant surgeons and 12 surgical residents), visiting three Ghanaian regions and performed over 300 surgical procedures. In general, adults received a Lichtenstein procedure whilst

in children sac resection was performed. The pediatric patients were operated using ketamine as general anesthesia whilst adults received local or spinal anesthesia depending whether the hernia was reducible. The team gathered at Schiphol Airport on January 12<sup>th</sup>. After redistribution medical supplies, we entered the plane for a 6-hour flight to Accra. After arrival we were transported to Paloma hotel to prevent nocturnal travels. Next morning, we split up in three groups and travelled either to Bole (6 members), Keta (10 members) or Takoradi-Dixcove (9 members).

### **Bole mission**



The journey started with a domestic flight from Accra to Kumasi in a small Africa World Airlines plane. In Kumasi two drivers from Bole hospital were already waiting for us. One of them turned out to be Baba, our driver during the 2017 Bole mission, who welcomed us in his own typical way. Half-way we stopped at a small local restaurant to have Ghanaian lunch and after a six hour drive we arrived at Bole hospital. Doctor Jatuat welcomed us together with Vitus, the anesthesiology nurse and coordinator of patients and procedures during our mission. They invited us for a small welcome party at Mum&Dad restaurant, after which we prepared our medical supplies for the coming week.

We arrived at Bole hospital around 7am next morning. The outpatient department was already crowded with patients waiting to be screened, eventually we approved 24 patients for surgery that day. We gathered all necessary medical supplies, prepared the OR and formed three surgical teams. As the week passed by, Dutch surgeons and Ghanaian OR members cooperated better day-by-day, finally resulting in a solid and efficient team. During the week the number of medical students and scrub nurses in the OR increased every day, resulting in excellent training and education opportunities. Despite faltering air-conditioning, broken diathermia and regular electrical shutdowns,

surgical procedures were continuously performed on three operation theatres simultaneously. In total we performed 107 procedures.

In order to thank the hospital and OR personnel for their hard work and collaboration, we invited them for a party. We handed out souvenirs and, conversely, doctor Jatuat showed his gratitude and presented us tailor-made Ghanaian outfits as a remembrance. Friday January 18<sup>th</sup>, we travelled back to Accra.



### **Keta mission**

The Keta team hit the road on the 13<sup>th</sup> before 9am and as every year, we stopped at a fruit stand to buy lots of pineapples, mangos, watermelons and apples. After a hassle-free four-hour ride, we were warmly welcomed at our hotel in Keta. The hospital had announced our arrival via social media, which appeared to be big success as about 140 patients had been registered. Next morning, we packed all our medical supplies and driver Wisdom brought us to Keta Municipal Hospital. We arrived at the operation theatres where a queue of patients, dressed in yellow disposable hospital gowns, were waiting for us. They were happy to see us. The local staff transformed the depository to an extra OR so we could work simultaneously in 4 theatres. In four and a half day, we operated 103 inguinal hernias, of which 16 in pediatric patients. Besides that, we operated 17 hydroceles, 7 umbilical hernias and 1 benign scrotal tumor.



Every evening, satisfied of the day, we enjoyed the tasteful local food and some Ghanaian 'Star' or 'Club' beers. The last evening, we invited the whole OR-staff for a diner together. Both Frank Garsen (teamleader) and dr. Asari (hospital director) gave some beautiful speeches. On Friday afternoon, we left Keta by bus to meet the other two teams. Of course, not without wearing our gifts given by the local staff: some beautiful Ghanaian shirts and dresses!

### **Takoradi-Dixcove**

We left Accra early Sunday morning and the driver took us on a six-hour drive to Takoradi city in West Ghana. Half way we visited Fort Elmina, a Portuguese castle built in 1482 as the first European trading post of the sub-Saharan. The Dutch seized the fort in 1637 and used it as one of the most important stops on the route of the Atlantic slave trade until 1814. We got a very impressive guide tour and were surprised about the impact this period still has on the local community. At our lodge, Mrs Henriette, head of the health municipality western district, pleased us with a short visit and wished us all the best for the coming week. We started counting and distributing the medical supplies as we would split up and work at three different hospitals for the coming week; two in Takoradi and one in Dixcove. Dixcove hospital is a small regional hospital one-hour drive to the west on the road to Ivory Coast. It has one active operation theatre which was reserved for our mission. The two Hospitals in Takoradi we worked in the beginning of the week were the Hernia Wing of Takoradi hospital and GPHA. On Thursday and Friday, we switched from the hernia wing to a new location called Kwesimintsim hospital.



At all three locations enthusiastic nurses and other OR personal were awaiting our arrival. At the wall pictures of previous teams were hanging, showing the continuity of Operation Hernia. After getting acquainted with our local friends we screened our patients and started operating. During the week we all moved several times to the different locations so that all could experience different working environments. They all had their own particularities; one hospital had no running water, the other had problems with the electricity so that we had to proceed working using the flashlights from the nurse's smartphones. Another was quite luxurious with a "holding" while at another location three patients were awaiting their procedure on a single bed. One of the local surgeons assisted us during a Lichtenstein procedure while 30 minutes later we assisted him during a cesarean section. All these different circumstances made this mission a unique experience but most of all really enjoyable. By the end of the week we operated 80 patients, whereof 12 children. We thanked the local staff with a diner together in the local Chinese restaurant where we learned a lot about the Ghanaian way of living and they about us. We received some nice and inspiring speeches from Maarten Simons, the local head nurse Meriam and the local mission leader Bernard Boateng.



According to tradition, the final weekend was spent with the entire group at the beach, where experiences were shared. We left Ghana on Sunday and landed safely at Schiphol airport in the morning of January 21<sup>st</sup>, tired but happy. We would like to thank all our sponsors for making this week possible and providing medical supplies or financial support; including OLVG, ASZ, TerGooi hospital, Amstelland hospital, IJselland hospital, MRC-Holland, Rotary International Hilversum 3, Bard and Nyenburg Investment Partner. We are very grateful to Chris Oppong, Serene Akanpyna, Bernard Boateng, Dr Jatuat and other Operation Hernia and local Ghanaian hospital staff for their huge support and friendship.

