

## **Dutch Operation Hernia Mission 9 – 17 January 2017**

In January 2017, the 8th mission of the Dutch team of Operation Hernia has taken place. This year a team of 8 surgeons and 8 residents went to the Ghanaian towns of Keta, Wenchi and Bole. The teams had as goal to treat as many patients as possible. A second equally important goal was to teach local physicians to perform inguinal hernia surgery with a mesh (Lichtenstein procedure under local anesthesia), so they would be able to continue performing these operations after the mission had finished, and they eventually can teach others.

On Saturday the 7<sup>th</sup> of January the members of operation hernia arrived in Accra. The next day 8 surgeons and residents went by car to Takoradi and the other 8 took a domestic flight north to Kumasi. There they split up and a team of 4 went by car to Wenchi while the other 4 drove to Bole in the northwest region of Ghana.

Since elective surgery and in particular hernia surgery is rare in this country, many patients travelled from near and far to be treated by the Dutch team of Operation Hernia. An untreated inguinal hernia causes, besides effect on daily activities and cessation of professional activities, a substantial health risk. In case of incarceration, mortality rates up to 80% are not exceptional. So the goal of our visit is clear: treat as many patients as possible! And, equally important, teach local physicians and nurses to perform hernia operation and take care afterwards.

### **Takoradi team**

After a drive of approximately 5 hours we arrived at Takoradi. During the trip we already got to know Ghana a bit and this made us more and more enthusiastic to start our mission. Since Takoradi has a fantastic coastline, we first visited the beach and ended the day with a dive and some drinks over there. We speculated what the week would bring us.

The next morning, after the delicious Ghanaian breakfast, with Dutch peanut butter, we were split in three groups since we were working in three totally different hospitals.

CPHA is a private hospital. Dr Bernard Boateng is the leading doctor in this beautiful hospital with even a CT-scan. The staff of the theatre was friendly and very capable. Rapidly, an inguinal hernia was followed by a giant hydrocele alternated by an emergency caesarean section. Days flew by, in total 27 operations were performed in this hospital. Medical staff was well trained and a pleasure to work with.

The largest hospital, Takoradi hospital has its own hernia wing. The head of theatre over there is Marian. A great personality, she and her team made our mission even more special. Time flew, while working hard in the wing there was a lot of fun! In the Wing, a total of 29 surgical procedures were successfully performed. The majority were adult male patients with inguinal hernias treated with a Lichtenstein procedure under local anaesthesia. The severity varied from H1 to H4 (large scrotal hernias), all treated with a mesh brought from the Netherlands. The Takoradi group operated on 9 children under the age of 9. A herniotomy was performed with general anaesthesia. In both the Wing and CPHA, young

doctors were joining us to be taught about the Lichtenstein procedure. It was great to see their enthusiasm and we were convinced of their surgical skills.

Dixcove, a small hospital in the more rural area outside of Takoradi, was a great place to visit. In this hospital, with an anesthetist known for his fast spinal anesthesia technique, working was extraordinary. The theatre was used optimally, a Lichtenstein procedure was performed while cesarean section had to start. No problem, in Dixcove they perform this at the same time in the same room. A great experience! We were very happy to work with this medical staff and hopefully the same applies for them. Working in this hospital was sometimes even a real party, especially when the scrub nurse started to dance on our music in between the surgeries. The fact that we worked hard besides the fun is shown in the total of 20 surgeries performed over here. In total 76 patients were treated by the Takoradi group.

### **Bole team**

Together with the Wenchi group we took an inland flight north to Kumasi. From there our groups split and the four of us were picked up by Baba, the Bole hospital ambulance driver. All the equipment we brought was loaded in the back of his pick-up and off we went. Our six hour drive was interrupted only for a short introduction to the Ghanaian cuisine: banku! (a mixture of fermented corn and cassava dough in hot water) Along the way the setting changed into a more rural scenery. While listening to the car radio we heard a broadcast to invite patients with inguinal hernia to register for surgery at the Bole Hospital. This way, Dr. Josephat Nyuzaghi (Dr. Joe), one of the two local doctors of the Bole hospital and our contact person, had efficiently recruited patients for operation hernia!

After a long day of travelling we were welcomed by the hospital administrator and the medical director of the Bole hospital, and Dr. Joe kindly showed us around. Many patients had responded to the radio broadcasts, so our days started early with the screening of patients that had queued up in front of the male ward. After this we started surgery and worked together with the enthusiastic local operation team until all patients, that were put on the list that morning, were operated on. The hospital has two functioning operating rooms and we therefore divided into two teams of a surgeon and a resident mixing the pairings. The vast majority of patients were operated on under local anesthetic using the Amid method, only some patients under spinal anesthetic. We had the opportunity to use sterilized mosquito net meshes that worked very well. Vitus, the pragmatic nurse anesthetist, organized the operation list and made sure everyone of the team knew exactly what to do. Not a minute of our time there was lost. The whole team worked extremely hard, sometimes until late in the evening! We had little chance to work together with dr. Jatuat, the young local surgeon, who was kept busy with other patients since he and Dr Joe are the only physicians in this region. In total over the week we carried out 83 procedures in 74 men, women and children. All patients stayed in the ward the night postoperatively and were discharged the next morning.

As a special treat after we finished dr. Joe had kindly organized a sendoff party with drinks and food (guinea fowl). We had the chance to thank the Bole hospital staff for making us feel so welcome. We were presented with custom made Smock, worn on special occasions. We would all like to reiterate our thanks to Dr Joe, Vitus and the staff at Bole hospital. Finally we would also like to thank the Ghana Government for facilitating our mission. We will be visiting again.

### **Wenchi team**

At Kumasi airport we were welcomed by doctor Bibi Bosomtwe who took us on a 2,5 hours drive north through the beautiful Ghanaian landscape to the town of Wenchi. Wenchi is the capital of Wenchi Municipal of the Brong-Ahafo Region in South Ghana with a population of around 40.000 people. On arrival we were greeted by Bernard Clement Botwe, the charismatic CEO of the Wenchi Methodist Hospital. Afterwards we were brought to our accommodation for the upcoming week, a nice guesthouse just outside of Wenchi. Here we were joined by Sarah, a Ghanaian scrub nurse with experience in assisting during the Operation Hernia Missions. She was asked specifically for this mission to come and assist, and to teach the scrub nurses of Wenchi Methodist hospital.

On Monday morning we were picked up by the hospital bus and were taken to the Methodist Hospital. It is a lovely typical Ghanaian hospital with approximately 300 beds. We met the anaesthesia medical officers, scrub nurses and the local physician we were going to train, Bismark Kubi. After discussing our plans for the week we got acquainted with the two small but adequate operating theatres, which were going to be our work environment. The enthusiasm of the complete operating room (OR) personnel and everyone at the Wenchi hospital from the first second of our visit was impressive.

Every day started with screening of the potential patients. Numerous patients from the whole region surrounding the hospital had responded to the call for treatment. After screening, eligible patients were seated outside the operation theatres until surgery. Most patients were treated under local anaesthesia; they walked into the OR, underwent inguinal hernia correction with a mesh, and afterwards walked out of the OR by themselves. For exceptional cases, such as irreducible and bilateral hernias, spinal anaesthesia was available. Children with inguinal hernias were treated under general anaesthesia with Ketamine.

During our stay at Wenchi Methodist hospital, 45 patients combining for a total of 52 hernias were operated. Doctor Bismark Kubi, who was already well know with hernia surgery but did not have any experience with the use of a mesh, was trained in performing the Lichtenstein procedure. He proved to be a very skilled, kind and enthusiastic doctor who learned quickly. At end of the week, he was able to safely perform the procedure by himself. As we were able to donate a significant number of surgical meshes, adequate care of inguinal hernias at the Wenchi Methodist hospital can be continued.

We ended the week with a party on the final evening, which we organized to thank the staff of the for their kind hospitality. Together with the OR personnel we looked back at a successful and enjoyable week. Kind words were spoken both from the Ghanaian and the Dutch side, and mutual hopes for future collaborations were expressed.

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## **Team Ghana 2017**

Maarten Simons, Frank Ijpma, Eddy Hendriks, Nanette van Geloven, Bert van Ramshorst, Djamila Boerma, Wouter te Riele, Daphne Roos, Ernst Steller, Jasper Atema, Tjibbe Gardenbroek, Jip Tolenaar, Charlotte Loozen, Anne Loes van den Boom, Marjolein Leeuwenburgh, Joost Hoekstra

## **The Dutch Operation Hernia Foundation**

Maarten Simons, Frank Garsen, Djamila Boerma, Nanette van Geloven and Eddy Hendriks

