

## Operation Hernia 2024: Team Bole

The OLVG has generously provided a significant sponsorship to the Dutch Operation Hernia Foundation, chaired by Maarten Simons (surgeon at OLVG). Since 2009, missions to Ghana have been organized to perform surgeries on men with inguinal hernias under local anesthesia. ([www.operationhernia.nl](http://www.operationhernia.nl)). Thanks to this sponsorship, a team of 9 OLVG members was able to organize the 13th mission in January 2024. Here is the report.

It begins on Saturday, January 13. We gather at Schiphol Airport with a team of 14 people and 26 suitcases. This year, our Operation Hernia mission will take us to Bole and Axim.



We are part of Team Bole, and after a short night in Accra, our group of 9 will continue traveling to the Savannah region in northern Ghana. We're lucky to have Daniëlle and Nienke joining our team. As OR assistants at OLVG (and cousins!), they have been managing the medical supplies for this annual mission for over 10 years. This year, for the first time, they will join us on the trip. Our team also includes 4 experienced surgeons, 1 newly certified surgeon, and two surgical residents.

During the journey, which takes a little over 24 hours in total, we gradually leave our comfort zones further behind. Getting all our luggage onto the bus proves to be a challenge, the roads are largely unpaved, and we drive for hours past huts made of clay and straw. Dorothy, we are no longer in Kansas.

Upon arriving in Bole, our accommodation at the old Cocoa Research Center turns out to be just what we need. It's clean, with running water and electricity. We begin unpacking and organizing our 8 suitcases filled with surgical instruments, medications, syringes, needles, and meshes, eventually leaving the entire hallway cluttered with supplies. This amount of equipment wouldn't have been possible without the generous donations from OLVG, Albert Schweitzer Hospital, BovenIJ Hospital, and Flevo Hospital. Sponsors BD and Medtronic have also made significant contributions. After a meal of chicken and rice (the first of many), we head to bed.



Baba, our driver, takes us on Monday morning, shortly after sunrise, to the hospital entrance – or rather over it – with his pickup truck. The complex is cheerful, painted yellow and white, and we walk through an open corridor toward the operating theater. Along the way, we pass clotheslines where sterile cotton drapes are drying among the goats. In the dilapidated OR complex, we find three operating tables spread across two rooms, each with its own unique qualities.

Table 1 boasts not one, not two, but three diathermy machines. They prove to be multi-purpose, serving as a makeshift bench for Dr. Leijdekkers, though unfortunately, none of them actually function as diathermy machines. (Akwaba in the tropics—nothing is as it seems). Table 2 stands right next to it, unbothered by any privacy regulations. Later in the week, a screen is found to shield the patients—who are mostly operated on under local anesthesia and therefore remain conscious. Table 2 is also conveniently positioned next to the reserve instruments. Since every instrument set has something missing, you never have to wait (too) long at this table to find the right tools. Finally, there's Table 3, adorned with a beautiful, mood-enhancing pendant lamp hanging overhead. While this leaves the surgical field a bit dimly lit, it certainly adds ambiance.

The setting quickly becomes familiar, as do our new colleagues.

We meet Vitus, the medical officer and coordinator for the week, and Alphonsus, the medical director. We also meet anesthetist Zack, team leader Rauf, and a number of nurses who will assist us in the OR throughout the week. From midwives to general nurses, none of them are hindered by a lack of knowledge in handling instruments; everyone is motivated to make this mission a great success.



We also meet our patients for the first time. They range in age from 2 to 89 years and present with impressive hernias and hydroceles. Some do not know their exact age, let alone their date of birth, and many are illiterate. When a signature cannot be obtained, informed consent is given via a blue ink fingerprint. The patients are remarkably lean and muscular, with an average BMI no higher than 20. Most are farmers and speak Gunja, one of Ghana's many dialects.

On the first day, we operate on 16 patients with 18 hernias. Along the way, we encounter dull scissors, incomplete surgical meshes, malfunctioning diathermy equipment, and electricity outages that occur several times per procedure. Despite these challenges, the atmosphere remains positive. We play music from Rutger's "Hitster" list, Christel's pool party playlist, and Maarten's Ghanaian gospel favorites. We get to know each other better using name stickers on our caps. Without warning, Rutger becomes Roger, Anne becomes Gabriel, and Maarten is suddenly Dr. Martin.

Adom, a single mother of three whose oldest child (11) looks after the youngest (2), ensures we're well-fed with bananas, dry biscuits, and instant coffee.

As the week progresses, a colorful blend of local practices and our own methods emerges. There is mutual respect and a strong willingness to learn from one another. Procedures become faster, turnover times shorter, and the number of patients we operate on daily increases. Ahmed and Bakwa, two junior doctors at the hospital with surgical aspirations, are trained by Dr. Martin and Dr. Gabriel and join us in performing surgeries. Both trained as physicians in Cuba and returned to Bole by choice, stating, "I'm here to serve my people." A true testament to their dedication. Once we leave, these ambitious doctors will continue operating.

It's remarkable how quickly one adapts to a low-resource setting. You learn to manage with inadequate materials and limited supplies. Dull scissors are sharpened with aluminum. Sterile drapes, originally meant to be cut into four pieces, are later divided into eight to serve more patients. Is this purely scarcity, or also sustainability?

The most significant contrast in practices lies in perioperative care. Privacy, shared decision-making, and patient interaction clearly—and understandably—operate within a different framework when resources are limited.

On Thursday, we celebrate the week with a dinner, joined by 55 hospital staff members. There is food (chicken and rice), dancing, and magic tricks. Ghana ties Egypt 2-2 in the Africa Cup, adding to the joyous atmosphere.



On Friday, we clear the surgery waiting list and then have to say goodbye to the team as we begin the long journey home. Unsurprisingly, we are sent off with a meal of chicken and rice for the road. We make a stop at Ghana's largest national park, Mole National Park. This area was declared protected in 1958 to combat the transmission of infections by the tsetse fly. Surrounded by approximately 700 elephants in this park, we reflect on an amazing and unforgettable week.

The team performed 94 hernia surgeries on 81 patients, including 8 children. We extend our deepest gratitude to all sponsors for their contributions, to Chris Oppong as the founder of Operation Hernia, and to Bole District Hospital for their boundless Ghanaian hospitality. Above all, we thank all the patients for their trust. \*Ashaan kushun, adua, awooo!\* (many thanks, goodbye, yes indeed!).

Didi Sloothaak on behalf of  
Maarten Simons, Vanessa Leijdekkers, Nienke van IJken, Daniëlle van Hattum, Rutger Klicks, Anne  
Ottenhof, Christel de Raaff, Esmee Engelmann.