



**INTERPLAST MISSION TRIP**  
**KUMI HOSPITAL, UGANDA**  
**16-30 OCTOBER 2011**

Mr Charles Viva, Consultant Plastic Surgeon, revisited Kumi Hospital with a team of 10, he being the only Surgeon in the team on this occasion.

Comparing our observations and findings on our visit in 2009, this time we were more prepared for the conditions and cases with which we would be confronted. It was satisfying to see that the theatre equipment we had provided was being well used and enabled us to proceed without having to adapt antiquated machines. The paediatric ward was being decorated and upgraded using a designated gift but the ward accommodating our patients still appeared to be in desperate need of maintenance. It was disturbing to see that not all the patients had the use of a mosquito net unlike the situation in 2009. We therefore provided a few essential nets as requested by the patients themselves. Open fires for cooking in the hospital grounds are now forbidden thereby improving the hazardous, smoke-filled environment. Cooking by families is carried out in a large barn-like structure on stoves made from termite hill mud; it's a great improvement. However, power supply and road conditions leave a lot to be desired with frequent power cuts being the norm and dangerous tracks a daily encounter due to the rain having scooped out great chunks of earth from the make shift roads. The hospital itself has faced management problems over recent years and staff have not been paid on occasions. The remaining staff are therefore very dedicated and to be admired. However, as the

hospital struggles financially patients were being asked to pay, albeit minimal fees, for hospital services although we stressed that the surgery and medication we provided was free. Poverty continues to be widespread in this very rural area making the children and elderly very vulnerable to disease and infection of which we saw ample evidence.

There were some very sad stories like 3 year old Jennifer who had sustained severe burn injuries of both hands resulting in loss of fingers and thumb on one hand and contracture of wrist. Her father wanted nothing to do with her following the accident (perhaps regarded her as an expensive liability) but mum desperately wanted to do whatever she could for her daughter. Mr Viva was able to release the contracture and construct a new thumb to give her a pincer grip and improved function. She has been making good progress.

Another little girl was on the ward with elephantitis of one leg caused by a parasite entering her body through the cracks in the badly damaged sole of her foot (very few wear shoes). Sadly, the resulting blockage in the lymphatic system is irreversible and she will suffer from recurrent infections. Mum asked us for shoes but flip-flops seemed the better option and these we provided.

Thankfully, many patients received the gift of free surgery which would potentially transform their lives. Many children received reconstructive surgery for cleft lip/palate. Some patients had contracture of limbs following burns thereby restricting movement; release of contracture and skin graft improved function and mobility. Skin graft was also carried out on a young lady who had suffered from a snake bite but she had delayed seeking treatment (perhaps due to cost or difficulty in accessing health services). Her recovery is still on-going and problematic. The poor nutritional state of many, put them at greater risk of infection resulting in ulcers with skin and tissue loss. A 70 year old lady was presented to Mr Viva on the ward with extensive skin and tissue loss of the leg and after a regime of antibiotics she underwent surgery for skin graft but, sadly, she died about ten days later. Keloid scar formation is often seen in Ugandan patients following injury and can be very disfiguring. Surgical treatment brought hope and relief after years of embarrassment for these patients. Life in Uganda is extremely hard even without the added problem of ill health. We just can't imagine ourselves in that desperate situation but this visit gave us a

glimpse into their lives. Mr Viva saw in excess of 50 patients and completed 50 operations.

Meanwhile, in the Maternity Department conjoined twins were born, a phenomenon rarely seen especially in Kumi. They were joined at the abdomen. Although feeding was established and they were transferred to a hospital nearer the capital, Kampala, their future would remain very uncertain. Caring for twins in rural Uganda would be a challenge too far but for conjoined twins survival would require access to specialist health care and constant support. Not knowing the findings of the scans, we do not know whether the twins share any major organs which would determine whether separation was possible.

Another newborn baby required resuscitation and our Anaesthetist was on hand to give valuable help. The baby's condition improved and breathing was established before we left the hospital that evening. Next morning we learned that there had been a power cut during the night and the baby had died because the oxygen machine was not working. Sadly, life hangs by a thread for many in Kumi.

Our friend and link person, Elspeth, spends 10 weeks each year in Kumi engaging in numerous projects and devoting time to villagers with disabilities. On visiting the villages, she also identifies those who would benefit from plastic surgery. On Sunday she kindly took the team to some of the surrounding villages giving her the opportunity also to catch up with some of her patients. With no map, satnav, signs or even roads it was inevitable that we would get lost but after following several tracks we eventually found the village where Elspeth expected to find a young disabled boy in his wheelchair. However, mother reported that he had died earlier in the year. The family had also suffered the loss of his grandfather who had fallen and dislocated his hip but as this was neglected he also died. We stood by the graves surrounded by their goats and chickens alongside their houses of mud and straw. Life and death go hand in hand here. We left with the wheelchair strapped to the roof of our vehicle. This was a stark reminder of how cruel life can be in Uganda.

In contrast we visited another village where Norah, a 72 years old lady who received repair of her cleft lip in 2009, came and knelt at Mr Viva's feet and hugged him, an expression of her gratitude for the life changing surgery she had received from him. Here was a transformed

life. The Norah we met two years ago was withdrawn and timid but now she was very sociable and openly expressed her feelings. It was amazing to see this transformation. Despite their meagre possessions and poor living conditions we were warmly welcomed into their villages and given a seat (be it a chair or a water container!). The Ugandan people are extremely hospitable.

It was also encouraging to visit Ngora School for the Deaf and be greeted by a group of approximately 80 very excited children. Communicating through their teacher by sign language we learnt that they enjoyed football, their favourite team being Manchester United!! They appeared extremely happy and well cared for. The older children are also taught dressmaking and carpentry providing them with practical skills.

Back at the hospital surgery continued during our second week and our Nurses took meticulous care in changing dressings and explaining to staff the procedures and follow-up required. Patients and their families were fully informed also and medicines prescribed with no charge (thanks to the generosity of our pharmaceutical suppliers in the UK). It was noted that some of the basic dressings and drugs were in short supply in the hospital and we were able to replenish some of the stock. Change of dressings under sedation seemed to be an uncommon practice at the hospital, again due to lack of drugs. However, a number of our patients who warranted sedation were spared the pain and discomfort when it came to changing their dressing.

Our friends in the UK also generously supplied used clothing, soft toys, children's books, toiletries and craft materials, all of which were well used and appreciated by patients and staff. Every patient received a gift (or two or three!!) – soft toys being in greatest demand. However, above and beyond any gifts or clothes the patients and their families responded most noticeably to the loving care and attention of the team. We cannot help but be moved and affected by these amazing Ugandan people who are so resilient in the face of unbelievable hardship. Their joy and faith are a shining example to us all.

We are so grateful to all our friends in the UK who support and encourage us. They are in a very real sense the extension of our team. Thank you to St Bernadette's Roman Catholic School, St Eloys Church,

Gt Smeaton Primary School, Canon Robinson, Helen Jefferson and friends, Stockton Tabernacle Ladies Group and Norton Ladies Club.

