

Anesthesia and surgery in a WAMY Camp surgical clinic in a rural setting in North Cameroon

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Citation

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Abstract

I read with interest the article entitled: "Anesthesia and surgery in a WAMY Camp surgical clinic in a rural setting in North Cameroon" [1]

I would think it was a long shot to try to give modern anesthesia in this peaceful rural area. It looks that central supply of oxygen and other medical gases are unheard-of there.

Air based anesthesia provided by portable machine of military and disaster situation, Like EMO machine [2], can give chance to use some inhalational anesthesia which may be used on children and frail women. There is possibility of manual artificial ventilation. Alternatively; the newly introduced machine "The Glostavent". It combines a draw-over anesthetic circuit, a gas driven ventilator and an oxygen concentrator. It can continue to function without interruption if either oxygen or electricity fails. [3] This may add the possibility of ventilating the lungs of the need arise through endotracheal tube. Oxygen concentrators may be added advantages for patients who need supplementary oxygen therapy. I am sure that the nature of voluntary camp is limited by time and resources, but longer term projects should cut the cost on long term and allow to train and maintain accepted experience among local health workers. Nurses and technicians may be utilized in surgical anesthesia services if there is lack of physician anesthesiologists. This is still debatable issue in Africa and in many other corners of the world. But how can start from scratch?

Figure 1

Figure 1: EMO draw-over inhaler allows using air or oxygen enriched air during anesthesia. [Simpson S. Drawover Anaesthesia Review. Update in anaesthesia. 2002;15, article 6.]



Figure 2

Figure 2: Glostavent Anaesthetic Machine. Roger Eltringham: Field Trial of the Glostavent Anaesthetic Machine: DfID Project No. 1888; DfID/WFSA Partnership Scheme. 2006. Volume 5 Number 1



I am very much impressed by reading about using ketamine dissociative anesthesia and selective local anesthesia blocks for thyroidectomy and mastectomy. I think all with spinal surgery can satisfy the need of first aid surgery you were able to do. I am sure you did not need blood transfusion in that time but we would like to know if this option was covered in your project. Was there concern regarding HIV and other blood communicable diseases? I would imagine that such possibility may be present. If so how were you prepared for it. I would like you not to take it as criticism rather a follow up to this interesting report.

References

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