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

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Abstract

This report sheds some light on friendly help to remote area unprivileged villages in Cameroon who hosted the WAMY medical team in a voluntary camp addressing in a very benevolent manner the compassionate effort of relieving some hardship of fellow humans. The paper describes the three backgrounds incl the patients, the setting of surgery under a restricted resources, and the efforts.

Pictures were used with permission of the organizers of the trip both in Cameron and in Saudi Arabia.

THE REPORT

SURGICAL OPERATIONS PERFORMED AT CAMEROON VOLUNTARY CAMP

The total surgical procedures at this WAMY-supported Camp were 136 operations during two weeks which represent [7% of 2000 cases examined during that period]. Among the procedures; hernia repair, hydrocele and fibroids were most common. Thyroidectomy and mastectomy were performed on seven patients. The rate of minor orthopedic operations at the camp was open closed reduction of fracture as the most frequent procedures and osteomyelitis. Major operations were performed exclusively by doctors while minor surgery was carried out mainly by medical students under supervision, nurses and other auxiliary staff.

Anesthesia was given to all patients using combination not dependents on anesthetic gases supply or vapors since there are difficulties in acquiring supplies. So ketamine, propofol, midazolam and local anesthesia were used exclusively.

Lower extremities and lower abdominal surgeries were performed under spinal and epidural anesthesia

Thyroidectomy was performed under cervical nerves blocks. Upper extremities surgery was performed under brachial plexus block. Mastectomy was done under thoracic epidural block. These procedures were done by qualified anesthesiologists of the mission. There are only anesthesia technician available in this area and were helping.

The surgery was done on deserving patients who could not offer money for their operations so mostly were neglected cases. Local doctors, anesthesia technicians and nurses were asked as well to participate in the activities given financial incentives. There were two pulse oximeters supplied by the organizers and cardiovascular monitoring was restricted to pulse and blood pressure measurement.

Figure 1

Table 1: The break down of cases done with three weeks of the camp. 2006

<table>
<thead>
<tr>
<th>Class of surgery</th>
<th>N=136</th>
<th>% (rounded)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>General surgery</td>
<td>54</td>
<td>40</td>
<td>Moderate and minor surgery including large hydroceles. Large thyroid</td>
</tr>
<tr>
<td>Gynecology &amp; Obstetrics</td>
<td>27</td>
<td>20</td>
<td>Only two cesarean sections, but many large fibroids</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>27</td>
<td>19</td>
<td>Mainly mid-range of fractures and bone chronic infection</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>14</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Plastic</td>
<td>7</td>
<td>05</td>
<td>Chronic burn scars with open ulcers</td>
</tr>
<tr>
<td>Urology</td>
<td>7</td>
<td>05</td>
<td></td>
</tr>
</tbody>
</table>
Figure 1: The location map and habitat

Figure 2: The north region of Cameroon where the camp was located. The local houses inhabited by families. The tropical vegetation and trees which make it very peaceful environment.

Figure 3: The entrance of medical camp with the patients having free access. The team of medical and nursing staff and the local helpers.
Figure 4

Packages of limited essential supplies presented by the team.

The local sponsor among his aids and medical team in his house in open air.

Figure 5

The local women hearing translated medical advice.

The surgical sterile environment of operating theatre with minimal equipment oximetry was provided local and dissociative anesthesia were main agents for anesthesia.
The post-operative recovery facilities operated by local assistants and nurses. Intravenous infusion follow-up

Operative view of neglected huge fibroid which will help the patient to return to normal social life after excision

Most common observation of chronic skin ulcers due to trauma of thermal injuries which was submitted to surgical correction

Child with mal-union of limb fracture which was managed by orthopedic surgeon
ACKNOWLEDGEMENTS

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WAMY is a non-governmental youth and student organization affiliated with the United Nations. It supports those involved in young Muslims’ personal and social development and works to enable them to fulfill their potential in the British society. Through its various projects, WAMY provides support structures to encourage the positive engagement and integration of the youth in their social environment. It also aims to help assist towards diffusing social tensions, and protect Muslim youth from extremism and such trends that result in social instability.

http://www.wamy.co.uk

References
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