

2011

Clinical Exemplar

*Merrill Chaus, RN
Timonium Surgery Center- PACU
Timonium, MD
Team Coordinator
Operation Rainbow – International Medical Missions
Blog Contributors: Jen Damico, DPM
Chris Sauter (pre med student)*

TEAM SINAI HAITI – EXCERPTS FROM A MISSION

The hospital we are returning to is called Hopital Adventiste d'Haiti (HAH) in Carrefour, Port-au-Prince. Last year we did 40-50 orthopedic cases on children and adults during the week long mission. There has never been a PACU, but recently a 10 year old girl died on the ward after surgery so they now realize the importance for a PACU. My goal for this mission is to set up a 2 bed PACU complete with a Propac, suction, CPR manikins and all the supplies for the bedside stand. Our anesthesiologists will give a lecture about anesthesia and post op pain control. I would like to give a short presentation about pre-op checks, post op management and the use of the Propac. (personal email)



BLOG: What does the Sinai team do to unwind after a challenging day which included two tumor cases and bilateral cases on 8 month olds? A mango tasting party while perseverating on the days cases and our cravings for.....(shhh don't tell anyone at the hospital)... MEAT!! Although the food is really good here at HAH it is vegetarian and most of us are omnivores who enjoy red meat at times. I have a feeling that first taste of meat when we get back to the states will be the best any of us have had. Even with the mosquitoes biting (I had a target lesion, no

worries though, it's not Lymes disease) and my DEET not working, team Sinai came together over mangos and for most of the night and a very large brown speckled orange fleshed fruit for the better part of the night. While we had no clue what it was we some did partake and about an hour later Jaunty came in and told us it was an apricot!!! It was the largest apricot we had ever seen. Fun times were had by all Tuesday evening.



17 year old girl with never-treated congenital clubfoot ***Same girl, after Penny modification of the Lambrinudi triple arthrodesis***

BLOG: Greetings from Ayiti! Day three started with a beautiful Haitian morning, nice and warm way to wake up for the day. I slept like a rock (on my very comfortable cot) and managed to take a few moments to really take in the view of the hills behind the hospital and the chickens as they scavenged among the banana trees next to the hospital. While the day did not fully get rolling as early as many of us had hoped, it was definitely a full day of work. It was so great to see the ortho/podiatry team doing their thing...pinning, releasing, and casting left and right. I thoroughly enjoyed swinging the C-Arm around and watching the xrays as Dr. Herzenberg, assisted by two Haitians (JJ and Dr. Alexis), placed each pin carefully into a TSF. The most memorable part of the day was seeing a young little girl, tears streaming down her face, gripping her arms around the smiling nurse Cindy. My feet are pretty sore right now. I will take that as a sign that I put in my days work. To quote one team member who was kneeling on the ground just outside the OR, "I feel good right now, I don't think I can make it up the stairs." The night ended with a rain storm, bringing coolness to a very hot day. Anyways,

another day another dollar. Just kidding!! It's so great to be here, can't wait to see what tomorrow brings.

BLOG: Today was a day unlike any other. Day five had no clinic patients but a wealth of surgeries. Today would be the day for all the regional blocks! Day five also saw a transition, a culmination of our work here, although we have a very busy clinic/ OR day tomorrow, we will be leaving this Sunday. Jeff will be heading up things as we leave and we are helping to train not only the nurses and EMTs and local docs but the fantastic OR staff as well, helping show our tricks, quips and pearls to many of the trickier procedures...

* Tara and John and Merrill. Our PACU team is amazing, working in a 2 bed room with a side table full of everything you need overflowing with all the generous supplies donated. On the cupboard top, blankets made for the children by some wonderful human beings who even sewed a pocket with a beautiful note written



in Creole. We have two loaner Propac monitors for excellent post op care and AC which, if we stopped running in and out, would be more effective in cooling that tiny room! Charting is key here as the patients end up taking their post op instruction and operative slip with them when they are

discharged. Merrill and John R keep us on task!! They are the unsung heroes, while the surgeries may be over for the surgeons at 7 their day continues until our patients are fully recovered, well enough to move to less monitored beds and sometimes it continues into the night to check on a girl that although an outpatient surgery lived to far away to realistically send her home.

* I saw a woman cry today, tears of disappointment, despair and longing. Tears we had caused. It was a day of long complicated cases and executive decisions had to be made. Our most valuable resource, the team, if burnt out, would be no good for any one. The sheer amount of

*I saw a woman
cry today,
tears of
disappointment,
despair
and longing...*

pathology we saw this week and likely adding to it tomorrow was a bit overwhelming. Unfortunately the deformities we were mostly seeing were complicated with corrections that take a bit of time to complete, leaving us at a loss for just how many we can help. These are the facts. I cried when I saw that mom. I felt for her and understood her despair. In certain towns, villages and cities around the world, foot deformities are of some of the more shameful conditions. This mother likely thought she would come,

her child would be fixed and no more stigma, ostracizing or ridicule would be put on them....the hope in this story is that there are amazingly generous souls that do what team Sinai does and will be here to help her daughter soon. The tragedy of this story is....now that the tragedy of the earthquake is a year old....how many will still think about an island nation in the Caribbean with no front page



news story? Operation Rainbow, Team Sinai and CURE will because they are dedicated to helping anyone and everyone to aid in contributing to a quality of life some of these children have never known. Now that the dust has settled, new tasks must be accomplished, new goals must be attained. We saw very few people affected by the earthquake this week. The majority the population were people, babies and children with congenital deformities who needed our help. Need our support, need us to not forget them when the hype dies down.

BLOG: We have completed 32 cases this week, a variety of congenital deformities and a smattering of other pathologies. Today was the last push, we had all be working since we got here. This is where the coca cola came in, just enough sugar



and caffeine to get to the end of the day. Our day was filled with OR and clinic, pain control and cast changes. Our teaching came to a close with defibrillator lessons, some EKG reading and clubfoot lectures as well as a practical lab for our great technicians!!! All in all, heat, rain and mosquitoes...it was an amazingly wonderful, heartbreaking,

educational trip. It is amazing when there are a group of relative strangers with a common goal that can get together and get along! We have worked together and broken bread (MRE, Protein bars, Tuna, Mac and cheese). I am excited for tomorrow - no real cases, no scrubs and a chance to really hang out although I feel like I know everyone....

BLOG: Day Seven.....rounds in the morning, followed by a trek to an orphanage (a trek - it was up a windy dirt road in the mud, the van fishtailed), two stories, no real running water but electricity. There were 20 or so kids there. We brought



toys, soccer balls, coloring books, frisbees, pencils. We tried to give everyone something. We even had the hand-made blankets we were giving out to our patients the previous week. A few members of our group went and bought snacks and pasta and fixings so the kids had some food to eat. Most gobbled up the snacks right away, some hid them to save for later.

After going back down the hill, we started our tour of Port Au Prince. Squalor is the best word for the worst parts of the city. The destruction, like the earthquake, looked like it happened yesterday. Masses of concrete houses placed on top of each other along the hillside and decimation in the valley. This slowly weaves along some paved and unpaved roads into a less cramped area with a hint of manicured lawn (our driver said it's a club where tennis is played) and along the winding road beautiful vistas pop through concrete with a glimpse of the port and ocean.....

We stopped for lunch at Epi D'or a cafeteria style bakery/fast food/Haitian restaurant in a relatively affluent part called Delmas. There were a few boutiques, the roads were paved although kitty-corner from the restaurant was a decimated



building. About 1/3 of our group partook in the pastries, 1/3 "American food" and rounding it out was a combo of Haitian food and crepes. Coca colas, Tampico and

champagne cola as well as coffee was enjoyed at our tables. "Geteau simple" (Haitian cake) was introduced to us by Ron and Tara.....a lighter crumbly pound cake of sorts with a hint of coconut was a great treat!!

After our enjoyable lunch, we headed to the presidential palace. Across the street is one of the tent cities where I overheard a man say 2800 people live. The palace once shining and standing tall, now sits a little shorter, askew, and across from a constant reminder that *something must be done*. We followed the palace down to the PAP cathedral, where the presidents used to be inaugurated. It was a shell of it's former self, some stained glass left in a skeleton church.

EMAIL: We are back from another successful trip to Haiti. We performed 32 surgeries, 5 days of clinic and gave 9 talks. We were able to leave skills, not just scars. The PACU talk went well. I've attached a few pix of us teaching the Haitian nurses how to use the Propac. Thanks again for all your help.

*We were
able to
leave skills,
not just
scars.*



A NOTE ABOUT “PLUMPY’ NUT”

We did a lot of research before going to Haiti and read lots of blogs. We learned that the patients were severely malnourished. The hospital could only afford to give patients one small meal per day. As a result their wounds were not healing and they became prone to infections. We came across “Plumpy Nut” as a solution to the problem.

Plumpy’nut is a peanut-based food used for famine relief. It is high in protein and energy, with a sweet taste kids enjoy.

The facts?

- * Malnutrition kills 5 million children/yr 1child/sec
- * MSF Plumpy’nut
 - * Cheap, easy, tasty
 - * Peanuts, oil, milk powder, sugar, vitamins and minerals
 - * Each sachet costs 34 cents
 - * 500 calories, 12 g. protein, 30 g.fat



Here is a picture of Mia, before beginning PN and one month after. You can see her arms and face have filled out nicely and she looks like a normal child.



Reprinted with permission from Blog author – Merrill Chaus, RN

Visit www.teamsinaihaiti.blogspot.com