

Medical Mission Guatemala

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In June 2015, I participated in my sixth medical mission trip. The last four trips have been to Guatemala. Every year, I am moved by how truly poor some of these people are. Especially in the countryside, dirt floors are the norm. Long bus rides to work are common. The patients and families always wear their best clothing, when they come to pre-op clinic and the day of surgery. Sometimes this is when the poverty is most evident. One year I was momentarily confused when a teenage boy came in women's pajamas. Our patients vary in age and background, including the very small indigenous people from the mountains.

The facility we work at is the Obras Sociales del Santo Hermano Pedro. It is managed by Franciscan monks. It is difficult to describe the Obras because it is some many different things in one. It does include a Catholic church. The facility also provides medical and dental care for the poor and is a lifelong home for a large number of mentally challenged individuals. When a baby is born with cerebral palsy or other conditions, they are left on the steps of the church. The people caring for these mentally challenged residents do a wonderful job. The residents are always clean and appear very happy. When the residents reach a certain age, they are transferred to a gender specific facility in the countryside. In addition, to their ongoing work, there is the perioperative area. Each week, except Christmas week, a different surgical group arrives to do surgeries. There are four operating rooms, a pre-op area, and the PACU. There are five bays in the PACU, each with oxygen, wall suction and older monitors.

Many of the people in my mission group have been attending this same mission for several years. This is great, because even though you may work in different hospitals in the states, you develop a rapport. We fly down on Saturday and pre-op clinic is all day on Sunday. From what I understand, there are a couple of missionary workers who get the correct people to the pre-op clinic. The clinic starts at 0800 and will often not finish until 1700. For the PACU staff, Sunday is our easiest day. We set up the PACU, which doesn't take long. No matter what we bring from our warehouse, it seems that what we had plenty of the year before, is in short supply this year and there is an overabundance the items we brought (maybe all the medical teams are doing the same thing). We also help make up take home bags, including soap, toothpaste and tooth brushes.

This year we had a donation of canvas bags for this purpose. These were great because the patients could decorate them the next day. After we have finished these tasks, we try to help out wherever we are needed. The real show on Sunday is up in the clinics. Usually the entire family comes to the pre-op clinic. So in addition to all the potential patients, there are a LOT of other people. One of the great things about this trip is that several of doctor's wives and children also come. They form the Art Team. They really stay busy all week, but especially so on pre-op day. They spend their time doing crafts and playing games with the children.

Starting Monday morning, we get really busy. The patients we see are there for ENT, Urology, or General Surgery. In most of the cases, the patients present with a condition they have had for some time. For this reason, they are often longer and or more complex presentations than patients we see at home. When the patients leave the PACU, they go to either the male or female ward. I often think this

must be interesting during the night, since the patients may age from toddlers to geriatric patients. The hospital does have the capability of caring for step down ICU patients. The first year I was there, we had to put an infant on the only ventilator they had. I was really glad we had a NICU respiratory therapist with us. After their hospital stay, many of the patients and their families will spend some days at Casa de Fay. This is rather like a Ronald McDonald House. The Art Team spends a lot of time there and doctors go check on them every day.

The General Surgeons' most common cases are laparoscopic cholecystectomies and hernias. The Urologists do a few minor surgeries, including a random circ. Last year we did have a priest who came for circumcision. This was rather awkward in the PACU. The main procedure for the Urologists is TURP's. This year these included three gentlemen in their 80's who had had continuous foley catheters for more than six months. Each of these gentlemen proved to be a challenge in different ways. The first experienced bleeding we could not stop. He had to go back to the OR. The second experienced low blood pressures, requiring fluid boluses and meds. The third gentleman did fine throughout his perianesthesia stay, however two days later he fell in the ward. It was determined that he was suffering from dementia, which was unknown to any staff members.

The ENT patients vary from year to year. Monday is the day set aside for tonsillectomies. For this reason, it is also the day we see the most children. These patients will stay at Casa de Fay for the entire week, so the ENT doctors can monitor them for tonsil bleeds. Other ENT surgeries include sinus surgeries, tympanoplasties, and others. The ENT surgeries seem to vary the most by year. Two years ago we seemed to specialize in parotidectomies.

It is a very long week. Monday and Tuesday are usually our longest day. The PACU staff arrives at 0730 and often don't leave until after 1930. This year by Monday evening we were so tired, we didn't even want any dinner. We finish up on Friday afternoon, except the doctors assigned to see the patients on Saturday.

Anyone who has been on a mission trip can tell you how rewarding it truly is. Our patients are very grateful for our help. As with any endeavor there are those individuals you will never forget. My first was the baby I mentioned earlier. This six month old who needed an adenoidectomy. The only reason the ENT doctor agreed to do the surgery was because we had the correct team. We all work at Children's Mercy Hospital in Kansas City. Dr. Nicklaus is a pediatric ENT who works at my hospital. Dr. Eric Weissend is a pediatric Anesthesiologist there. The RT from our NICU was Brian Humphreys. I work in our PACU where we routinely recover NICU babies after surgery. The recovery was tricky and when the baby started to wear out, Brian decided it was time for the vent. Again, I was glad I had Brian there. That same year, a second patient stood out in my mind. She was a 19 year old patient who had a tonsillectomy. She spoke perfect English. When we asked her about it, she explained that she had taught herself English, by watching the same movie in English, over and over and over. The next year, there was Hugo who was six years old. Unlike most Guatemalan children, Hugo was pretty chubby. It seemed appropriate that his favorite shirt sported Cookie Monster on the front.

Last year, our favorite was the little man in his 80's who had prostate cancer. He was the last patient in the PACU as we tried to wean him to room air. It had been a very long day and his wife of over 60 years wanted to see him desperately. She wanted to see him for just a minute, so she knew he was okay. We broke the rules, wrapped her up in blankets and let her in the PACU. Their smiles made our week. When we got caught and scolded, we just smiled.



This year was the gentleman in his 70's who kept watching me. Every time I looked his direction, we was just looking at me. I don't think he had ever seen blonde curly hair. I asked If we could take a picture together and he shook his head "no."

While he was in the PACU, several other pictures were taken. When the orderlies started to wheel him out of the PACU, he made them stop so we could take a picture together. I have included it with this narrative.

I love my job in Kansas City. I am also eternally grateful that perianesthesia nursing has given me a knowledge and skill set that I can utilize on medical mission trips.