

Humanitarian Mission: Naga City, Philippines - January 17 – 26, 2019

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Embarking on any humanitarian mission takes a lot of planning and research. As I entered another phase in my nursing career (I semi-retired December 31, 2017, I asked to work per diem at Children's Mercy Kansas) I knew I wanted to do more. As I have been an active volunteer for ASPAN for the past 2 ½ decades, I decided to take advantage of the scholarship monies available to ASPAN members. First, I secured my place in the team that Uplift Internationale (UI) was putting together for their 2019 medical mission. By sheer luck, the nursing team lead for the organization happens to be my college batch mate Edith Pasion from Colorado. She immediately recruited me to join the team and so the ball got rolling in July 2018. I, in turn, recruited Cindy Ladner and Janet Woulfe both active Mokanpana and ASPAN members. We had a lot of paperwork to fill out. One such paper is the temporary work permit that would allow us to practice nursing in the Philippines for the allotted time of the medical mission. Uplift Internationale (UI) was celebrating their 30th year of volunteerism and we were fortunate to have Hannah Jamsay - UI's Executive Director help us with the necessary paperwork.

Our journey started with a 3-hour flight to Los Angeles from Kansas City. We had to be in LA so we could catch the morning flight of 16 hours from Los Angeles to Manila, Philippines (January 17 but actually arrived evening of the 18th). After a short night, we took another airplane ride from Manila to Naga City, Naga. Unfortunately, our luggage did not arrive with us and we had to go to our first day of the mission in the same clothes we traveled in and the blue Uplift t-shirt we received on arrival (Picture 1).



Sunday the 19th, instead of just a screening day, the surgeons were anxious to get started and so we did 11 surgeries under half a day. This was greeted with enthusiasm by the parents of those first patients because they had traveled an hour to get to a main road and then 5 hours to get to Naga City. They wanted the surgery for their children but were also anxious to get back home to their other children. I can sincerely state that the team of residents, anesthesiologists, surgeon and CRNA were all up to the challenge. Our team had pre-screened 115 patients for surgery. Unfortunately for some of the parents and patients, respiratory illness both chronic and acute prevented them from having anesthesia and surgery. We had a child in the holding area and was just seconds from being taken into the OR when he had a seizure. According to our local nurse interpreter, the mother knew about the seizures but had reluctantly not discussed it with the Pre-Op screeners. Furthermore, the anti-seizure medicine cost a lot and so she was not giving it as prescribed. Our PACU team donated monies so that the mother could buy a whole year's supply of the anti-seizure medicine. She was so grateful. That is what was so amazing to see with all the people we came in contact with. They were forever thanking us for just being in their town. When we went out at night or went to stores, people recognized that we were part of the mission team and we were being thanked all over again. The Naga City Rotary officers and members made sure we were welcomed warmly and we were feted with several dinners in our honor and got to meet the town mayor also.

In 4 ½ days, our team successfully performed 87 cleft lip, cleft palate, alveoloplasty with bone graft, other palate related surgeries like a tooth growing into the nasal bed. We worked 12-14 days and being on the PACU team meant we were always the last to leave the hospital and go back to our hotel for much needed rest and nutrition. Luckily for these patients, Uplift had planned well in that we could report to our two night shift ward nurses Jose Bautista and Aileen Ramos. I knew when I handed over

our patients to them for Phase III level of care that our patients were in great hands. Most of our postop cleft lip repair patients were evaluated by one of our team doctors and discharged home after 24 hours. Our postop cleft palate repairs and alveoloplasty patients had to stay at least 48 hours prior to being cleared for discharge. There were some lessons learned in those first 2 days. Most of our parents whether it was a language barrier or other did not understand progressing their child from clear liquids to full liquids. The children were so hungry 24 hours after surgery. That was quickly addressed and the children were happier. Another lesson learned was that moms just did not understand what no nipples or no sucking meant after these particular surgeries. Our ward nurses had to assist most moms to express breast milk and feed the patient using an open cup (for those age appropriate) or use an oral syringe.

I have to explain the physical set-up for both the OR and the PACU. We had 4 teams of surgeons and anesthesia providers in two OR rooms. We set up 2 OR tables in each room and the PACU was connected to one of the OR rooms via a swing door. Our PACU consisted of 3 beds. We had free standing O2 tanks by each bed and we rigged O2 tubing to deliver it to our patients. We had one working monitor and several portable SPO2 monitors. Our medication counter was also a snack counter, personal drink counter with the only faucet and sink in the room next to the communal toilet that did not have a door, just a curtain for privacy (see Picture 2).



The holding area consisted of two sets of chairs for each the surgeons' patients that were to follow the first case. Our PACU was truly family centered care in that as soon as our patients reached Phase II level of care, we brought a parent in to hold them, this allowed the PACU nurse to take the next postop patient. We would have 2 patients in one bed at times but it all worked out well. Fortunately for us we also had one of our team doctors in the PACU at most times to write postop orders and/ or write discharge orders. We had a local nurse who learned how to recover patients alongside us but more importantly she translated our instructions to the parent or the patient if they are appropriate age. In between recovering patients, we would go out to the ward and talk to the parents and play with the patients who were still waiting to go to surgery. We also do postop visits first thing in the morning before our first postop patients arrive. It felt so good to see and talk to these families.



One of my patients in particular was Rachel about 9 years old. Her cleft lip meant she was being bullied at school and did not have any friends. After her procedure I went to talk to her and her mom. She still looked so sad and using an interpreter Rachel was still sad because her repair looked red and swollen. We assured her once it heals it would look better (Picture 3). She reluctantly smiled after that.

Our 55 member team for this medical mission consisted of nurses, doctors, biomed engineers and lay people doing outreach activities. While we worked in surgery, our other team members did eye evaluations and handed out reading glasses to more than 400 people. Our Pre-screening team have identified another 150 patients that would benefit from the cleft lip and palate repairs and so in that spirit,

the medical director of the hospital together with the Mayor of Naga have reached an agreement with Uplift Internationale and asked UI to return February 2020 to perform more surgeries.

This has been such a wonderful experience for all of us. I have been asked to join the team next year. I have not committed yet as I am still recovering from jet lag and feeling under the weather at this time. I had asked Hannah Jamsay to reserve a place for me and I will prayerfully consider being on the team again in 2020. I would like to thank ASPAN for granting me scholarship monies to help defray the cost of the trip. It has indeed been a great experience and it lifts one's spirit to know we had done great work for those less fortunate.



Photographs courtesy of Armi Holcomb.