

Health Talents International

January Surgical Clinic Jan 16-23, 2016

Team Participants: Surgeons: Tommy Hatchett, Roger Knowlton, Stewart Lowry, Rachel Martin, Scott Newbold, Steven Scarcliff, Scott Smith; Anesthesia: Ken Beach, Lawrence Freund, Duane Gill, Scott Hudgins; Mission Intern: Rowdy Sarrett; Nurses: Erika Bryant, Jacqueline Eagar, Ashley Franklin, Janice Gray, Kimmy Karlsen, Annie Kerbs, Rebeca Mullins, Michaelle Nelson, Andrea Ostrowski, Vicky Schandavel, Kelly Smith, Grace Sapiens, Ann Stowe, Amy Vaughan, Jenni Whitefield, Beth Wineland; Surgical Tech: Dineen Cottrell; Nursing Student: Diana Caniz, Jacque Diaz, Abby McAdams, Kat Taylor, Kyle Vick; Translators: Rachel Finney, Alicia Garcia-Ingram, Lucy Pagan, Rita Sills, Linly Stowe; Sterilization: Julie Anderson, Cary Sills, ; Caregivers: Tami Beach, Eryka Berryhill, Savannah Forren, Tina Forren, Julie Ann Harper, Missy Hatchett, Alena Lowry, Bennett Lowry, Lauren Massongill, Kristie Scarcliff, Sarah Scarcliff, Clay Smith, Emily Smith, Jacob Smith, Kristina Smith, Taylor Smith, Bailey Whitefield; Trip Chaplain: David Dorantes; Team Leader: Rick Harper

For the third year in a row, we had a few on this trip miss their flights and Dr. Stewart Lowry's family were the victims in 2016. With travelers from as far east as Vermont and Washington to the west, it is not surprising that we have a few airline issues. We put the three of them up for the night at Hotel Barcelo and arranged for Dr. Sierra to pick them up Sunday morning.

The rest of the team arrived right at 5:00 PM that evening and we promptly, unpacked, sorted and inventoried supplies, prepped the OR and completed pre-op exams. Most exams were finished in time for supper at 7:00, though a few exams ran a bit later. By 8:30, all had eaten and participated in a brief orientation, then it was off to bed.

Twenty-four on our team were first time participants and many will be returning in the future after being exposed to the ministry that is, Health Talents International.

Our newbies awoke with a sense of wonder and we all enjoyed a peaceful, delicious breakfast, complete with coffee and conversation. Eight on this team brought children, five of whom were first-timers. We enjoy being able to welcome the children of our providers and the opportunity to nurture hearts of service in malleable, young lives.

Shortly before 10:00 AM, we walked across the road to worship with the Montellano church family where our trip chaplain, David Dorantes, delivered a bilingual sermon. Josue Xalu, our housekeeper in the dormitory area, inspired everyone with his gifted voice as he led our singing that morning.

Once church services were over, we tabbed new RN, but veteran of many trips, Vicky Schandavel to translate for Dr. Walter Sierra during our surgical orientation. Routine though it may be for many, this time of orientation is important for many reasons, chief among them is the fact that we have so many new team member this year. And if that were not sufficient, it provides a venue to remind all of our providers that they are operating with a temporary license, and under the Guatemala license of Dr. Sierra. We take the trust Dr. Walter affords our volunteers very seriously and appreciate his leadership and service as our surgical director.

Tommy and Missy visiting their ABC child!



Surgeries began around 1:30 and we completed three GYN cases and nine general cases. To borrow an old phrase, “same song second verse,” we once again over scheduled on day one and we were in the OR longer than was ideal. A strong desire to serve, a long list of patients and day one energy all contribute to this pattern. OR three began with a tough case right out of the gate as a simple fibroid cyst ended up weighing more than ten pounds and requiring significantly more OR time that was scheduled. Before the night was out, she received two units of blood and a third unit later in the week. However, she was discharged on Friday and has since returned for her postop check and is doing well.

This was the second year in a row with nursing students from ACU joining our January team, and eleven RN's, making for a very well-staffed recovery room team. Add in another sixteen caregivers and we were able to provide excellent care with an abundance of love and compassion.

Monday's schedule yielded four GYN and fourteen general cases, another long day, but progress made on getting out at an optimal hour. Late nights in the OR begin to take their toll on everyone. Our OR nurses having spent so much time on their feet, our anesthesia crew who get to the OR early then stay late to waken the patient after surgery and our surgeons who often have patients waiting to be seen at the end of the day.

Our schedule for Tuesday was not complete when our devotional ended, but by bedtime, we knew we had seventeen on the schedule, four GYN and thirteen general cases. Seventeen is by no means, a small number of cases, but the complexity of the cases meant the OR's were empty by 5:30 and it could not have come at a better time. One room was done even earlier and a few of them took advantage to walk into Montellano, get some fresh air and interact with the children in the community. They returned with pep in their step and smiles on their faces.

When we called it a night, we thought we had a light day for general surgery on Wednesday, with only ten cases. However a quick call to Dr. Walter and our Guatemala team reached out to patients scheduled for later in the year and asked them to come in NPO on Wednesday morning. As a result, we ended up doing six GYN and fifteen general cases for a total of twenty-one. It was a weary crew around the dinner table that night and our trip down to the ward to sing to our patients provided a needed lift. Putting others above yourself does that and praising God in song fills the heart of both singer and listener.

The volcano, Fuego, erupted Wednesday afternoon and closed the airport, prompting a bit of concern by some, primarily Dr. Tommy and Missy Hatchett who were scheduled to fly out on Thursday afternoon. Fortunately, the airport reopened Thursday morning and their flight departed on schedule. Seven general cases were on the schedule that morning and the OR's were empty by noon.

We scheduled a trip to the chocolate farm that afternoon and more than thirty enjoyed a pleasant excursion. The tally for the week...seventy-five cases, eighteen GYN and fifty-seven generals.

One last bit of drama popped up as we prepared to fly back to the US, a snow storm blanketing the Northeast, and we had team members returning to Ohio, Vermont and Virginia. By Monday, all were home safe and sound, though a few flew into nearby cities and rented cars to finish the trip. I am often asked, "How was the surgical week?" It is always nice to reply, "All of our patients and all of our team members are home and doing well...and God was glorified."

Beneath our team photo is an excerpt from the journal of veteran team member and translator, Rachel Finney. I encourage you to take a moment and enjoy her heart and humor!



January 2016

January 21, 2016

David challenged us at the beginning of the week to talk tonight about where we had seen God this week.

I've seen a lot of younger kids comforting other children with things they do not need language for... coloring books, homemade stuffed animals, UNO cards.

I've seen a lot of teens doing tasks which for most teens would be unappealing. Holding foley and IV bags while people go to the bathroom, measuring and emptying urine, taking endless slow walks around the ward with recovering patients.

I've seen a lot of tired nurses and caregivers digging deep to find enough strength to help one more patient with pain meds or uncomfortable positions or unreasonable demands—like softer sheets and better mattresses.

But I wanted to focus on the tremendous patience I've seen displayed this week by so many...by all of the groups I've already mentioned. But also the doctors who seem to never be tired or irritable. And no matter how many surgeries they've done in a day—they always seem to have time for one more consult.

So I've entitled tonight's selection from my journal:

“Hernia Consult #3,985”

The consult started off normally enough. The middle-aged female patient entered and greeted the doctor and me with a big smile and slightly sweaty handshake...per usual.

The questions are always the same and I have them memorized but I wait for the doctor to ask me the first one in order to get things started.

Doctor: What brings you here today?

I translate the question and the patient starts talking to me.

Patient: Oh...my mother's in really bad health. Her knees are terrible and she can't get around her house very well. I have to take care of her. She needs me to take care of her. I have to give her meds, and cook and clean, and she lives in another village and I can't leave her for very long... And there's the garden and the chickens to take care of and we have to gather the eggs every day...

"I'm sorry to hear about your mother," I interrupt. "But the doctor needs to hear about you. How are you feeling? Why have you come today?"

"Because I have a hernia!" She exclaims in exasperation as she grabs my hand and shoves it down the waistband of her skirt on top of her underwear in her lower abdomen. "Can't you feel it?"

"Well, Yes, I can feel it actually. That's very interesting. " I say as I extract my hand from inside her clothing. "But let's let the doctor check you first. I'm just here to interpret. I'm not a doctor."

"But you know a lot, right?" She asks me. "You know if they can fix me with mesh?"

"Let's see what the doctor says. He needs to know if it causes you pain or nausea or vomiting."

"Oh yes, it hurts all the time now," she says. "I have to take care of mother and help her with everything. She's really in bad shape."

"What about changes in the hernia? How long have you had it? Has it been growing?" I keep trying to get the doctor's questions answered. She keeps talking but is barely answering the questions.

After the physical exam the doctor turns to me and lets me know that this case will be a little complicated to explain. I suck in my breath quietly through my teeth and glance at the patient. Her eyes are glued to my face. She's watching me like a hawk. This one's not going to be easy.

Doctor: "What we have here is a series of really large hernias just below the umbilicus...yada yada yada..." I'm not really sure what came after that.

I turn to the patient. “It’s a really big hernia somewhere around your belly button. I think he said it’s the size of a ficus.”

The doctor goes on. “It’s too late in the week to attempt a surgery this large with the mesh we have. She should wait until another team can come and even then I’m not sure they would even attempt it. The risks of bleeding and infection and recurrence are much higher with this type of surgery—probably greater than 50%. She would have to weigh the benefits versus the risks and decide if she really wants the surgery.”

I try to explain this to the patient. She gasps, “Am I going to die?”

Doctor: “No, you are not going to die.”

Patient: “So you can put in the mesh right? I hear that’s what you do here. I really want the mesh. I have to wear a wide wrap all the time to hold my belly in.”

I glance over at the doctor. His eyebrows are raised. “Are we any closer to landing this plane?” his look seems to say.

I raise my eyebrows in response. “Well, I thought I had the runway in sight. But now we seem to be in some sort of holding pattern over the airport.”

Doctor: “Yes, we use mesh to repair hernias. But yours is really not just one hernia but a series of large ones. There are greater risks involved with this type of surgery.”

I tell the patient and then add, “The doctor says that is a good idea to wrap your belly. Keep doing that until the next group of doctors comes.”

Patient: “So you can fix me then.”

Doctor: “Yes, the next group will probably be willing your tackle your case.”

Patient: “Because I don’t want to die. My mother needs me. She’s not well. Her knees are so bad she can barely walk. I love my mother so much. I don’t want to die and leave her.”

My mind starts to wander. I think about this program I saw once on the Discovery Channel. It was about how some kind of sharks will, when confront with a great deal of overwhelming stimuli, suddenly roll over and play dead right in the middle of the ocean. I think about sliding out of my chair onto the cool tile floor and just lying there, belly to the sky, letting my eyes go all glassy.

The doctor and patient are now talking to me at the same time. I have to focus.

“You are not going to die,” I say for the 50th time. “Just wait until the next group comes and they will help you decide what to do.” I am talking on top of the patient now. She will not stop talking.

The doctor hands her the chart and directs her toward the door. I, too, attempt to lead her toward the door after what seems to me a 30 min. convoluted conversation. I quickly hand the chart to Marta in the hallway. The patient is still saying things like, "They can fix me, right? They will give me the mesh, won't they?"

"Sí, sí, sí." I just keep nodding as I walk away. She's not the last one. There is always another hernia just around the corner.

But we'll be back. We will always be back.