Report Surgical Mission 2/2015

By Dr. Diana Joseph

Our Team: Angelo (L), Dr. Frank, Gabriel, Agnes, Dr. Michael, Tatjana, Dr. Diana (R)
Gordhim Hospital, last day of the surgical mission 2/2015
In February 2015 we, the three doctors of Medhilfe South Sudan, Dr. Frank Templin, Dr. Michael Perschmann and myself Dr. Diana Joseph (link to team) travelled to South Sudan for their first on-the-ground surgical mission. For both Dr. Frank and Dr. Michael it was their first visit to the youngest Nation in the world.

This mission was coordinated with Tatjana Gerber, who is a registered nurse as well as a business administrator from Germany. Tatjana is employed by the NGO Misereor Germany as a project manager and a senior nurse to run a hospital in Gordhim, South Sudan. Gordhim Hospital is run by nurses and medical personnel but, without doctors due to lack of doctors in the country.

During the process of training and preparation before she could be sent to the field to start her new occupation, Tatjana did a placement at the Johanniter Hospital in Germany, which is where we work. That is when we met Tatjana for the first time. I then told her about our project idea for South Sudan. The idea was to go to South Sudan on a regular basis to perform surgeries for those in critical need but, due to our lack of experience in projects of that sort as well as the necessary funding the project was yet to be implemented.

When Tatjana arrived to Gordhim it was obvious that the need for professional medical help, surgeries in particular was enormous. She than contacted us to ask, whether we were still interested in going to South Sudan for a surgical project. We accepted her offer without hesitation.

The very first step was to get in touch with the Embassy of the Republic of South Sudan for Germany in Berlin to discuss all the necessary regulations and requirements as well as to obtain a visa. The Ambassador and the Embassy staff were very supportive indeed. The provided us with all the necessary documents and they informed the Ministry of Foreign affairs in South Sudan as well as the Ministry of Health about our project.

We then proceeded with the rest of the preparations for the project. Tatjana had done the first patients’ screening in Gordhim and made the initial diagnosis. These
included inguinal and scrotal hernias, Hydroceles, Goiter, severe Keloids, Haemorrhoids, Tumors of the soft tissue such as Lipomas, Breast tumors, etc. However there was no ventilation equipment available at Gordhim Hospital for the Anaesthesia, no ICU, no possibility for blood transfusions and the medical personnel for post operative care was limited. This limited the operation spectrum, since the operations had to mainly be done in regional anaesthesia. Therefore one of the first decisions we had to make was the type of operations we were willing to perform considering the limited facilities available.

We decided to do inguinal and scrotal hernias, Hydroceles, Keloids, Haemorrhoids and removal of Tumors. We decided not to operate Goiters on our first trip, since management in case of complications could be a great challenge.

The next step was preparing a list of materials needed for the project such as medication, surgical instruments, wound dressings and much more. Some of the materials could be purchased from South Sudan and some from neighbouring countries. Others were not available in Africa or were too expensive. They were therefore purchased from Germany and then sent to South Sudan. This part of the organisation turned out to be very challenging and time consuming but, when we finally arrived on the field, we realised that it was worth the trouble.

After all the necessary arrangements have been made, we finally made the booking, arriving on Feb. 14th, 2015 to Juba, the capital city of South Sudan. Two days later we continued to Aweil, in Bahr El Ghazal State using the World Food Program Flights (WFP) which was organised by AAA.

After arrival to Aweil, the team was picked up from the airport by Tatjana. After doing some formal visits such as a visit to the Ministry of Health and to the Health Commissioner the journey continued by car to the final destination Gordhim. Gordhim Hospital is an old missionary campus, which also contains a church and two schools.

The team arrived to Gordhim Hospital on February 16th, 2015 around 4 pm and was awaited by a big number of patients. After a break of 15 minutes the doctors started
the ambulatory screening. Approximately 40 Patients were screened that afternoon. A schedule for operations for the next few days was then prepared.
The next morning, on Tuesday the 17th Feb, '15 the first 7 operation were done. In the afternoon 40 more patients were screened. On the following 3 days approximately 25 – 30 more patients were operated. Then further screening took place, so that the total number of patients screened was approximately 200. A total of 70 were operated, the rest were either inoperable or received a conservative therapy for instance with medication.
The operations performed were as following:
22 inguinal and scrotal Herniotomies
12 Hydrocele repair
12 Tumorectomie
7 Removal of severe keloid
6 Lipoma removals
2 Hemorrhoidectomy
9 others (minor operations)

The medical Personnel of Gordhim Hospital consisted of:
- Tatjana Gerber (see above)
- Agnes Akullo, an anaesthesia expatriate from Marial Lou Hospital in South Sudan, who was sent to Gordhim Hospital by her employer the AAA specially to support our mission.
- Angelo Mou, a south sudanese Senior assistant Nurse, who also supported the preparation of the theater and worked as a scrub nurse during the entire mission.
- Gabriel Atem, a south sudanese registered nurse with basic knowledge of Anaesthesia. He is also the Senior Nurse in charge of the Leprosy program of the Gordhim Hospital. Gabriel helped in screening and registering the patients as well as preparing the theater.
- James Garang, assistant pharmacist who supported the preparation of drugs and delivery of materials.
- Nalubuulwa Prosscovia, a comprehensive nurse, who did the nightly post operative care as well as a day duty in Maternity on standby.
- Catherine Kamwitha, TB Officer who gave good advice based on her experiences from former surgical missions at Gordhim Hospital.

This project was sponsored by:
1. Misereor Germany
2. The Arkanjelo Ali Association (AAA), a south sudanese NGO
3. Johanniter Unfallhilfe Berlin, German
4. Johanniter Hospital Geesthacht, German
5. Felicitas Grupe Stiftung

We are very grateful for their support. Without their help and without the great help of Tatjana Gerber as well as the entire Gordhim Hospital Personnel, we would not have been able to go to South Sudan that soon and do the work we have done.

Two teams operating parallely
The entire Gordhim Hospital personnel, farewell party for the doctors 24.2.'15