

„VISIT JANUARY 2014“

Report by Sabine Schwenkner | Asmara, 8.-18. January

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Wednesday From Hamburg Dr. Bauer (organization), Dr. Graubner (gynaecologist) and I (surgical nurse) departed to Frankfurt. There we met Magali Jourdan and Nina Bauer, our important documentation team. They were flown in from Vienna. After a few hours stay at the Frankfurt airport, however, we already were able to use the time for the planning of our visit, we went further to Cairo. There we met Dr. Bettina Ullrich, the newly added project oncologist from Milan. Together we flew from Cairo to Asmara. Since not all the passports had reached their owners in time, we had to face when we arrived in Asmara on Thursday morning around 3.00, some bureaucratic and financial barriers (despite the substitute documents issued in Europe)... and even though we finally arrived in the hotel rooms around 5.00 clock, we had already agreed to start our work in „our hospital“ at 9.30.



Meheret and Sabine Schwenkner

Thursday Dr. Graubner examined the patients, pre-assigned by the Residents and then determined the operation schedule for the duration of our stay. Initially, 18 patients were scheduled for 5 OP-days. According to experience, new patients who should or want to be operated from the German team only, might be added almost daily. In addition, the first Eritrean German Workshop on „Improving the Treatment of Cancer“ was planned for one day. Therefore, additional time had to be scheduled for this important professional exchange and training event. First of all, 8 patients signed in with advanced carcinomas, several patients for myoma surgery, one for laparoscopy, several prolapse operations and the care of older birth injuries. We also wanted to practice the „gentle“ caesarean section after the „Misgav Ladach method“ with the new instruments, and of course the new CTG machine should be introduced.

Thanks to the generous offer of many remanufactured and therefore almost as good as new instruments from the Hamburg merchant „Lennartz-medical“ and a brand new set of instruments for caesarean sections and some also new gynecological instruments, as well as an operating framework and instrument containers from the well-known instrument manufacturers Aesculap in Tuttlingen, I had more than enough to do during the morning to bring the tools and other items from the hotel to the hospital in order to sort and distribute them.

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Overall, the existing gynaecological instrument sets could be improved significantly, through the donations. A much-needed self-retaining retractor (oval frame) and eight (new) caesarean section sets could be put together. Since there are 900 to 1,000 births per month in this hospital, this number of instrument sets for caesarean sections is essential. The cesarean section rate amounts about 20%. There are definitely nights where six caesarean sections must be performed. The sterilization department for instrument preparation is only occupied during the day, so that this number of Op-sets is urgently needed.

We started with the OP program after lunch and operated until the evening. Since there is currently no screening in Eritrea, carcinomas and other diseases can develop undetected, which with us are already detected and treated at an early stage. Therefore, operations are more complicated and time consuming than those of comparable clinical symptoms with us.

Friday Pathologist Prof. Dr. Lobeck and an additional gynaecologist who contributed to the workshop, Prof. Dr. Lichtenegger, arrived on Friday in Asmara from Berlin and completed our team. Thanks to the presence of the Pathologist, the tissue samples of our patients could be investigated promptly and treatment recommendations were given. Unfortunately, this is not invariably the case, as the position of pathologist in Asmara is not permanently occupied.

Moreover, the technology cannot be relied on. As there was a power failure during the teaching caesarean section at a crucial stage of the child's birth. Suddenly it was pitch-dark (it was 7 pm) and except of our exclamation of astonishment, it was quiet as a mouse. Even the urgently needed surgical aspirator had failed. Luckily, the power failure lasted only maximal a minute. However, this time seemed to take ages to me. Neither of us had a cell phone with „lamps App“ here... But when the light switched on again and the surgical aspirator was running again, Dr. Graubner had the baby developed and the procedure could be terminated without further technical complications.



Dr. Kirsten Graubner training the residents

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Weekend After we had surgery on Saturday all day, we went to Massawa on the Red Sea on Sunday very early in the morning. The trip there was worth seeing. The landscape varied from kilometers to kilometers while the bus drove from Asmara (2300m height) at sea level. We passed forested mountain areas and after a thick blanket of fog, landscapes appeared which were cultivated in terraces. What a tremendous work being done in this area! Later steppe and desert-like regions follow with dry river beds before Massawa is achieved. We spent a few hours on the Massawa barrier island beach which is a paradise for bird watchers, but also while snorkeling in the sea there are many beautiful spots to discover. After a stroll through the almost deserted town on the day, we went on our way back to Asmara in the late afternoon. Intending to leave the serpentine and fog behind us during daylight.



On the way to Massawa

Monday Even though Monday was a public holiday in Eritrea, surgeries were performed all day. Both the doctors and the nursing staff appreciated our presence and worked with us and for their patients. All of them worked much more and longer than usual.

Tuesday The first Eritrean-German workshop was planned for Tuesday. It was a great success. About 40 doctors from various disciplines met in the conference room to attend interesting presentations and lively discussions. However, as already expected, some late entries were added to the initially planned 18 patients. Therefore, Dr. Graubner had decided to operate three patients prior to their presentations and afterwards. One patient was a 15 year old girl with a very large (about 8 cm) breast tumor. We now know, thanks to the fast processing of the tissue by our own team pathologist, that it was a benign tumor. While this was the last day for some members of the team, the „documentation team“, Prof. Lobeck and I had three more days left in Asmara.



Pelican on Green Island

Wednesday For a long time, I had planned to clean up the adjoining rooms of the OP-department, to examine, rearrange and sort out everything superfluous together with the Eritrean colleagues.



Workshop: Dr. Ullrich, Dr. Ghebrehiwot, Dr. Kibreab

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This is not possible for me during ongoing surgical operation, even if the Eritrean nurses insist to supply the operating room with staff, it is still one of my jobs, to support our „teaching gynaecologists“ in mediating the OP-processes to the young doctors. I try to supply the surgical team with the necessary things, appropriate to the situation. And at the same time provide education and advanced training to the surgery nursing staff. This means that I have to be present in the operating room or in that vicinity and should not work in the adjoining rooms.



Instrument set

Thursday Together with the local nurses I packed different standardized instrument sets and recorded them in writing. These sets were photographed by the documentation team. The photos and lists (laminated) will be used as templates in the future.

Furthermore, I wanted to visit the store at the pharmacy once. I would like to have an idea what is available locally. Depending on this, it might be easier to calculate the need for necessary consumables (especially suture materials) for the upcoming surgery plan. Although I have found the house, I had no access to the store because the key could not be found...

Friday On the last day we have tried to create an instructional video on using the new CTG's with Dr Kiflom, the „chief-resident“. The three days without operations were well filled and went by in a flash.

Since AFTER Eritrea means BEFORE Eritrea, we already organize the next visit...