AFRICAN CONFERENCES – TWO FOR THE PRICE OF ONE!
(12-19 May 2012)

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Introduction

The idea of organising anaesthetic conferences in both Ghana and Togo in one week would be thought of as crazy but my carefully selected team did a remarkable job. We stayed for four days in Accra during which we did a two day conference at Korle Bu Teaching Hospital (KBTH) and then travelled by road for four hours to Lome where we stayed for three nights on board the *Africa Mercy*.


Fig 1. The team in Togo

The team (fig 1)

Dr Keith Thomson, Consultant Anaesthetist, Basingstoke,
Dr Wynne Davies, Consultant Anaesthetist, UCH London, projectionist
Dr Benoit Beauve, Consultant Anaesthetist. Manchester Childrens' Hospital,
Dr Liz Shewry, SpR Anaesthetist, Southampton,
Dr Alistair Proud, CT2 Anaesthetist, Basingstoke,
Dr Judith Highgate, CT2 Anaesthetist, Basingstoke,
Ms Hatty Ivey, midwife, Basingstoke,
Ms Louise Emmett, midwife, Basingstoke.

In Togo the team was joined by:
Dr Michelle White, Consultant Anaesthetist, M/V *Africa Mercy*
Miss Rebecca Thomson, administrator
Mrs Mireille (Mimi) Benge, translator, zumba instructor
Mrs Therese Prunet Brewer, translator

Ghana

We arrived at Kotoka Airport on the evening of May 12th. Our bags including resuscitation dummies were then crammed into a minivan provided by the Unique Palace Hotel. The name reminded me of the recent film the *Best Exotic Marigold Hotel*, but it turned out to be fine. It was managed by the owners' daughter who lives for 8 months of the year near Oxford (UK). After a most welcome cool beer (fig 2) we retired to our rooms.


Fig 2. Badly needed beer

I was woken at 0730am by our Ghanaian contact Dr Frank Boni wanting to send his driver round to collect us all for a 0800 church service. I managed to postpone the driver until mid-day when we visited a shopping centre to buy bottled water and have lunch.

Later that day Alistair and I went with anaesthetist Frank and obstetrician Samuel to Korle Bu Teaching Hospital (KBTH) (fig 3) to visit the Maternity Unit and finalise the programme.

Fig 3. KBTH

The expectation seemed to be for our group to sort out some on going problems at the hospital whereas we were only there to provide education. One of the issues they had was that the hospital's internal phone system did not work – the only way a midwife could make contact with the duty obstetrician in an emergency was to use her personal mobile at her own expense. Another issue was the transport of patients from maternity to ITU. Apparently there were no cylinders of O2 available and during the time we were there one patient died while being transported. They also wanted to use another room to set up an HDU in Maternity but the current nursing staff were not prepared to run a recovery area where post-partum haemorrhage and eclamptic patients were also managed as well as a separate HDU.

Conference Day 1

The theme of this day was *Obstetric Emergencies*. The programme can be seen on the website **www.africansmiles.co.uk** under 'Ghana'.

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Fig 4.
Lecture at KTBH

After several presentations (fig 4) the delegates consisting of a mixture of midwives, anaesthetists and a few obstetricians broke up into four separate workshops (figs 5,6).

Fig 5.
Workshop – maternal collapse

Fig 6.
Workshop – patient transport

During a discussion on patient transport a student midwife recounted the terrible experience she had while transporting a pregnant woman from an outlying institution to KBTH – the patient had an eclamptic fit in the taxi. She did not know what eclampsia was and when she had asked a more senior colleague what the problem was with the patient she handed her a big pile of notes and told to 'have a look in there'! That evening we were taken by our hosts to dinner at the *Ockan* resort in a restaurant where we probably had the slowest service any of us had ever experienced. The main courses took 2 to 3 hours to prepare! The food once it arrived was very good, particularly the lobster thermidor. The following evening we were taken by our hosts to Mr Hook's restaurant which was excellent and with the rather faster service!

Conference Day 2

The morning session on *Airways* took place in the Anaesthetic Department. Three presentations were followed by practical workshops. After lunch we went to the Department of Surgery where members of the team gave excellent presentations on their personal experiences of trauma management in South Africa, Australia and Haiti. Judith's presentation on her experiences in Port au Prince 48 hours after the earthquake with a British emergency response team was particularly poignant. She described how 200,000 people perished during the first 35 seconds of the earthquake.

Journey to Lome

We left the hotel at 8am in two minibuses. 45 minutes into the journey just after we had passed a multi vehicle accident (fig 7) one of

Fig 7.
Crashed lorries

our vehicles ground to a halt on a dual carriageway (fig 8) with steam coming from the bonnet because the radiator cap was missing.

Fig 8.
Broken down

But help was at hand – a friend of our driver Abecu had noticed our plight from his office window across the road and arrived with water, a new radiator cap and when our battery was found to be flat, he stopped a taxi driver and persuaded him to transiently put his battery in our vehicle to start it! The whole episode probably only increased our journey by about 45 minutes but if we had broken down anywhere else in Accra it might have been a very different story.

Arrival in Lome

Four hours later we safely reached the Togo border where we had no hassles at either Ghanaian or Togolese customs and were met by the ever helpful Keith Brinkman from Mercy Ships.

It was good to reach the fully the air conditioned *Africa Mercy* from where after a brief lunch we set off to CHU Hospital with Rebecca, Mimi and Therese (fig 9) who had arrived the

Fig 9.
With Mimi, Rebecca and Therese

previous evening, to meet the conference co-ordinators Aicha Bissang and Dr Moussou Tabana to sort out final details of the programme and finances (lunch costs and travel expenses for some delegates). The remaining team members went on a guided tour of the hospital being careful to avoid the 'traffic' in the corridors (fig 10)! That evening some of the team went for a drink at the nearby Seamans Mission. The following day my friend William Akpa and some associates guided us round Lome market (fig 11).

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Fig 10. Bikes in the corridors


Fig 11. William and the team

It was quite a relief to return to the air conditioned calm and safety of the ship after being hassled (fig 12) by street vendors for a couple of hours.


Fig 12. Hassled in the market

That afternoon most of the team took the opportunity of spending time at the beautiful 50 metre pool at the Sarakawa Hotel about a mile from the ship.

Day 1 Togo Conference

This took place at the Midwifery Training School adjacent to CHU Hospital. The theme of the day was *Obstetric Emergencies* and was attended by 137 delegates most of whom were anaesthetic technicians (fig 13). Some had come from hospitals all over the country to attend. After introductory speeches the first presentation by local obstetrician Prof. Rock Adama about Worldwide Maternal Mortality and specific problems in Togo provided an excellent introduction. After several presentations the delegates were divided up into 4 groups for rotating workshops (figs 14,15,16).


Fig 13. Lome delegates

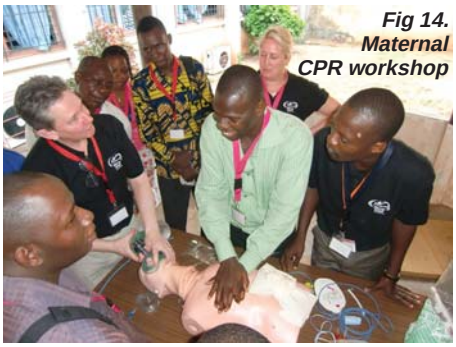
Fig 14. Maternal CPR workshop


Fig 15. Neonatal resus workshop


Fig 16. Workshop venue

The day finished with a prize quiz during which questions with a true or false answer were projected on a wall. All the delegates stood up and put their hands on their head if they thought the answer was true and by their sides if false. Those who were incorrect had to sit down. During coffee breaks Louise ran her 'guess the blood loss' competition (fig 17) and Mimi animated the delegates by involving them all in a zumba session! (fig 18).


Fig 17. Blood loss competition


Fig 18. Zumba

That evening the team enjoyed an excellent dinner at The Cote du Jardin restaurant which had a very large wooden elephant in the foyer (fig 19)

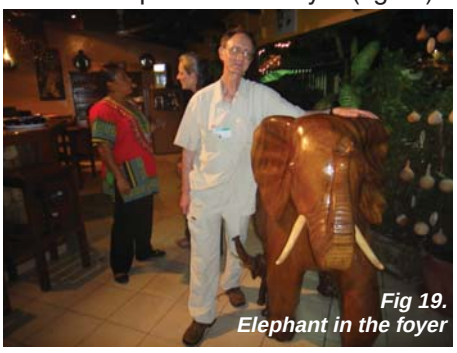
Fig 19. Elephant in the foyer

and an interesting menu in English which included some of the following items: *lawyer shrimp* (avocat aux crevette), *plate of rawness* (assiette de crudités), *cock in its own wine* (coq au vin) and *burnt cream* (crème brûlée). The food on the Africa Mercy was also good and one member of the team felt that the ship should perhaps be rechristened 'Mercy Hips!'

Togo Conference – Day 2

The morning consisted of presentations/workshops (fig 20) about the *lifebox* (www.lifebox.org). This is an initiative backed by the Association of Anaesthetists and the WFSA to provide a pulse oximeter for every

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Fig 20.
Lifebox training

operating room in the World. At present there are over 70,000 which do not have one. The model chosen was made in Taiwan and retails at $280 (£160). The original price apparently was $800 but because of the number the foundation have agreed to purchase a huge decrease in the selling price was negotiated.

At the beginning of the day we asked all the delegates (100+), to fill in a form in French provided by the Life Box Foundation which gave details of the number of operating rooms, the number of surgeons and the number of pulse oximeters they already had in the hospital. This should normally be completed by email in advance of the conference but we were informed that this would not be possible because few people had computers, particularly in the rural areas. One of the issues I feel with the *lifeboxes* is where are they kept and who has the key? Perhaps the long term aim should be for every anaesthesia provider to have their own.

At lunch time the majority of the team left for the Togo border en route to Accra for their night flight to London. The remainder which included the two translators, Rebecca, Dr Michelle (the long-term ship's anaesthetist) and myself ran a course on the Safe Surgery checklist. This consisted of four presentations, a demonstration of how the checklist works in practice and finally another quiz.

The last item of the day was to:

1. Hand out life boxes to a representative of each of 19 public hospitals involved in the conference (figs 21,22).


Fig 21.
Presentation of lifebox etc


Fig 22.
Lifebox for team from CHU

   After some discussion with the organisers we had decided to not give any to representatives of the 10 private institutions as we felt they should be able to purchase their own.
2. Provide all delegates with a laminated hypoxia management chart, WHO Safer Surgery Check list and an attendance certificate.

The following week

The following day was a Sunday and Mimi, Therese, Rebecca and myself went to a three hour service at the nearby fishing village church (fig 23),


Fig 23.
Fishing village church

this consisted of dancing (fig 24) and singing during which a young woman seemed to become 'possessed' and


Fig 24.
Dancing in the church

had to be removed from the church for her own safety. The church was only half constructed with no doors or windows. There were plans to build a school on a second floor.

The pastor (fig 25) gave a very long


Fig 25.
With the pastor + family

sermon, I think in English, but as often happens in African Churches he shouted into the microphone which caused significant distortion. Rebecca and Therese departed from Lome Airport that evening whereas Mimi and I stayed on and the following morning visited the Marché des Artisans, where we purchased some silver ornaments (fig 26) and wood

Fig 26.
Jeweller in the Marché des Artisans


Fig 27.
Mimi in the rain

carvings while sheltering from a tropical downpour (fig 27).

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That afternoon I had a meeting with anaesthetist Dr Michelle. She had been a consultant for nearly 5 years at Bristol Children's Hospital but had given up this position to serve on board the *Africa Mercy* for 2 years. She had been joined by Dr Andrea from Germany and an anesthesiologist from the USA who are going to be on board for at least one year. Having this continuity in anaesthetic staffing is fantastic for the service provided on board the *Africa Mercy*. The next outreach starts in August in Conakry (Guinea) and almost all the anaesthetic positions are filled already. Dr Michelle and I discussed various training issues in Africa and the idea of running conferences in Conakry and the next venue of the Ship in 2013 which will be Pointe Noir in Congo. One of my thoughts is to take a team into Brazzaville for a two day conferences before the ship arrives next year and then perhaps cross the river to Kinshasa and do a similar conference there. Contacts at the company *Diamedica* have already provided me with the emails of anaesthetists in both those countries. Another idea which Dr Michelle and I discussed was to get either a *Glostavent* or a *Universal Anaesthetic Machine* on board the ship for training local anaesthesia providers.

Hospital Visits

The following day I returned to CHU with Dr Michelle, Mimi and Keith B to present Aicha Bissang with two more *Life Boxes*. We discussed where they might be kept and she said that she was going to put them in the bags the anaesthetic technicians collect from her office before going to theatre. These bags contain anaesthetic drugs which the patients do not have to pay for including ketamine, fentanyl, morphine, thiopentone, halothane and isoflurane.

One thing that worried me slightly was the security of opiate drugs which just seemed to be kept in a drawer in her desk!

We then went to witness a caesarean section. We were assured that surgery was fast and babies were usually born in about 5 minutes but on this occasion the spinal block, which I think was being performed by a trainee, seemed to take nearly an hour with repeated cleaning of the skin prior to insertion of the needle. 2mls of plain marcain with 100mcg morphine was given. Ephedrine was available in case of hypotension. We were told they thought the patient would deliver twins but to everyone's surprise she had triplets! All the babies came out crying and the smallest was 2.7kg (fig 28).

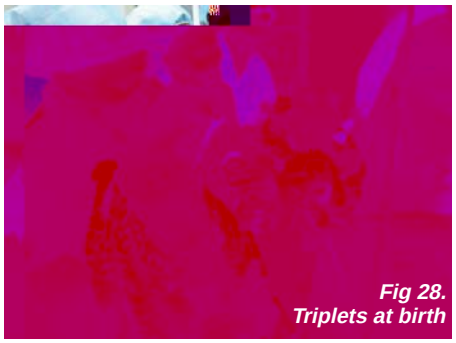

Fig 28. Triplets at birth

After the last was delivered the anaesthetist gave 20 units of syntocinon IV and added another 20 units to a 500ml bottle of fluid. The surgeon also gave 10 units intra-uterine. There was an ampule of ergometrine in the box but it was not utilised. Before surgery the patient or her relatives had to go to the hospital pharmacy and pay CFA10,000 ($20) for a box of the drugs and equipment needed for the caesarean. This was in spite of the fact that caesareans are now meant to be funded by the government. We felt this woman was at great risk of having a serious post-partum haemorrhage but when I visited her on the ward two days later I was delighted to find she and the babies were all thriving (fig 29).

Fig 29. Triplets day 2

We visited another operating theatre where a 38-year-old woman was having surgery for a displaced fracture of her right femur under spinal anaesthesia. The sad fact about this case was that the date of the original X-ray was the 28th of February, nearly 3 months ago (fig 30). The woman had to wait for surgery while her family had struggled to raise the money required.

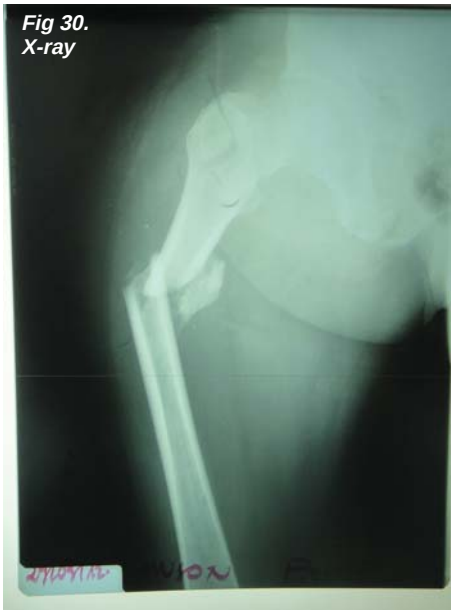

Fig 30. X-ray

After lunch with Aicha and her colleague Boniface, we visited two other much smaller hospitals: Hospital de Be and another recently built by the Chinese. Both of them had received *lifeboxes* but they also had some monitoring equipment in theatre.

International Board

I stayed on the ship (fig 31) for a few more days to attend an International Board Meeting. This gave me the opportunity to visit the ward and meet up with 24-year-old Edoh

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Fig 31
Africa Mercy in Togo


Fig 32.
With Edoh

(fig 32) who was scheduled for minor reconstructive surgery below her left eye. I had anaesthetised her in 1995 on board the *M/V Anastasis* for removal of a large maxillary tumour (fig 33).

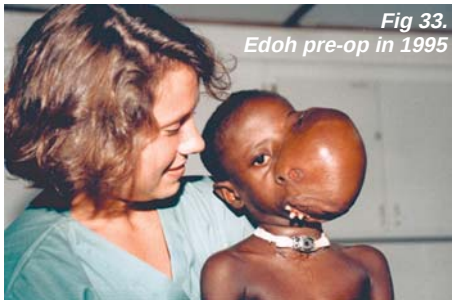
Fig 33.
Edoh pre-op in 1995

I also went on an interesting visit round the engine room of the Africa Mercy (fig 34). Apparently 7,000-8,000 litres of fuel are used per day when she is in Port. This increases


Fig 34.
Engine room

to 35,000 litres when the ship is sailing at 11 knots, provided the hull is clean. There were some issues with Ukranians working in the engine room who apparently did not represent the ethos of Mercy Ships on shore, despite having signed statements that they would do so.

Also on board were a film crew from the CBS programme *60 minutes* fronted by their well known presenter *Scott Pelley*. The documentary should be broadcast in the autumn to up to 60 million people in the USA and Canada once the recorded 1800 minutes of video footage have been edited to only 12. The team said they were very impressed with what they had seen on board a Mercy Ship. Their programme will most likely feature Dr Gary Parker and his family. Gary, a maxillofacial surgeon, has lived on board for the past 26 years. He has recently been voted the '*Alumni of the year*' at his college – UCLA (University College Los Angeles).

In Summary

This had been a remarkable trip to Africa. The idea of having conferences both in English speaking Ghana and French speaking Togo in only one week was probably totally challenging but luckily everything went very well. The team were fantastic, everyone related well and worked extremely hard to ensure that the presentations and workshops were successful. Having French speaking Dr Benoit to complement Mimi and Therese and projection expert Wynne with us was a real bonus. I would have no hesitation in trying to persuade the same team to go to the Congo in 2013.

Acknowledgements

IRC of the AAGBI for helping to sponsor the trip and Mercy Ships (www.mercyships.org) for accommodation and transport in Lome.

7 Jun 2012

Subject: Re: Remerciement de tous

Good evening Doctor,

By this note I just want to thank you from all the anaesthetists from Togo. All the technician anesthesists are very happy with the training and wish that these kind of trainings would continue and happen more often. We have been very satisfied with the subjects and workshops chosen which were very interesting.

I say a A GREAT THANK YOU from all the anaesthetists.
THANK YOU Dr Keith
THANK YOU to all the team
THANK YOU for the computer
THANK YOU for the pulse oximeters
THANK YOU for all the equipment given to the service

See you soon

The spokeswoman

Aicha Bissang
(President of L' ASSOCIATION NATIONALE des TECHNICIENS en ANESTHESIE et REANIMATION du TOGO [ANTART])


Fig 35. President Aicha with Therese

(Translated from French by Therese Prunet Brewer)