

Conakry Conference 9-16 March 2013

Dr Keith D Thomson, MB BS, DRCOG, FRCA
Consultant Anaesthetist
Hampshire Hospitals NHS Foundation Trust

Introduction

Guinea is a country of ten million people in West Africa near the bottom of the Human Development index. It is sandwiched between Sierra Leone and Senegal but there is a northerly component which loops over Liberia. Unlike other former French African colonies it has its own currency, the Guinea franc, rather than the CFA. It was last visited by the Mercy Ship *Anastasis* in 1999 and sadly things have not really improved much since then.

The Team (fig 1):

Dr Keith Thomson, Consultant Anaesthetist, Basingstoke,
Dr Gary Dickinson, Consultant Anaesthetist, Winchester
Dr Chirag Patel, Consultant Anaesthetist, London,
Dr Nicole Reim, Consultant Anaesthetist, Zurich (Switzerland)
Dr Liz Shewry, Post CCT Trauma Fellow, Southampton
Dr Richard Ramsaran, ST6 Anaesthetist, Manchester
Dr Esme Sleaf, CT1 Anaesthetist, Basingstoke
Miss Louise Emmett, Senior Midwife, Chertsey
Mrs Therese Prunet Brewer, Translator
Mrs Mireille Benge (Mimi), Translator and Zumba instructor
Ms Heidi Leichti, Translator (Zurich, Switzerland).
Miss Sarah Kessler, Lifebox UK (London)



Ten of us representing ACTs (African Conference Teams (fig 2) – two from Manchester and eight from London) flew to Guinea on Saturday the 9th of March, departing at 7am.



A delay in the London flight resulted in bags missing the connecting flight to Conakry from Paris. Miraculously they eventually turned up unopened two days later.

Our two Swiss colleagues Nicole and Heidi arrived the day after the rest of the team on the Brussels flight. I had met Nicole briefly at the World Congress in Buenos Aires in April 2012.

She used to visit Conakry in the early nineties when her father was the Swiss ambassador.

Day 2 – Sunday 10th:

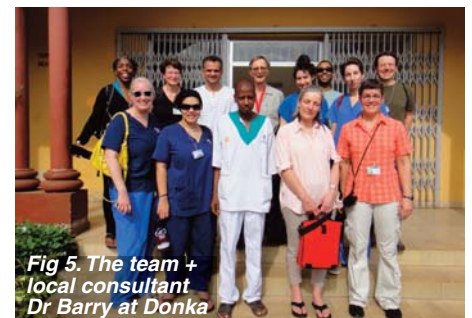
Half the team went to a vibrant local Sierra Leonean Church (fig 3) for a two and a half hour service which involved singing and dancing and a 45 min sermon where the preacher shouted into the microphone.



The distortion caused by the amplification made it difficult to hear his message – a frequent occurrence in African churches where louder seems to be regarded as better! Sarah (fig 4) particularly enjoyed the experience and commented that 'if I wanted to change from being a good Jewish girl from North London I might become a Pentecostal Christian!' The remainder of the day was mainly spent resting and finalising presentations.



The following day we visited Donka Hospital and were given a guided tour by the senior anaesthetist and our conference co-ordinator, Dr Alphoumar Barry (fig 5), one of only five physician anaesthetists in the country.



We were accompanied by Dr Koyagbe Kone our 'minder' from the Ministry of Health (MoH), who was the official liaison with Mercy Ships.

Conakry Conference 9-16 March 2013

Donka is probably one of the most challenging hospitals I have visited in Africa. It was dirty, nothing seemed to work and the only operating theatre we visited had a non-functioning anaesthetic machine (fig 6)



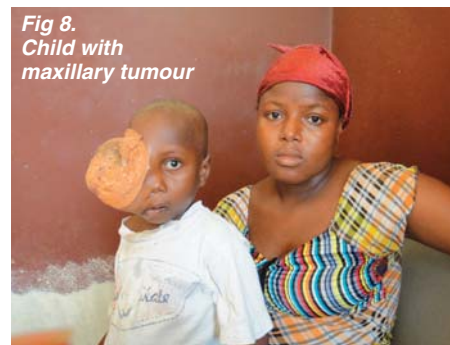
with a drawer containing about 50 empty ampoules of ketamine (fig 7).



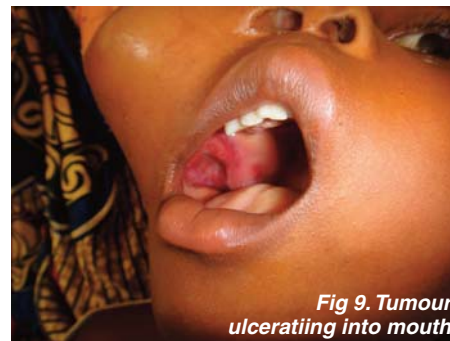
The anaesthetic drugs they had consisted of thiopentone, ketamine, halothane, bupivacaine and ephedrine. The only analgesics were paracetamol and tramadol. Muscle relaxants were, more often than not, unavailable although occasionally they had some suxamethonium or pancuronium. One of the long term anaesthetists on the Ship, Dr Sean from the USA, informed me that soon after he arrived in Conakry he witnessed 10 operations at Donka during which two of the patients died and another three had tubes put down the oesophagus but fortunately these patients survived as they had not received any muscle relaxants.

We requested a visit to the labour ward but this did not seem possible although one of the obstetricians did spend some time discussing the management of eclampsia. We did visit the casualty department and a couple of 'high dependency wards' where there were cases of malaria, CVA and chronic renal failure.

While waiting to see the Medical Director a woman passed by with her 4 year old child who had a large right-sided maxillary tumour which had been growing for five months (fig 8).



It was now ulcerating into the mouth (fig 9) and with that short history was probably highly malignant.



I took some pictures and gave them to Dr Gary Parker, chief surgeon on the *Africa Mercy*. I also noted the mother's mobile number and suggested that the palliative care team on the ship contact her. My lasting memory of the Medical Director was the amazing painted eyebrows on her forehead (fig 10).

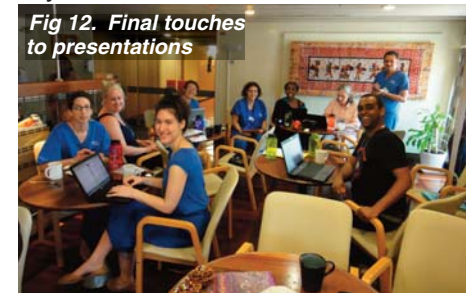


After leaving the hospital we visited the conference centre. The lecture theatre and rooms available for workshops were adequate. The former had a working fan and projector. Keith Brinkman, our excellent 'minder' from the ship, and I, via a translator, negotiated for the provision of food at lunchtime for all the faculty and delegates on the ensuing three days.

For some unexplainable reason this caused some problem with Dr Kone and Dr Barry who wanted us to use the official but more expensive hospital canteen caterers. That evening some of us enjoyed the first of four Zumba sessions on the ship run by Mimi (fig 11).

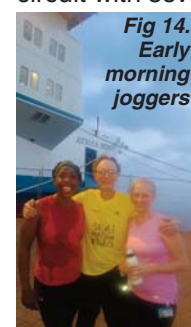


These lasted an hour and were generally attended by 35 to 40 people. Later on we all gathered in the Starbucks lounge to finalise presentations (fig 12) and translation into French (fig 13) for the following day.



The Conference Day 1:

I started at 6am, the coolest time of day, by running the 'unofficial' 4 mile circuit with several other enthusiastic joggers (fig 14) including an Australian radio-grapher who had been on our flight and was young enough to be my granddaughter. It was gratifying for an 'oldie' like me that she could not keep up, but I was in training for the London Marathon which took place five weeks later.



Conakry Conference 9-16 March 2013

The first day of the conference concentrated on *Obstetric Emergencies* with morning presentations followed after lunch by workshops (fig 15).



Fig 15. Dr Chirag demonstrates neonatal resus

The delegates consisted of almost 50 anaesthesia providers and 10 midwives who turned out to be a surprisingly animated group.



Fig 16. Excellent lunch

The food provided by the restaurant across the road was good (fig 16) and my quiz at the end of the day was well received (fig 17).



Fig 17. The Prize quiz

We had an interesting return journey to the Ship which involved going about a mile down a dual carriage way in the 'wrong direction!' (fig 18).



Fig 18. An interesting drive!

That night on the ship we had an excellent meal of African food.



Fig 19. Attending lectures in the conference Tshirt

The second day of the conference had a similar format of lectures (fig 19) followed by workshops but the topics consisted of *Airway Management and Trauma*. Once again in Africa my McGrath video laryngoscope worked very well as other people in the group could see on the screen how successful, or not, the person was trying to intubate (figs 20, 21).



Fig 20. Airway workshop using a videolaryngoscope



Fig 21. Successful intubation

We also taught how to use LMAs, I-gels and Airtracs. It was decided not to leave any LMAs behind as some of the locals seemed to want to try to intubate the patient with this item rather than just placing it in the correct supraglottic position.

After lunch, as on day 1, everyone was encouraged to participate in a ten minute Zumba session in the lecture theatre led by Mimi (fig 22).



Fig 22. Post prandial Zumba with Mimi

Because of a family funeral the previous evening Dr Kone (from the MoH) arrived after the dancing had finished but insisted we did another session for her before starting the afternoon workshops. That night the team went out to a restaurant for dinner. We tried out the local beers with meat and fish dishes (fig 23).



Fig 23. Dinner at local restaurant

The third and final morning of the conference was very well organised by Dr Michelle, long term crew member in charge of anaesthesia on board the ship. Her very important topic was the *WHO CHECKLIST*. She demonstrated the use of the checklist using a 'moulage' in which members of our team participated before inviting several members from the audience to role play the same scenario (fig 24).



Fig 24. WHO Checklist moulage

This worked well and was accompanied by much laughter.

Conakry Conference 9-16 March 2013



Fig 25. My SaO₂ is OK

In the afternoon we ran a *Lifebox* course (fig 25). The introduction was given by Sarah, the next two presentations by Richard and Gary, followed by workshops (fig 26).



Fig 26. Dr Michelle demonstrates a *Lifebox* pulse oximeter

Although we had 40 *Lifebox* pulse oximeters to distribute this was not enough for every anaesthesia provider present to be given one. In order to sort out this problem a meeting was held with the two senior consultants, Dr Barry (Donka Hospital) and Dr Keita (Ignace Dean Hospital) to discuss what we should do. I told them we had at least 25 but not enough for everyone. They then decided on how these should be distributed between five hospitals, which were all in Conakry, based on the number of operating theatres in each institution.

The closing ceremony went well after we arranged for attendance certificates to be distributed to delegates while they remained in their seats rather than the usual and much more time consuming practice in Africa for each delegate to individually be presented with their certificate.

After the speeches, *Lifebox* pulse oximeters were handed out to the group of anaesthesia providers from each hospital represented at the conference (fig 27) and photographs were also taken of the team + delegates (fig 28).



Fig 27. Presentation of *Lifeboxes*



Fig 28. The team + delegates

The next day:



Fig 29. The boat to Roum Island

All the team went on a one hour boat trip (fig 29) to the beautiful



Fig 30. Fantastic island beach

Roum Island to swim (fig 30), sun-



Fig 31. Therese relaxing under the palm trees

bathe (fig 31) and have lunch (fig 32).



Fig 32. Lunch on Roum Island

Also on the trip was nurse Ali Chandra (fig 33) who had featured on the CBS 60 minutes programme broadcast to millions of viewers in North America in February (and again in August).



Fig 33. 60 minutes 'star' Ali Chandra + baby

The beach on the far side of the island was spectacularly beautiful but one had to be very careful when swimming in the sea as there was a strong undercurrent and large waves, which if they pulled you over, resulted in the sensation of being trapped inside a washing machine. It was only when the tide receded after a few hours that one saw the other potential danger of many rocks in the area where some of us had been swimming. The return boat journey provided good views of the *Africa Mercy* (fig 34).



Fig 34. Ocean view of the *Africa Mercy*

It had been a very enjoyable day (fig 35).



Fig 35. A good time had been had by all

The final day:

I did another 4 mile run followed by over an hour at Mimi's Zumba class in the International lounge.

Conakry Conference 9-16 March 2013

I then met up at the Port gates with Madame Pouponne who I had originally met on my previous visit to Conakry in 1998. In those days she was a well-known children's television presenter. She had met my African 'starfishes' Ruth Esther and Regina Conteh in 1998; their stories can be found on my personal website www.africansmiles.co.uk She had helped the Conteh family escape from Guinea in 2000 when the then President Lansana Conte starting locking up English speaking refugees from Sierra Leone and Liberia. It was really good to see her again. Life for her had not been easy, the tragedy of her son, who shared a birthdate with my daughter, who was paralysed in a car crash and subsequently died after being transferred to a hospital in Dakar and she then lost her job. We enjoyed a prolonged coffee and croissant in a bar of her choice and managed to communicate with a mixture of my poor French and her slightly better English. I discovered that one of her best friends was Dr Kone, our MoH 'minder' – she was very amused by a videoclip I showed her of myself dancing with the good doctor at the conference! I agreed to help fund the rent for a building she had found in which she intended to start a nursery school with help from a friend who was the President's wife.



Fig 36. with old friend Madame Pouponne

After our coffee we drove into the Port to see and be photographed beside the Ship (fig 36), access through the security gate was no problem as the young guard recognised her face from her time as a TV presenter.

We left the ship just before 5pm for Conakry airport, passing en route a rather overladen vehicle (fig 37).



Fig 37. Slightly overloaded!

After we had all checked in and passed successfully through security I was able to gain admittance to an airport lounge for all the team using my *Priority Pass* card.

We arrived back in the UK on schedule with all our bags. It had been a brilliant trip. Everything had gone to plan, and the team had jelled well. But things might not have gone so smoothly if it hadn't been for the fantastic support from Keith Brinkman (fig 38), Programmes Administrator on the *Africa Mercy*, and his local driver Dai.



Fig 38. Keith Brinkman, Mimi + essential transport

I think most members of the team would like to return to Guinea again in the future when hopefully it will be possible for some of the anaesthesia providers from further afield to come to a conference in the capital city. Virtually all the delegates who attended worked in hospitals in Conakry but we feel there may be many in medical facilities further afield who would benefit from teaching and the provision of Lifebox pulse oximeters. A possible return visit is being considered in May 2014.