Reflections on five days in Hoima

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The purpose


Fig 1. Dr Nick Boyd

My main aim was to see what Dr Nick Boyd (fig 1) an ST6 anaesthetic trainee from Plymouth, working for the *Liverpool Mulago Partnership*, had managed to achieve in the six months he had been in Uganda.
I joined a BHPH team (Basingstoke Hoima Partnership for Health) (fig 2)


Fig 2. The team at HRRH with sister Gertrude

ably lead by midwife Laura Aspinall (fig 3) from Winchester.


Fig 3. Laura + Ugandan colleague

This consisted of six practising and five trainee midwives plus three operating department practitioners (Rob from Basingstoke and trainees Mike from Salisbury and Jodie from Taunton) (fig 4).

The Journey – 4th July

This was uneventful although some anxiety was caused by the following warning on the internet:


Fig 4. ODP team Rob, Jodie and Mike

'*The US embassy has received information from the Uganda police force that according to intelligence sources there is a specific threat to attack Entebbe International Airport by an unknown terrorist group today, July 3rd, between the hours of 9pm and 11pm (6pm GMT to 8pm GMT)*'.

I sat on the plane beside a fascinating man named Firoz, a Singapore Airlines pilot who in the past had worked for Ugandan and Kenyan Airways. He was Indian, born in Uganda, left during the days of Idi Amin and educated in Britain. In 'arrivals' it seemed that half the airport staff knew him. I told him my tale of woe about being charged £140 for an extra bag I had volunteered to carry for the BHPH team in spite of an Executive Club silver line person saying I could take it, prior to the trip. It seems that I would be allowed 3 bags to every BA African destination except Uganda as only smaller 767s fly to Entebbe. In fact two bags at 32kg each would have been okay as opposed to 3 bags with a similar total weight.

After a comfortable night and relaxing morning by the pool at the Boma Hotel in Entebbe I was collected at 3pm by Laura and the team in two minivan taxis provided by the Hoima based 'God is able' company for the nearly 5 hour journey via a congested Kampala to the Crown Hotel where we were greeted by Dr Nick.

Dr Nick

He had done an excellent job improving the anaesthesia service not only at HRRH (Hoima Regional Referral Hospital) but also elsewhere in the country. At HRRH he had supported the remarkable amount of work of the three dedicated anaesthetic officers: Teopoista, Sauda and Eunice (fig 5).

Fig 5. HRRH anaesthesia team – Teopista, Sauda and Eunice

His achievements included setting up a dedicated neonatal resuscitation

Fig 6. Neonatal resus area

area (fig 6), a labelled trolley for equipment and drugs required for spinal anaesthesia (90% of cases), purchasing, organising and labelling shelves for fluids, drugs, and disposables (fig 7) in a small room near the Obstetric theatre. He was able to discuss and


Fig 7. Dr Nick's cupboards

sort out serious anaesthetic issues with the senior hospital management including the provision of a regular supply of full oxygen cylinders.

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He introduced with some success the use of the WHO checklist and generously supplied head torches for all the surgeons (fig 8).

Fig 8. Headlight for the surgeon

His appropriate policy was to allow the anaesthetic officers to anaesthetise all the cases and then advise and assist them when necessary.

He had just completed a tour of 25 Ugandan hospitals in only ten days during a follow up study on behalf of the Lifebox Foundation. One hospital he visited had only one anaesthesia provider who was on call seven days a week and in another the anaesthetic nurse and her 'trainee' only used ketamine or spinals and neither of them knew how to intubate. They seemed to be doing a good job in the circumstance and Dr Nick decided not to give them a *Lifebox* pulse oximeter as it might complicate life for them. On another note the *Lifebox* I had recently acquired had the control buttons incorrectly annotated (fig 9)

Fig 9. Lifeboxes: left correct markings, right incorrect

which was a worry in case it was one of a large batch – The Lifebox Foundation in London were immediately informed.

His other work included negotiating with the MOH for another experienced Obstetrician to join the obstetric team at Hoima (currently long term consultant Dr Kasuja and three interns recently out of medical school one of whom told me he had personally done 180 caesarean sections in the past two months) and also advising on training issues concerning the appropriate use of more than a hundred Ohmeda 9100c anaesthetic machines which had been distributed to most hospitals in the country. His final contribution was to be part of the faculty of the first ever SAFE Paediatric Anaesthesia course designed and run by Dr Isobel Walker of the AAGBI and Dr Michelle White of Mercy Ships.

My first Ugandan 'starfish'

On Sunday 6th, with two others, I went to the nearby Catholic Church (fig10) for mass.


Fig 10. Spacioza + daughter at church door

I noticed that a member of the wonderful choir had a jaw tumour of a type I had seen many times before on the Mercy Ships in West Africa (fig 11). 35-year-old Spacioza, a


Fig 11. Ameloblastoma of the mandible

single mother of two children aged 7 and 10 had had an ameloblastoma of her mandible for more than seven years. After advice from Dr Nick I contacted Dr Andrew Hodges, a British Surgeon working at Corsu Hospital on the road to Entebbe. Four days later the lady accompanied me (fig 12) in a taxi to the hospital where we saw surgeon Dr George who agreed with my diagnosis and


Fig 12. Myself + Spacioza and daughter

scheduled her for surgery in three months time. She then had to find her way by minivan taxi (matoto), motorbike taxi (boda boda) to the bus station in Kampala to find a bus going to Hoima. She had never been to Kampala before but she managed to return home safely. I had given her a mobile phone with some credit so we could keep in contact. She returned to Kampala a week later for a CT scan which she will take with her when she returns to Corsu Hospital in October for her operation (fig 12a).

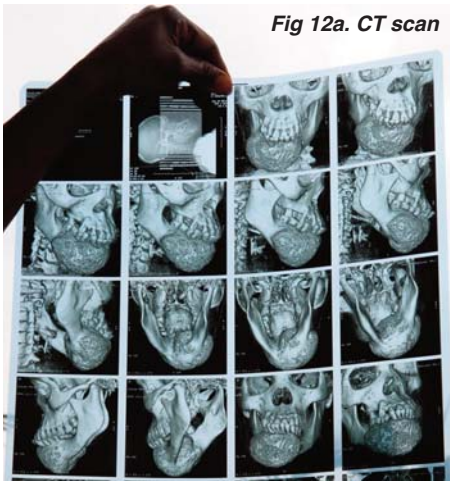
Fig 12a. CT scan

This will consist of a resection of her anterior mandible and reconstruction with a fibula free flap. She will remain in hospital for up to three weeks after surgery, the cost of her treatment will be just over £1000 of which £900 has already been raised/pledged by generous friends in the UK.

Hospital visit

Dr Nick kindly took the whole team on a guided tour of HRRH on our first afternoon. Dramatic changes were occurring – a week before the general operating theatres had been demolished (fig 13) and a Japanese based company had already started building a new management block (fig 14).

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Fig 13. The rubble of main theatre

Fig 14. New management block

All surgery was now being performed in the Obstetric theatres which were at risk of being overwhelmed by a VVF (vesico vaginal fistula) camp due to start the following morning.
Two excellent Ugandan fistula surgeons, Drs Stephen and Moses between them would perform 10-12 life changing operations daily for the ensuing five days, operating on two parallel tables (fig 15).

Fig 15. Simultaneous VVF surgeries

Caesarean sections and some abdominal emergencies mainly in children were carried out in the converted recovery area (fig 16).

Fig 16. Surgery in converted recovery area

We visited the outpatient department, the blood bank (fig 17) (donated

Fig 17. Blood bank

blood from Hoima is sent to Mulago hospital in Kampala where it is typed before a percentage is returned), the paediatric units including Kangaroo for small babies, the post natal ward (fig 18) and the A and E department

Fig 18. Post natal ward

where a young man who had been injured in road accident and been brought in by police. He was lying unconscious and unmonitored on his back on the floor with no one apparently looking after him (fig 19).

Fig 19. RTA victim

There were no relatives around and the team agreed to help fund an ambulance to take him to an appropriate facility in Kampala. Apparently this did not happen until the following morning. We admired the new paintwork in the ward which was going to

Fig 20. Eunice and 3 VVF patients

be used post-operatively for the VVF patients (fig 20).

Clinical involvement

During three days I performed seven spinals with my favourite *Pencan* needles, kindly donated by *B. Braun*. All went in at the first attempt (with no local for the skin – the usual technique at HRRH) except for one I failed to insert in the lateral position but was successful when we sat the patient up. The three anaesthetic nurses were excellent at performing spinals in spite of not using introducers. They were also competent at inserting IV cannulas although I did help out on two occasions by siting a *Venflon* in the external jugular.

While I was there the three ODPs became involved with cleaning and setting up a trolley with appropriate airway equipment for General Anaesthesia and helped Dr Nick to make the new GE anaesthesia machine functional then giving the anaesthetic nurses the confidence to use it (fig 21). This was a slight challenge as

Fig 21. Sauda using the new Ohmeda anaesthesia machine

they had become used to the both the full size (with built in O_2 concentrator and ventilator) and portable (DPA 2 drawover) Glostavents (*Diamedica UK*) generously donated by UK anaesthetist Dr Peter Sleap. It seemed that the ancient EMO with ether, which should have been a relic of a bygone era, might actually be sent to the scrap heap?

The 11 midwives under the guidance of Laura seemed to be doing a good job both at HRRH and the Azur clinic although one of them did say to me that she had become rather frustrated by local midwives not heeding her suggestions – I did say to her 'why should they' – what right does one have as a transient visitor to tell local

medical personnel that the way they are doing things is 'wrong'. In Africa I feel it is important to look, listen and build a trusting relationship with hard working often underpaid (or even not paid at all for a few months) fellow medical professionals before making suggestions which might improve their practise. One passing and totally irrelevant observation I made was that over half the BHPH team were heavy smokers (fig 22).

Fig 22. I need a fag!

An unusual custom among a group medical professionals in this day and age.

Personal problems

My 7th visit to Hoima was blighted by an infection of a left lower dental root. This began 24 hr after I had arrived in Hoima – I gradually developed a hemi-hamster visage. Luckily I had both co-amoxyclav and metronidazole with me and was able to arrange to see my dentist on my return to the UK 4 days later. He extracted the offending root once the infection had subsided. It made me realise how much people must suffer in Africa when there is either no suitable dental treatment available or they are just not able to afford it.

Last day in Uganda

After a six hour journey from Hoima to Entebbe during which we passed various interesting vehicles en route (figs 23-26) and visited Corsu Hospital for Spacioza's appointment I eventually arrived at the Boma Hotel where I had a few hours rest followed by a snack before going to the airport for my flight to London. The only other guest in the restaurant was a young man who was recuperating after a challenging time working for the UN in the Democratic Republic of Congo. He told me that his fiancée was a fashion designer in New York and that he had a vasectomy done when he was only 22.

Fig 23. Overladen motorbike

Fig 24. Loaded lorry

Fig 25. Prisoners going to work

Fig 26. A message to everyone

When I asked him where he was from he replied 'Brazil – but don't mention the football' – (Germany had won 7-1 in the World Cup semi-final).

I mentioned that I had recently been in New Orleans with members of my family for the wedding of my wife's nephew that had been cancelled a few months before. He replied that was nothing compared to a wedding three months ago at which he was meant to be best man where the evening before at the Savoy hotel in London the groom had summoned family members from both sides and informed them the wedding was off as he was gay. Whereupon the bride admitted to the fact that she had been having an affair with his father! This resulted in his mother running round the hotel screaming hysterically.

Apparently the grandfather was a member of the House of Lords – people tell you interesting stories in Africa!

Final comments

Apart from my dental problems even though it had only been a short visit to Uganda, it was worthwhile seeing first hand what a great job Dr Nick was doing, helping one poor African lady with a jaw tumour and encouraging Laura and her team on their visit, most of them for the first time, to embrace any opportunity to help the friendly people of Hoima for many of whom life is a continual struggle.
I hope that for most of the team this will just be the beginning of a relationship with the people of a fascinating and challenging continent which began for me as medical student in a mission hospital in the Transkei nearly 40 years ago.

One must remember that it is very difficult to change the world but it is possible to change the whole world for one person.

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