Hoima Trip 2013 – a personal reflexion

Dr Keith D Thomson
MB BS, DRCOG, FRCA

The most significant memory for me about this trip was that there were no maternal deaths on the labour ward at Hoima Regional Referral Hospital (HRRH) as opposed to five tragedies during a visit the year before. There were still a significant number of stillborn babies, particularly to women in labour coming from far away villages. The two obstetricians, one of the midwives and the two young anaesthetists, had not been to Uganda before.
The team (fig 1) consisted of:

Dr Keith Thomson, Consultant Anaesthetist, Basingstoke
Dr Rupert Pemsell, CT2 Anaesthetics, Winchester
Dr Romilly Wardell, CT2 Anaesthetics, Winchester
Miss Vivian Rusman, Staff Grade Obstetrician, Guildford
Mr Magued Adel, Obstetrician, Slough
Dr Anne Reilly, paediatric sister, Basingstoke
Dr Rhiannon Furr, ST7 paediatrician, Oxford
Mrs Rhiannon Grindle, midwifery sister, Slough
Ms Sarah Haigh, midwife, Slough
Mrs Ruth McCulloch, midwife, Guildford
Ms Eve Fox, midwife, Guildford
Mr Duncan Sherlock, co-ordinator
Mr Ross Cockburn, '*Re-using IT*', Edinburgh

Fig 1. The team

Day 1

After the flight from Heathrow landed on time, we dined at the Boma Hotel and then transferred to an accommodation annex about a mile away. The next morning we stopped in Kampala for coffee, did some shopping at 'Banana Boat' and collected midwife Eve who was part of my team the previous year and had worked at HRRH for the past five months. After arriving at The Crown Hotel in Hoima after an uneventful 3+ hour drive we unloaded our bags and boxes of equipment and carried them upstairs (figs 2,3) and then

Fig 2. Unloading boxes

went on a familiarisation visit to the hospital. This was followed by supper with the usual menu including 'Irish potatoes'.

Day 2

After a visit to Azur, a private, mainly maternity, facility run by Hartley

Fig 3. Carrying box of equipment

Whitney businessman Duncan Sherlock (fig 4) the anaesthetic team

Fig 4. Duncan in a meeting with the Azur manager

returned to the Hospital and met Eunice (fig 5) the senior anaesthetic nurse at HRRH (fig 6), she told us they had run out of heavy lignocaine for spinals but now had an adequate supply of bupivacaine which she preferred. As the supply of ephedrine was also intermittent I instructed my junior colleagues Romilly and Rupert not to anaesthetise anyone

Fig 5. Rupert and Eunice

Fig 6. Back at HRRH

for a caesarean unless they had atropine and ephedrine available. The *Glostavent* anaesthesia machine generously donated by UK anaesthetist Dr Peter Sleap was working well in the obstetric theatre. It would be ideal to have another similar one in the main theatre. I bumped into long term consultant obstetrician Dr Kasuja (fig 7) and said 'how are you? To which she replied 'I am still alive!'

The team then assisted with five caesarean sections which did not take long as the theatre was

Hoima Trip 2013 – a personal reflexion


Fig 7. Dr Kasuja with Dr Viv

equipped to do two at the same time (figs 8,9). In the main theatre a repair of a strangulated hernia was being performed under ether anaesthesia using an ancient EMO machine which was showing its age with strips of duct tape covering up holes in the tubing and a sticking expiratory valve.


Fig 8. Two caesars in the same theatre


Fig 9. A happy mum

Eunice said she was having to use double the 'normal' concentration of ether to keep patients asleep.

That evening some of us went swimming in the hotel pool followed by a *Nile special* or two at the pool-side bar. After supper we watched the excellent movie *Argo* projected on a wall with sound provided by a recently acquired *Bose* speaker.

Day 3

This did not start well for me as before breakfast I managed to flood the floor of my bedroom to a depth of about two inches. I had turned on the taps in the basin to wash my hands but no water came out and I must have forgotten to turn them off so when the water pressure came on about half an hour later the floor was so soaked that I had to change rooms. The charming maids (fig 10) sorted everything out with a smile, I suspect this was not for the first time.

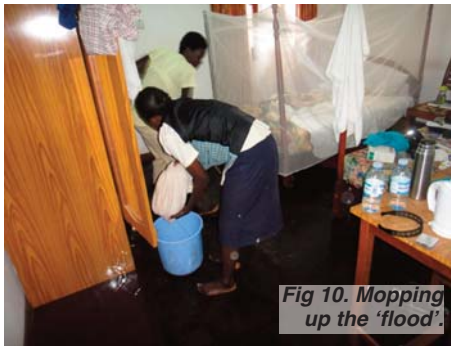
Fig 10. Mopping up the 'flood'.

The anaesthesia team then went to Azur to anaesthetise a 28-year-old man for an incision and drainage of a badly infected left hand (fig 11), the result of a human bite two weeks before. It was possible that amputation might become the only option but he apparently discharged himself two days later.


Fig 11. Debriding a hand

Apparently a few days before a patient undergoing an elective caesarean for twins at this hospital had died. The woman had collapsed after delivery of the first baby and was not resuscitated; after reviewing the scenario it sounded to me that this might have been a case of amniotic fluid embolism.


Fig 12. Anaesthetising a neonate

That afternoon we anaesthetised a 4-day-old neonate (fig 12) with an imperforate anus and meconium peritonitis for the excellent consultant surgeon Dr Winifred. Intubation was initially a problem as the laryngoscope light kept going on and off but the *Glostavent* worked well with a T piece circuit. The baby was extubated after the end of surgery and taken to the Kangaroo Care Unit. Dr Rupert had to remain with the child for more than an hour until night staff came on duty. Sadly the baby started convulsing the next day and passed away 48 hours later.

Day 4

This was a busy day in the obstetric theatre. I anaesthetised a patient for caesarean section followed by another for an abdominal hysterectomy during which I utilised with good effect some of my personal store of tranexamic acid. I then anaesthetised a 3-month-old for a left inguinal hernia repair using a face mask while one of the anaesthetic nurses put a spinal in for a caesarean on the other table.

I then went to main theatre to anaesthetise a man for a laparotomy for a perforated duodenal ulcer. This was followed by three paediatric cases done under IV ketamine, 1-2mg/kg: suturing of club toes, incision and drainage of a neck abscess and finally suturing a lacerated tongue (fig 13). The latter case I did without intubation but I kept a very close eye on the airway situation.


Fig 13. Suturing a tongue under ketamine

Also that day Dr Kasuja excised a vast ovarian tumour (fig 14). I met senior anaesthetic nurse Eunice's daughter who had an interesting logo printed on her on her t-shirt (fig 15). Two days later Dr Winfred removed two in-growing toe nails from her under ring block – looked a painful procedure. One of the anaesthetic

Hoima Trip 2013 – a personal reflexion

Fig 14. Large ovarian mass.

Fig 15. Eunice and daughter

nurses was worried about performing a spinal for a caesarean on a patient with pre-eclampsia but I told her that this was the safest form of anaesthesia as intubation could lead to a rise in blood pressure which could cause a cerebral haemorrhage. Also that it has been shown that PET usually prevents the hypotensive effect of spinal anaesthesia, luckily in this case it did.

Day 5

After an early morning swim we enjoyed a breakfast of pancakes at the home of long term American missionary Thad Cox. During the day the team assisted with anaesthesia for laparotomies for a perforated DU and a closure of a colostomy and also a patient with a bladder catheter coming out of the hernia wound

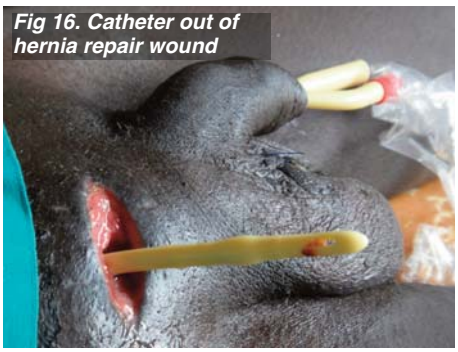

Fig 16. Catheter out of hernia repair wound

(fig 16). We also anaesthetised patients for inguinal hernia repair under spinal anaesthesia (it seemed that these required at least 3ml of heavy bupivacaine for effective anaesthesia) and 3 more for caesarean section. During the afternoon a young theatre nurse, trying to be helpful, poured a bucket of water over a melange of electric connectors, plugs and wires because some were covered in blood (fig 17).

Fig 17. Mass of wires and connectors

This was worrying as we were using ether which is heavier than air and there was a significant risk that a spark might have resulted in a serious explosion. So we abandoned the EMO and resorted to a portable *Glostavent DPA2* machine (fig 18) using isoflurane.

Fig 18. Using Glostavent DPA2 machine

After returning to the hotel I went for a 30 min jog, returning just before dark. After supper each of us filled in the answers to 20 lifestyle questions sent to me by a journalist from the *Basingstoke Gazette*. Someone read out the answers and the rest of the team had to guess who it might be.

We then watched a film called '*The Great Debaters*' about the debating team from a black college in the USA in the 1930s conquering all opposition until eventually they competed against Harvard at Harvard.

Day 6

The team were involved with 4 inguinal hernia repairs, 3 under spinal anaesthesia and one under general anaesthetic the technique being thiopentone, laryngeal mask, but thiopentone is definitely not as good for LMA insertion as propofol and suxamethonium had to be given because of laryngospasm. The patient was then ventilated with the portable *Glostavent* using isoflurane in O_2. The usual procedure when patients come into theatre is firstly to remove all their clothes and then position them stark naked on the operating table in what I refer to as the 'horizontal crucifixion position', with both arms out on boards. Interestingly in this case, the patient who was a local policeman was kept covered up on the table prior to induction.

After lunch Bosco, the manager at the Crown Hotel followed me down the road to inform me that his staff had said 'I was not decent.' Apparently when I had left the hotel my zip was undone and he was worried that I might get arrested. I had already noticed and rectified the situation before he reached me. But I was grateful that he took such care of his guests.

Day 7

The Anaesthesia team arrived in main theatre thinking we were just going to do one case which to re-open an elderly patient who had a leak from a perforated duodenal ulcer operated on two days before but Dr Winifred had other ideas. First of all we repaired a hernia on a 40-year-old this was followed by a typhoid perforation on a 7-year-old. After the elderly man, we did a testicular torsion followed by a tibial biopsy on the surgeon's aunt and then a strangulated femoral hernia in a 54-year-old followed by a 30-year-old

with a ruptured spleen. By then there were only 5ml syringes left of the variety where if you expel the air they lock and become unusable. That afternoon there were power cuts which left the surgeon using a head torch and thetheatre with no working oxygen concentrator, suction or monitoring. I decided to use my own personal *Lifebox* pulse oximeter (fig 19) but the rechargeable battery died and there was no charger available. Fortunately I found three AA batteries in a drawer which worked well.

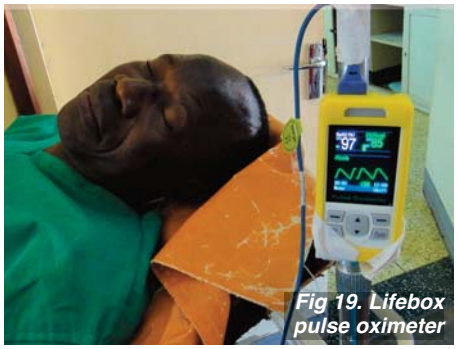
Fig 19. Lifebox pulse oximeter

During the day, Eunice, the senior anaesthetic nurse did a series of caesareans under spinal over in the obstetric theatre. In main theatres our standard GA seemed to be thio-pentone, suxamethonium, intubation, then pethidine, atracurium, a small dose of ketamine and isoflurane given via the portable *DPA Glostavent* which worked really well. Blood was brought for one of the patients which did not match the paperwork and had to be sent back to the laboratory.

Day 8

For me it had been a disturbed night due a nearby disco, a thunderstorm and an enthusiastic card game near my bedroom window. Early that morning we set off for Paraa (the place of the hippo) (fig 20).


Fig 20. Room with a view at Paraa Lodge

After lunch we went on the usual spectacular boat trip to Murchison Falls followed by the 45 min walk up to the top.

This was the fifth time I had done this trip but it never ceases to amaze me. For the first time I saw a giant king-fisher from the boat and an amazing column of black safari ants which crossed our path carrying their vanquished prey of dead termites. When we reached the top of falls there was a signpost to say that the King of Bangura had visited the Falls on that very day. He and his large retinue were also staying at Paraa. They made their presence felt at dinner with dancing and partying on the ground floor. At the buffet supper I witnessed an extraordinary incident where a teenage Indian girl put a spoon in two of the sauces, tasted them and then replaced the spoon back in the dishes.

Day 9

After a good night's sleep I had breakfast and was joined by other members of our party who had been on an early morning game drive. By the pool I met some interesting people including an English couple from the Liverpool School of Tropical Medicine who were involved with a project to eliminate tsetse fly in an area around Arua. This involved positioning sticks containing blue and black bits of cloth beside a river. The blue colour attracted tsetse flies which apparently then landed on the black which was impregnated with a lethal compound. I also met an American from Dallas called Damon Arthur who had been celebrating his 50th birthday in an altruistic way by setting up water and farming projects in Southern Sudan. We had much in common including fly fishing and agreed to try and meet up when I was in Texas en route to New Orleans to my wife's nephew's wedding in June. The game drive (fig 21) that evening


Fig 21. Evening game drive

was enjoyable. We saw a herd of elephants (fig 22) near the hotel.


Fig 22. Elephants


Fig 23. A matching pair.


Fig 24. A difficult airway, perhaps

Various species of gazelle, giraffes (fig 23), buffalo, hippo (fig 24) and storks (fig 25) with multi coloured beaks.


Fig 25. Stork.

That evening we had an excellent dinner during which Rupert and Romilly caused some amusement with an artificial 'lump of poo'. I decided once again not to do the 5.30 am game drive but those who did were privileged to see two lionesses and three cheetahs. We caught the 9.30 ferry and reached the Crown Hotel in less than 4 hours. There we were reunited with Rhi and Anne who showed us some excellent photographs taken on their trip of a lifetime to see mountain gorillas.

Day 10

That morning I performed spinals for three caesareans during which I was asked to help with a patient on the next table who had collapsed after a spinal for an ovarian cystectomy performed by one of the anaesthetic nurses. I switched on the *Glostavent* and was able to ventilate the patient with 100% oxygen while the nurse administered atropine and ephedrine which resulted in a return to normal blood pressure and the patient recovering consciousness allowing surgery to proceed. If the *Glostavent* had not been available there might have been a very different result. After lunch I gave some ketamine to two more children, one was for a re-suturing of the bitten tongue. I anaesthetised the child with 7mg/kg of ketamine IM then inserted a small cut short nasal tube to act as an airway and then via a facemask low dose isoflurane in O_2 from the DPA2. I could be criticised again for not intubating the child but with no trained assistant and limited availability of drugs I felt what I did was a reasonable option.

Day 11

Fig 26. Lecture to staff at Azur.

I was the projectionist for talks on pre-eclampsia given by Magued and Vivian (fig 26) at Azur to the local staff. I then returned to the HRRH obstetric theatre and performed spinals for two caesareans. Dr Kasuja was operating on the other table on a 5-year-old boy with a very large abdominal tumour. Magued was unsuccessful with an attempted ventouse extraction on a Gravida 6 woman so I performed a spinal for a caesarean. The baby was large but was born with a good APGAR (fig 27). Rupert and Romilly in main theatres performed a spinal for a hernia repair then a GA for reversal of colostomy. They then retired to the swimming pool while I did another two hernias under spinal.


Fig 27. Successful caesar by Magued

That evening after supper some of us watched two remarkable programmes recorded from *Panorama* one called *Children of Syria* and the other about Malala, the Pakistani girl who was shot in the head by the Taliban and was subsequently evacuated to the UK.

Day 12


Fig 28. Romilly with Alan Morris

As we were about to depart 12-year-old Alan Morris from the *Mustard Seed orphanage* arrived to say goodbye (fig 28). He had an extraordinary start to life abandoned as a small baby in a cesspit and then rescued alive covered with maggots. During the drive to Kampala I took many photographs of signs (figs 29,30), the countryside and various vehicles, mostly overloaded with people or equipment (figs 31,32). After arriving in the capital city we went to the craft market and then on to a shopping mall patrolled by armed guards – perhaps to prevent another Westgate type massacre?

Fig 29.

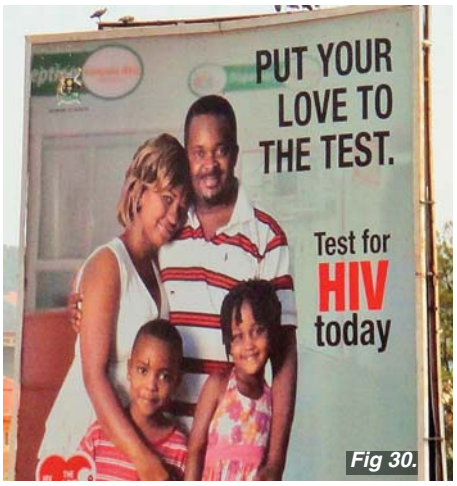

Fig 30.


Fig 31.


Fig 32.

After lunch we drove via the shores of Lake Victoria (fig 33) to


Fig 33. By the shores of Lake Victoria.

the Barmoi Hotel in Entebbe and spent a pleasant afternoon beside the swimming pool before going to the Airport. En route we were stopped by police and had to pass through an X-ray machine to check we had no guns but our vehicles were just allowed to drive through unsearched which seemed rather bizarre.

After two hours in the airport lounge we had an uneventful flight to Heathrow with five of us travelling for various reasons in Club Class.

Postscript

It had been another very enjoyable trip to Hoima. My young anaesthetic colleagues (fig 34) had gained valuable experience of the problems and constraints of providing anaesthesia at an African hospital. The anaesthesia team had also helped take some of the pressure off the excellent but overworked and underpaid Eunice and her two colleagues Sauda and Teopista.

Fig 34. Rupert and Romilly

Dr Peter Sleap from Yeovil is due to return soon for two more months and the anaesthetic team will be further strengthened by Dr Nick Boyd, an ST6 anaesthetist from Plymouth, sponsored by the Liverpool Mulago Partnership, who is arriving in mid-February and will stay for six months. During the first month he will be accompanied by Dr Emily Lear, an anaesthetic registrar from Liverpool.

Surgeon Dr Winifred was planning to do the backlog of hernia repairs on the waiting list in January when Peter Sleep arrived but tragically about 10 days after we left her dead body was found in her flat on the toilet with a salbutamol inhaler clasped in a hand. This was terrible not only for her family but also for the people of Hoima as she was the first Consultant General Surgeon to have worked at HRRH since Dr Emmanuel Moro left in 2009 (fig 35).

Fig 35. The late Dr Winifred RIP operating.