

# Hope for Ghana

## *Report from a german/american Team in Takoradi and Dixcove*

*July 2011*



A german/american mission led us from 14th to 25th July to three regional hospitals in the area of Takoradi and Dixcove in southwestern Ghana.

The **first team** from Berlin consisted of Dr. Petra Wölkerling (anesthetist), Zhanna Bourtseva (OP-assistant and scrub-nurse), Manuale Menke (anesthetist-nurse) and Dr. Ralph Lorenz (surgeon), who was leading the whole team. The **second team** consisted of MD Timothy Napier (surgeon) from Mauston/Wisconsin, Dr. Karl Spitzer (surgeon) from Munich/Germany and Mario Frey (OP-assistant and OP-attendant) from Hamburg/Germany.

The suspected problems with the excess baggage (ca. 250 kg) on the check in desk were fortunately absent as well as the expected problems with the customs in Ghana.



In Takoradi we were kindly accommodated in the *Vila*, the guesthouse of the Health-Department, where Kate, Lilly and Barbara expected us and supplied us lovingly with all we needed the whole mission through. A big heartfelt thanks to all!

The first two days we there for acclimation and team-building and lead us to the sightseeing-points of the area. On Saturday already we visited on the way to a dreamlike beach of the gold-coast also the hospital in Dixcove, a small city westward of Takoradi. In that moment we didn't forbade that our humanitarian mission was also scheduled for this hospital. During our survey we were struck by the fact that no doctor was around – he attended an advance training in Accra for two weeks, we later heard.

*During our survey in the hospital one patient touched us especially: a six year old boy was accommodated on the same day after a gas-explosion had caused third-degree burns in his face, both arms and both legs – the nurses did the wound treating meanwhile.*

*This case would accompany us throughout the following week. We felt empathy and hoped passionately together with the nurses and attendants to save his life.*



On Monday 18th July, we began with our work with two teams in Ports and Harbour Hospital (Takoradi) and in Takoradi Hospital. We performed surgery from 8 am to 8 pm as many patients we could. There were many patients on the waiting list. At this point we would like to say a deep-felt *thank you* to the regional persons in charge as well as to nurses and attendants in the three hospitals under the supervision of Dr. Bernhard Boateng-Duah for their perfect preparation and coordination!





The statistics added up to 77 operations on 67 patients within six days:

All together 61 inguinal hernias were operated, including 32 inguinoscrotal hernias. 15 patients had a herni with a 20 cm hernia sac (Kingsnorth classification H3/4-20 and 4 patients were treated with a large-size Hernia with a 30 cm hernia sac (Kingsnorth Klassifikation H3/4-30).

Futhermore 9 ventral hernias (6 primary -epigastric and umbilical and 3 incisional hernias) as well as 7 hydoceles were operated.





All of the three hospitals were attended by our teams within those six days.

Nearly all patients apart of the younger patients were supplied with a mesh. Thanks to the generosity of companies donations in all cases original meshes could be used instead of mosquito-nets. All currently possible open operation-techniques like SHOULDICE; LICHTENSTEIN; Plug and Patch and

TIPP were applied. The diagnostic findings however cannot be compared to European standards. Nearly all hernias were indirect, mostly with a small defect but with a large hernia sac. In certain cases there was additionally a hydrocele. As anesthetic methods as well local anesthetics were used as general anaesthesia, in certain cases spinal anaesthesia was the preferred method.

Besides a postoperative hematoma in one case, all operations were successful without complications.

The majority of the patients were outpatients.



In addition, we assisted in one emergency-laparotomy and we supervise patients with chronic wounds, accident injuries and a thoracic drain.



Mrs. Dr. Wölkerling however managed to give a lot of advices and tricks to the anesthetic nurses in charge. Our wish to instruct other local surgeons could unfortunately not be satisfied, since no Ghanaian surgeon could be present at that time. The sustainability of our mission resulted mainly in giving away a lot of medicine materials the surgeons are now able to use.

Without the generous support of numerous private and company donations as well as from the German Hernia Society this mission would have been unthinkable.

We have gained a lot of positive insights through this humanitarian mission. Emotionally most touching was the deep thankfulness of the patients, and last but not least of the nurses and hospital workers.



The great success of that mission was mainly possible because of the distinguished capacity for teamwork of every participant. All team-members expressed their wish to participate on the next humanitarian mission. Furthermore, a lot of colleagues in Germany have a lot of interest for that project, and also uttered to participate themselves the next time.

*The small boy with the severe burns was at the same time attended by our team, especially through giving him urgently needed wound dressings and medicine. After initial fever, he was at the end of our mission "out of the woods", free of fever and the large wounds were healing.*

*New hope for a new life!*

We are deeply thankful!

Ralph Lorenz für das Team Germany /U.S.

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The Team:



Dr. Ralph Lorenz



MD Timothy Napier



Dr. Karl Spitzer



Dr. Petra Wölkerling



Manuela Menke



Zhanna Bourtsseva



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