

Report Nyamata Hospital 02.02. – 08.02.2014

Nyamata Team 2014: Peggy Graßmann, Dr. Jens Heidel, Dr. Oliver Stumpf



We arrived at night on 1st of February 2014 in Kigali and had a first meeting with the entire team, where we were introduced to the Hospital Administrator of Nyamata. After being briefed on Sunday we were collected by a hospital car together with the materials, which we had brought, and driven to Nyamata Hospital.

The initial team for Nyamata Hospital consisted of 2 surgeons and one theatre nurse.

The materials (e.g. instruments, sutures, dressing materials, disinfectants, drugs for anaesthesia, painkillers, different types of mesh for hernia repair) were brought to the theatre and prepared for the next day.

On Monday morning we had a very warm welcome in the operating theatre. Some of our team had been working in Nyamata Hospital the previous year.

The medical doctor in charge was on leave, but there were 3 younger colleagues, which were very interested and supportive. Due to their on-call rota for night shifts, there were two available every day to work with the team.

There was no immediate theatre list to start with, so on Monday morning patients arrived first for screening and we did the examination of patients and discussing of eventual indication for operation and procedure consent of the patients together with the medical colleagues. This was continued throughout the week between operations, and on Monday we could start at noon in theatre and still performed 4 Operations.

From Tuesday onwards we did ward rounds to see the postoperative patients while the theatre nurses prepared the first procedure. As we were two surgeons, and Nyamata Hospital has 2 functioning operating theatre rooms, we tried to work parallel in both rooms, which was only possible twice due to the high frequency on caesarian sections. Serving a population of ca 345.000, Nyamata Hospital has roughly 150 c/sections per month. To maximize our impact in the limited time at hand, the second surgeon was asked to perform hernia operations at Remera Rukoma Hospital and left on Wednesday afternoon.

Anaesthesia was very good in Nyamata Hospital. There were 4 A1-nurses and anaesthesia ranged from general (intubation or laryngeal mask) to spinal. Children could be anaesthetized from the age of 1. The sterilization of instruments was reliable. Due to the Hospital generator there was no problem with power cuts. If possible, we always tried to include one of the medical doctors in the operating team for teaching and advice. The colleagues were very skilful.

At the end of the week, all patients had been operated. On Saturday a final ward round was performed and patients discharged or handed over to the doctor in charge. No complications were observed during the week.

List of procedures:

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diagnosis:	amount	of which scrotal	recurring
adult hernia	14	3	1
child hernia	10		
epigastr. hernia	1		
umbilical hernia	1		
cicatrical hernia (abd)	1		
hydrocele	4		
other:			
recurr. ganglion wrist	1		
circumcision	1		
benign tumor scrotal	1		
total	34		

Suggestions for the next visit:

1. It would be of great benefit when the hospital administration and the planned team get in contact in advance of the visit to discuss planning and preparation and any other needs.
2. If there are any technical problems it would be advisable to indicate them in advance (e.g. broken theatre lights in workshop), so that a visit of a technician can be arranged (if part of the team).

Dr. Oliver Stumpf