

Newsletter 24.3.16

Let me start with some really good news. You might remember that I reported that my friend Prof. Dr. Rene Baumgartner, a retired surgeon from Austria, whom I met several times while working in Dar es Salaam, put me in contact with a donor in Switzerland. Mr. Heinz Toggenburger signaled his willingness to support my orthopaedic work in Msambweni Hospital and offered to buy a plaster table and orthopaedic instruments and implants. This will allow me to continue to offer operations for broken arms and legs to patients without charging them for the implants. BTW, Msambweni is probably the only public hospital in Kenya that does not charge for implants. Well, it took a while, but now the donations from the **Unternehmensstiftung Christian Toggenburger** have arrived and some have been put to good use immediately.



In red, the guy who delivered the table. Looking on, the plaster technicians Dr. Mayamba and Dr. Joto

The orthopaedic plaster technicians couldn't wait to unpack and assemble the plaster table when it arrived late Tuesday afternoon. They also cleared a space in their plaster room and on Wednesday, the first patient was treated on the table. A lady had broken her wrist in a fall and it gave me great pleasure to see the plaster guys making good use of the new table, but also using the "Chinese Fingertraps" that my friend Mick made for me a couple of years ago. I can only show you the x-ray taken before the plaster technicians reduced and plastered the fracture, as the patient didn't have money to pay for a control x-ray. I can assure you though that clinically the fracture was well reduced.



Chinese finger traps



The pictures of the new instrument sets are of course not as impressive as the ones of the new plaster table, but the insiders amongst you can imagine how much fun it is for an orthopaedic surgeon to unpack his new “toys”. You can also imagine that I can’t wait until I can use them for the first time.



Upper limb set

The total value of all these donations was **24.199 US\$!** So again, my heartfelt gratitude goes to Heinz



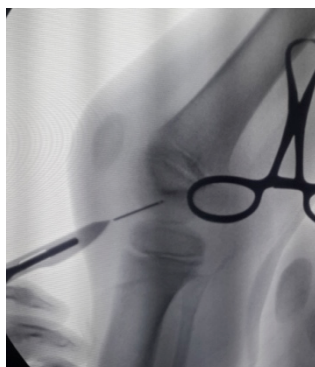
Lower limb set

Toggenburger and the Unternehmensstiftung Christian Toggenburger that was initiated in the name of his son. Also big thanks to Rene who put me in contact with Heinz and convinced him that I run a worthwhile project. I hereby promise you that they will be used for a long time and profit many patients.

There is no light without darkness I guess and there were the usual f.ck-ups (excuse my French) of course. A brand new reason why my surgeries were all cancelled in the last week was that there was no blood for transfusion because the labs in the whole country had run out of reagents to test blood samples. Only Nairobi was able to do a few tests, but of course that was not enough to get blood to Msambweni.

My fight to revamp the organizational structure of the maintenance department also hits one snag after the other, but at least I got the go-ahead to revamp the hospital kitchen services with the help of a hotelier in Diani. I’m just waiting to receive the listing of the ingredients bought for the cooking (I should get this “any time from now” though).

I had great fun in the first week of this reporting period. We finally got all the digital



X-ray machines installed in Msambweni hospital and that included my own personal toy: a C-arm (or II, an x-ray machine that I can use during operations in theatre). I immediately put it to good use as you will read and see below. Apart from the C-arm, Msambweni now also offers digital x-ray, a mammogram and a dental OBG x-ray machine that can take images of your whole upper and lower jaw. And of course still at affordable government hospital fees.

So my first operation was an 8-year-old boy who while playing at home jumped on his mothers bed and somehow managed to get a sawing needle stuck in his knee. Now you can imagine that finding a needle in a haystack (or knee for that matter) is not very easy. So up we fired our new C-arm, sedated the boy and had a look at the knee. In the first picture you see my scalpel blade already quite close to the embedded needle. In the bottom left corner you can also see the fingers of the surgeon, which actually shouldn’t happen (I discovered how to



reduce the size of the beam after the operation). In the second picture, you see a small forceps and I actually got so close to the needle that I felt it with the tip of the forceps. Incredibly and luckily I managed to grab the tip of the needle with only the second attempt and 2 seconds later, the needle was out, as you can see on the last picture. Afterwards I overheard one of the medical interns bragging in front of his colleagues: "today we used the C-arm for the first time, AND I WAS THERE! It was amazing"



Then came the turn of our orthopaedic plaster technicians. They had just seen a 14 year old boy in their outpatient clinic who fell from a tree when he was helping his dad to collect coconut. He sustained a pretty nasty ankle fracture, but was lucky enough to come to Msambweni the day we started using the C-arm. Even you non-medical guys will see that something was wrong on that first xray. Our



OPT's asked the anesthetist to give the boy some sedation and managed to reduce this ugly fracture beautifully under control of the C-arm. They then applied a cast and hopefully the boys ankle will be healed in 4 weeks and he can collect coconuts again in a couple of month.



And the smile of the week goes to:

Dres. Mayamba and Joto, the plaster technicians having fun using their new toy (plaster table)

