



Colombia

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Healing the Children, NE (www.htcne.org) is an organization specializing in international cooperative surgical missions, including services for cleft lip and palate, orthopedics, neurosurgery, dental and other needs. In May, I was part of a 16 member burn team on a mission to Santa Marta, Colombia, the first burn specific mission ever to visit that city. Each of 4 the doctors participating have strong ties to the AACS, including Gerry Edds, MD, who is a cosmetic surgeon from Owensboro, KY and president elect of the AACS, David Palaia, MD, a plastic surgeon from Mt Kisco, NY and longtime member of AACS, Thereza Piccolo, MD PhD, a dermatologist/burn surgeon from Brasilia, Brazil, and a reviewer for the AJCS who provided the surgical expertise for the team. I am the editor in Chief of the AJCS and the served as the team medical director for the mission.

The amount of material necessary for burn care, in contrast to previous cleft trips, made the logistics of this mission especially challenging. All of the required surgical, most of the necessary anesthesia and all of the medical, splinting, bandaging and wound care material had to be transported. Most were included in 47 suitcases carried from New York.

The team arrived at the airport in Santa Marta, Colombia on a Saturday afternoon and were taken to a nearby military base where we stayed. Early Sunday morning the team traveled by bus to the hospital, about 15 minutes away. There, we broke into two groups, screening potential patients from the clinics on the first floor, and setting up the OR upstairs on the fourth floor, unpacking and preparing for surgeries.

The OR set up was slightly unconventional with 2 tables in one room, enabling us to work together, even though we were shorthanded. The anesthesiologist, Dr. Young Kim, who is Dr. Eds's office anesthesiologist, and Irena Rozentsveyg, CRNA, our Russian nurse anesthetist made a great team, working both tables simultaneously. During the set up they also repaired the anesthesia machines. With only a short break for lunch, the OR's were ready, and all the patients were screened and scheduled for surgery, or scar clinic.

We started early on Monday morning with a couple of "easy" cases. These involved healthy children needing scar revisions, thus giving the anesthesia team a chance to confirm that everything was working, and to acquaint the nurses and doctors with one another's preferences. The idea that the day would be short, quickly disappeared as mysterious extra cases appeared on the schedule, and many of the scar revisions were more complex than planned.

One of the cases that broke everyone's heart, but had a relatively happy ending involved a baby about 6 months old, born prematurely in a distant hospital with cleft lip and palate. The mother abandoned him, and while in the care of a remote hospital, sustained an injury to the right hand. At 3 months, a cleft team from HTCNE, visited and repaired the cleft lip. The repair was so good; initially I pointed it out as a forme fruste cleft until we looked at the records. His hand was severely deformed with a dorsal dislocation of the wrist, and dorsal extension of the remnants of his fingers secondary to the heavy scarring. The other most heartbreaking child was an adolescent with burns of the face and neck, torso and hands, with a contracture that pulled the lower lip down so far his mandibular gums were completely exposed and he couldn't close his mouth, leaving him drooling continually. He also had bilateral axillary contractures, making it impossible to raise his hands up to his head. The burns scars of his hands, also quite disabling for most people didn't really bother him at all, as he could at least use them readily enough. We finished the first day and got back to the base by 10 PM.

Then next two days were similar, but slightly earlier, as everyone got used to working together. With only 2 OR nurses, Jane Bederka and Bill Reinhardt took the role of surgical scrub/assistant while I acted as circulator, assisted by Steven Eds, Gerry's son.

On the 4th operating day, the skin grafts to the baby's hand, to the neck contracture and one other large skin grafted axilla release returned to the OR for dressing changes under anesthesia. Everyone was thrilled to see that those grafts were all intact, and appeared to be taking nicely on day 3 post op. Other dressing changes, on the floor, had similar results, with no evidence of wound complications when the rest of the patient dressings were changed on Friday.

The vast majority of the surgery performed on the mission was to return function to burn patients. The causes of the burns varied, but included lots of pots pulled off stoves, falls into the fire or into pots cooking on the ground, as well as gasoline cans exploding. One patient was cutting wood which sent a spark to a gas can. The resulting explosion burned his back. Seeing a child in danger from the fire he rushed to the rescue causing serious burns to the front of his body, including his eyes that would not close because of the scar.

Together with the nurses, other physicians, anesthetists and administrative and technical support team, over 100 surgical procedures resulted in corrections for deformities caused by burns in 34 patients. Nearly 50 patients received scar management and physical therapy direction. Team members also provided instructions to nurses, doctors and therapists at the participating Hospital Universitario Fenando Troconis.

Other team members who deserve major kudos include Dr. Cathey Falvo, and Dr. Janet Yardley, our pediatrician/family medicine support, Helen Gorry, our supremely confident PACU nurse, and Dawn DiDomenico who did anything anyone asked, and served as the team photographer. Kathy McGovern was the head administrator, and as the current president of Healing the Children, our liaison for all things impossible, but accomplished, made it all happen. Amy Wayne, a physical therapist from Boston did amazing work fashioning splints, and more importantly, teaching the families

and patients about long term scar care, splint usage and pressure dressings. She even made one of our consults who had taken to his bed after his injury 2 years ago, stand and walk!

The image of the cosmetic surgeon, working in his/her office, doing facelifts, breast augmentations and liposuction doesn't generally include the idea of working in the third world, operating on desperate patients who would otherwise have no care. And the experience of surgery for repair, rather than improvement would seem almost contradictory. They are not mutually exclusive at all. Meticulous attention to detail, an eye for aesthetics, a sense of proportion, and most of all, hands that know how to handle tissue, a mind that can imagine a result and dedication to excellent outcomes apply equally in both fields. The AACCS can be proud of its role in this mission, and in the work done by countless other members, all reflect the skill and generosity that typifies the AACCS surgeon.

Oh, and by the way, the infant with the repaired cleft lip, and hand burns, abandoned by his mother at birth, is being adopted by the social worker who has been managing his care!

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