Resident Surgical Rounds

Jaimie Shores, MD
Division of Plastic Surgery,
Department of Surgery
CP 21126
Loma Linda University Medical Center
11234 Anderson Street
Loma Linda, CA 92354
E-mail: jshores@llu.edu
Calvary Chapel in Redlands

The Role of Residents in Medical Missions: Operation Good Samaritan

Abstract

Missionary experience during surgical training is an unknown commodity to most training programs. The value of the experience and time spent in underserved regions, both domestic and abroad, has no quantitative value that has of yet been determined to surgical trainees. This is, by in large, due to void of medical literature devoted to this subject. However, the good done for patients by direct care and training of regional health care workers can be substantial. In this article an introduction to our institution's outreach program, reflections from one resident's experience are presented, and a brief summary of the data published heretofore are presented.

Introduction

Operation Good Samaritan is medical missionary outreach program created by Robert Hardesty, MD, and Linda D'Antonio, PhD, of the Division of Plastic and Reconstructive Surgery at Loma Linda University Medical Center in Loma Linda, CA. For many years it has shown a strong commitment not only to the treatment of patients in third world conditions with specialized needs, but also to the introduction of advanced surgical trainees to the care of these patients. In 2003, Operation Good Samaritan partnered with Adventist Health International to provide surgical support for some of its mission hospitals. Adventist Health International maintains relationships with missionary hospitals throughout the world, and several hospitals in India. Gifford Memorial Hospital (GMH) has been serving the community of Nuzvid and the surrounding area for over 75 years. The hospital has a general/trauma surgeon, ophthalmologist, and pediatrician. Earlier this year, the division of Plastic Surgery at Loma Linda University sent a team of plastic surgeons to GMH. While there, they accomplished astounding feats

of care and compassion. They also recognized that GMH was in need of not only plastic surgery services, but advanced general surgery and surgical oncology services. It was for this reason that we returned in May of 2005 with a compliment of three surgeons. Dr. Mohan Sehdev, a semi-retired Memorial Sloan Kettering trained surgical oncologist with a penchant for service in international missions, assisted by Doctor Brinda Thimmappa and myself. Dr. Thimmappa and I are third year plastic surgery residents who have completed our general surgery training prior to starting our training in plastic surgery.

As part of **Operation Good Samaritan**, we have three goals for each mission:

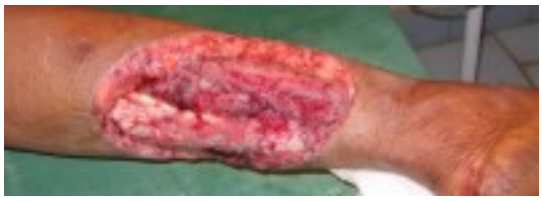
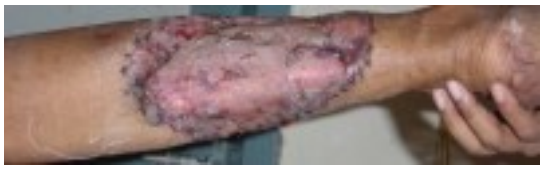
- To provide high quality patient care in underserved regions of the world,
- To train local caregivers in these developing regions to continue to provide care,
- To inspire our residents to a lifelong commitment of international service to promote health, healing, and wholeness.

After obtaining all the requisite institutional and international permissions and beginning the necessary disease prophylaxis as recommended by the CDC and our Travel Health Clinic, we set out for Nuzvid, India by flying into Madras (Chennai) in the state of Tamil Nadu. We then traveled by train for seven hours until we arrived at Vidjaywada in Andhra Pradesh, where a car was waiting for us. A 45 minute drive behind us, we had arrived at Gifford Memorial Hospital in Nuzvid.

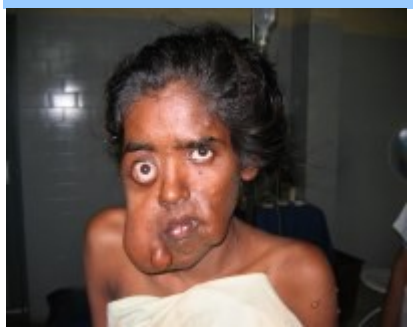
We started the next day seeing patients in clinic, some of which had already been screened, thanks to an advertising effort from the hospital prior to our arrival. All patients received screening HIV tests as per the hospitals pre-operative policy and we began to schedule cases. Hydroceles and both pediatric and adult hernias were common. Thyroid masses and soft tissue tumors were also frequent. The occasional trauma or cobra envenomation found its way into the hospital's emergency room. Below are just a few patients we were fortunate enough to care for.

A. Bharathi

Ms. Bharathi is a 50 year-old female with a slowly growing mass of her right leg. She had seen doctors at the region's cancer center who told her she needed an amputation after a biopsy showed a dermatofibrosarcoma protuberans. She had refused amputation and lived with pain and chronic anemia as the tumor constantly bled. We evaluated her and determined she was a candidate for wide local excision and limb salvage. One week after excision, we skin grafted the surgical site, and she had near full function of her leg.

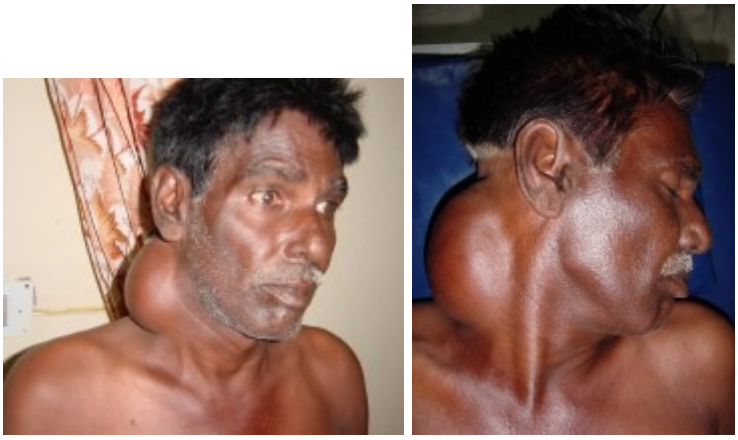
M. Chandraleea



Ms. Chandraleea is a 25 year old patient with neurofibromatosis and possibly other syndromes not yet determined, who presented with a large soft tissue mass on her back which was ulcerated and painful. While she has many soft tissue masses causing her anguish, this is the only one she asked be removed. While it is possible that this mass could harbor a malignancy, most patients do not have the money to allow their surgical specimens be sent to a hospital with a pathologist for proper evaluation for cancer.

A. S. Rao

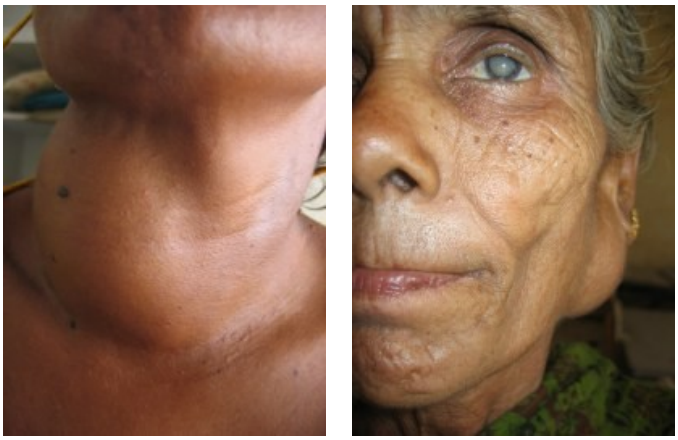
Mr. Rao had a slow growing neck mass for at least 9 years. He had never been able to afford to have it removed. He was also very afraid of surgery and was encouraged to come have it evaluated only when the "American Doctors" came to Nuzvid. It continued to enlarge and cause him pain and difficulty with range of motion, in addition to the visual deformity.



The mass, which clinically appeared to be a benign fatty tumor, was excised measuring 23 x 15 x 12 cm.

Other Patients

There were many other patients we were able to help by performing operations on during this time. In total, we operated on 20 patients and saw many more in the clinic, referring them on to larger centers if their care demanded more than GMH could provide. There were several patients we had hoped to operate on, mostly patients with large thyroid goiters, but the local anesthesiologists were unable to safely put them to sleep.



Training

We strive to help educate the local health-care providers in whatever areas they have a need. This takes the form of educating local physicians on rounds, in the clinic, and in the operating room. It also includes training nurses, nursing students, and other health-care providers in a variety of ways. Besides teaching during actual patient encounters, we taught classes on subjects that presented a large need in the specific population and that would provide useful

skills to participants. During this visit, we taught three courses in basic life saving and cardiopulmonary resuscitation to all hospital staff. We also taught classes regarding cervical cancer, a top killer in Indian women, as well as wound care and wound healing as well as diabetic lower extremity wounds.

Inspiration

I have never before seen so much good done with so little. The GMH staff were truly an inspiration as they do not perform their jobs for the small amount of compensation they are provided, but because they are committed to caring for people. Their dedication to the Seventh-day Adventist principles of "whole-person care" was evident. Every scrap is saved; everything disposable is evaluated for further usefulness in a medically acceptable manner. Every talent or skill is identified and used in every person. Nothing goes to waste. I am reminded time and time again why it was I decided to become a physician. There is only a patient, a problem, and what we could do about it. It is medicine at its essence. And it seems very far removed from modern medical practice for surgeons in training.

Lessons Learned

There is no such thing as a "run-of-the-mill" surgical procedure when performed in an environment without access to predictable electricity, access to standard instruments and surgical supplies, access to standard antibiotics, and access to standard anesthesia. However, we have learned that it is possible to provide surgical care for patients in this environment when dedicated people provide quality patient care in creative and resourceful ways. Missionary hospitals still perform vital and life-saving services to many people who would otherwise have no option for health care due to either lack of funding or physical proximity to other qualified resources.

Personal Reflection

During this experience I was constantly reminded of why I chose medicine as my career. I suddenly remembered this the moment I stepped off the airplane, the moment I set foot into GMH, and the moment our first patient realized we

would indeed be able to help. Many times in the busy medico legal environment of the American health industry, it is easy to forget why I am filling out stack after stack of paper work. Then I think back to this single experience, and I suddenly remember. I hope to return to Nuzvid to provide more services for its citizens. I will carry the inspiration and hope of the people I met in India with me as I continue to practice here in the US. I also hope to make many more medical missionary trips to underserved areas to continue the healing ministry of Loma Linda University.

The Medical Missionary Experience During Training

After a review of the literature using PubMed searching under the headings “missionary” and “training” and “medical mission”, very few articles were found dealing with the role of physicians in training and medical missions. One of these, “Training Outside of the Box” (*ANZ J. Surg.*2003;**73**: 881–883), Hill and Woodward document a unique experience offered to a senior surgical resident with a 5 month rotation in East Africa, during which time the resident not only cared for patients but also helped to establish a laparoscopic fellowship at that institution. While case numbers from the resident’s time there are the only objective data evaluated in this study with reference to benefit to the participant, it is impossible to judge the scope to which this experience effected and molded this participants future career. Additionally, the benefit to the region visited to this participant could continue to build for years to come as he helped establish an advanced training program there.

Conclusion

Opportunities for missionary experience during training are very few or non-existent at most institutions for surgical residents. However, the tangible benefits to the patients and health care workers of the regions visited can be great. Furthermore, the many levels of benefit the trainee receives cannot be discounted. During this experience I was constantly reminded of why I chose medicine as my career. I suddenly remembered this the moment I stepped off the airplane, the moment I set foot into GMH, and the moment our first patient realized we would indeed be able to help. Many times in the busy medico legal environment of the American health industry, it is easy to forget why I am filling out stack after stack of paper work. Then I think back to this single experience, and I suddenly remember. I hope to return to Nuzvid to provide more services for its citizens. I will carry the inspiration and hope of the people I met in India with me as I continue to practice here in the US. I also hope to make many more medical missionary trips to underserved areas to continue the healing ministry first introduced to me by Operation Good Samaritan by the Loma Linda University Division of Plastic and Reconstructive Surgery.