

PRACTITIONER FORUM

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PROOF

Have Blade, Will Travel: A Surgeon's Adventure in Bolivia

On Saturday, August 4, 2001, after seven airports and over thirty hours of travel, our 727 descended through the mountains surrounding Tarija, Bolivia. The mountains appeared so close that I almost expected to hear the scraping of jet wings along rock. Dr. Curtis Grote, an emergency medicine physician, and I, a thoracic and general surgeon, composed the first general surgery mission to Bolivia sponsored by Esperança, Inc. (Phoenix, AZ), a nonprofit, nondenominational international health organization that provides humanitarian aid to the poorest of the poor around the world. Although Dr. Grote is not a surgeon, he is a good friend and an excellent physician, and I knew he would be valuable as a surgical assistant.

Although this was my first trip to Bolivia, it wasn't my first mission. Back in medical school, when I began to tire of the academic routine, I embarked on a mission to Nigeria. I soon realized, however, that this trip was more than an adventure to ease boredom—I found that there were dramatic rewards to helping people truly in

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need. This satisfaction, combined with the excitement of journeying overseas, made me a lifelong convert to missionary work.

Since my first Nigerian trip, I have been on many surgical missions throughout the world. Although my wife hates when I go away, she supports my work and, actually, was the one who found the Esperança mission while surfing the internet.

UNEXPECTED COMFORTS

Soon after stepping off the plane, Dr. Grote and I were greeted by about a dozen members of Esperança Bolivia, the local Esperança group. Following a flurry of introductions, we were taken to our lodgings, the Vina del Sur Hotel. These comfortable accommodations seemed to me the height of luxury, after having slept on thin mattresses with broken springs during previous missions to Nigeria and Guatemala. In fact, I was slightly embarrassed, since they were obviously far above the living conditions of the patients I had come to treat.

Another guilty pleasure of the trip was sampling the local food and wine. On our first evening we were treated to dinner at a wonderful restaurant in Tarija. Food was served directly from giant skewers according to the guests' specifications. I would have been

just as happy not knowing the identity of some of the new meats I tried—such as kidney, intestines, and bovine mammary glands—but on the whole it was a delightful experience.

On our second day, after a morning's orientation at San Juan de Dios Hospital, where we would be operating over the next four days, we had some free time. What better way to spend a Sunday afternoon in Tarija—which is renowned throughout Bolivia for its wine—than wine tasting in the mountains? In the cold, damp storeroom of the winery, we tasted wine after wine from the owner's ladle, until I began to worry that we wouldn't be in shape for our surgical debut—especially since the altitude seemed to accentuate the wine's effects. After another big dinner, a good night's rest, and some ibuprofen, however, we felt fine.

GETTING DOWN TO BUSINESS

During Sunday's orientation, amidst the throng of local surgeons and residents who turned out for our surgical rounds, I became somewhat concerned. Although I was used to pushing the surgical envelope, a number of the patients we saw required procedures that I felt should be performed only by surgeons with significant experience in those particular areas.

Continued on page 39

Continued from page 34

For example, one six-year-old boy had an esophageal stricture secondary to lye ingestion. His physician suggested a colon interposition. Another young boy had Hirschsprung's disease, for which his physician wanted to perform a Duhamel procedure. While these were reasonable suggestions, I thought the patients would be better served by a pediatric surgeon—even if it meant waiting until a later date. I began to worry that, after traveling all the way to

Bolivia, I would end up deferring all the cases, which certainly would not impress my Bolivian associates! Fortunately, there were many other cases and we formed a busy work schedule.

On Monday morning, we arrived early at the hospital, saw several new patients, and then went to the operating room (OR). As with the surgical rounds on the previous day, there was quite a crowd present, and I realized that our work would be judged. The first surgery

of the day was a patient with symptomatic gallstones, and we performed the cholecystectomy without difficulty. Everyone was impressed with our speed, but the consensus was that the incision was too large. Over the course of our brief visit, the size of my incisions became a running joke in the OR, and I tried—with only partial success—not to be too sensitive about it. The day progressed well: We excised a submandibular tumor, performed a sphincter-

otomy, repaired two hernias, and performed a hemorrhoidectomy.

The next day was even more exciting, with more patients arriving that day. We began with a giant goiter, followed by a case of acute cholecystitis, and then a large scrotal hernia. Next, we explored a patient who was believed to have a pancreatic tumor. Fortunately, we found that she actually had a large number of common duct stones and an extremely dilated duct. Using staplers donated by Ethicon Inc. (Somerville, NJ), we rapidly performed a Roux-en-Y choledochojunostomy. Our observers were particularly interested in this procedure, since staplers are expensive and generally unavailable in Bolivia. I realized once again how fortunate, yet wasteful, we can be in the United States. Back home it's not unusual to see a stapler opened but never used.

A TOUGH CASE

On the third day, we encountered the most memorable case of the trip. In the evening, after a long day of operating, the anesthesiologist, Dr. Barrios, agreed to do one more "quick and easy" case. The patient was an elderly woman with a submandibular mass—presumably a salivary gland tumor. In the United States, this type of case usually would be diagnosed preoperatively, most likely using a computed tomography (CT) scan. In Bolivia, however, such tests are prohibitively expensive and diagnoses often must be made on the table.

Not long after we began the surgery, we realized that the mass involved the bifurcation of the internal and external carotid arteries—making it a carotid body tumor. Although I had performed many carotid surgeries in the past,

I had never excised such a tumor. This case would be neither quick nor easy. We had no CT scan, no angiogram, no vascular instruments, and no blood.

We carefully began dissecting the carotid arteries and surrounding structures, but ran into difficulty when we saw how easily this very vascular tumor bled. At this point, we debated whether we could safely remove the tumor. The decision was made when the chief of surgery arrived with his personal vascular clamps. Armed with these in case of trouble, we were able to divide the external carotid artery, and then easily remove the tumor. Later, back in the United States, I told my mentor, Dr. Henry Farrar, about this case. He reminded me that it's better to be lucky than good!

THE PEOPLE

Although our mission was only a week long, it was enough time for us to realize how fortunate we were to work in the company of such dedicated people. Two members of Esperanza Bolivia were with us at all times during the trip: Mehran Moazes, our translator and tour guide, and Lupe Rodriguez, who organized all the patients and scheduling. I called Lupe "Jefita"—little boss—since she always told me where to be and what to do. Behind the scenes, Esperanza Bolivia Director Palmira Villarroel coordinated all the organization's activities.

The surgical teams at the hospital were great. The scrub nurses quickly learned to understand my grunts, and were patient with me as I gradually learned the Spanish names of the surgical instruments. The anesthesiologists also were superb. Before I even had time to

finish a soda and recover after one surgery, the OR was clean, the next patient was asleep, and Lupe was saying, "Es hora." What a welcome relief this was from the frequent and seemingly interminable preoperative delays we have in the United States!

The Bolivian surgical residents were eager to learn and scrubbed in on many of the cases. They also provided postoperative care for our patients under the direction of the *Jefe*, Dr. Jose Vargas, Chief of Surgery. An extremely intelligent and hard working man, Dr. Vargas has an interesting history, having trained both in Russia and in Boston, MA. His dedication to the residents is evidenced by the entourage of students that follows him everywhere.

During our brief mission we performed 21 cases in four operative days. The people we worked with were indispensable to this success. They go above and beyond the call of duty every day, and they became our friends. During subsequent trips in November 2001 and July 2002, I have strengthened the relations with my Bolivian colleagues. Dr. Vargas and Dr. Barrios, in particular, have become good friends. Together, we have traveled to several smaller cities and operated from dawn to dusk. □

Dr. Camazine invites any readers with questions about Esperanza Bolivia or any of his other missions to e-mail him at bscam@earthlink.net.

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