March 2015

Report on the second SpineCare@CURE mission to Uganda, February 2015

Participants:

Hans Vandamme (Initiator)
Ricky Rasschaert (Neurosurgeon – Spine Surgeon)
Dominique Verhulst (Orthopod – Spine Surgeon)
Rita Tutelaars (Dentist)
Sofie Verbeke (Pathologist)
Dirk Leysen (Local organiser – Guide – "The Local")

Location:
Mbarara University Hospital, Uganda
OURS, Mbarara, Uganda

Sunday, 22 February 2015

Meeting with Dennis Lukaaya
Introductions and discussion on the principal ideas of the project.

We presented the SpineCare@CURE project primarily as a teaching project, meaning that it concerns mostly on a transfer of knowledge, rather than performing difficult surgeries solely.

We do not want to fly in and do major surgeries, without the possibility of delivering the needed aftercare. In this way our project is different from the Lieberman Project.

An interesting discussion was started concerning the spinal and cerebral trauma cases: arrival in the hospital is usually very late as ambulance services are rarely available and transfer happens over often roads in less than good condition for traumatised patients.
There is certainly a need to train police officers/health care workers/ …. in basic trauma care.
a basic book with pictograms (as was prepared for a CBR project in Kenia (Wouter De Groote)) could be of great value.
Ricky will ask for a copy of the book from the CBR project and look into possibilities to start

making the “trauma book”

Monday, 23 February 2015

SPINE/NEURO
Meeting prof. David Kitya in the middle of his outpatient clinic and actively participate in this outpatient clinic.

An interesting mix of cases were seen and selected for surgery. Others were discussed on treatment options and further investigations.

After the outpatient clinic we visited the different hospital wards:

- emergency room with several severe (intracranial) trauma cases without the possibility of needed monitoring and intensive care treatment.
- Intensive care department with 6 monitored beds
- Surgical ward where more patients were discussed on treatment options.

Next we met the head nurse and went to the OR with Tom, instrument nurse, to see the “laminectomy set”.

3 cases were planned for the next day (2 lumbar decompressions and a knee arthoscopy).

DENTISTRY
Rita went to see the Dental Clinic of the hospital and took part in the daily clinical work.

Remarks: old material used by dentistry .
needs: Equipment

PATHOLOGY
Sofie went to see the pathology lab and see if additional help is needed.

Here an explanation of how the tissue samples get to the pathology lab is needed: when a biopsy is taken, the specimen is delivered to the patient or family who has to take it to the pathology lab. Formalin is being provided but seems to be diluted in several cases, reducing the quality of fixation. Sometimes the delivery of the specimen is delayed and poorly fixed, reducing the specimen quality for later diagnosis. After fixation the specimen is embedded in paraffin and later on HE stained.

Tissue sample sometimes get mixed up due to a lack of a structured pathway for tissue workup.

Only a small percentage of specimens finally get to the pathology department and only in 1/3 of cases a report is being picked up for further diagnosis and treatment.

As there are already problems with the primary fixation of the samples, it is not possible to make certain good quality dagnosis

There is a shortage of cups…

Tuesday, 24 February 2015

SPINE SURGERY
At 8 am we met at the OR for the planned surgeries.

There are 4 operating rooms, of which one is available for neurosurgery only 2 days a week.

Tom told us that one of the cases we saw at the outpatient clinic, a young man with a right sided pareses had been operated the former night because of what happened to be a left sided subdural hematoma, caused by a stabbing with a knife 2 nights earlier. A skin wound was originally primarily closed, without a skull fracture being present. The patient deteriorated over the next hours. After the surgery the patient seemed to be doing well.

The first case of the day is a nurse who had previous decompressive surgery at the L4L5 level. CT scan shows a 2 level stenosis above the operated level. The patient was operated under spinal anesthesia, without sedation, allowing for a good cooperating patient during surgery. Ricky and Dominique performed the decompression; prof Kitya was present at the table.

As there is only one laminectomy set, the arthroscopy patient was scheduled in between the 2 decompressions. Unfortunately the hospital does not have an arthroscope and we had to cancel the patient.

This resulted in a long waiting time to have the laminectomy set sterile again.

The second case was the father of one of the nurses with a kyphotic deformity as the result from a lumbar multilevel stenosis diagnosed on myelography. A three level decompression under spinal anesthesia was performed without any complications and on a once more very cooperative patient.

We expected also a 4th case of a young man with a wound infection after a stabilisation of a traumatic lumbar fracture. However the patient was not present at the surgical ward and therefore not operated on.

This was a very interesting and fruitful day to summarize the most important needs for the next mission.

At least a second set for posterior lumbar surgery is necessary.
Haemostatic agents and Duraseal have to be provided for complication treatment
Biogel indicator gloves (double gloves) are useful
If cranial surgery is being performed Ricky has to bring micro-instruments
Surgical loupes

DENTAL CLINIC

Rita went back to the Dental Clinic for more clinical work and met a Canadian colleague who took her to a local primary school for tooth brushing instructions. At the school she was able to dispatch toothbrushes and toothpaste, provided by the … company.

Rita got interested in what seems to be a very useful instrument for…, which could be also of use in her project in Cambodia.

MEETING with the Assistant Vice Chancellor in the afternoon

Ricky presented the project to the assistant Vice Chancellor and was the basis of a lively discussion.
We concluded to come back next year, well prepared and structured upfront in that way that the available time can be used as much as possible with a combination of teaching and surgeries.
The university will provide a temporary professor title for teaching purposes.
We will contact the Belgian Embassy representative to keep him updated on our next activity in Mbarare University Hospital and Dennis Lukaaya will explore the possibilities for contacting the news agencies/television for communicating on our goals and activity.

PRIMARY NEED: GET THE CT SCAN BACK TO WORK

The CT scan of the hospital has been out of order for more than two months.

During the 2 days of our visit we saw several patients in need of a CT scan (brain or spine), but could not be provided because either the patient/hospital could not pay for the scan in another hospital/radiodiagnostic centre or the patient was not physically able for transportation.

One patient is a young boy, about 4 years old with a high suspicion of a posterior fossa tumour, another patient on the intensive care with a traumatic brain injury and cervical spine injury. In this last case we suspect a high cervical trauma, not visible on X-ray.

We found out that the CT scan is a Siemens scanner and the problem seems to be a broken cable between the scanner and the console.

We will try to find out, as many details we can get on the actual problem and what exactly has to be repaired/replaced.

Hans will then get in touch with his contact at Siemens Belgium to find out if Siemens is willing to provide the necessary parts, preferably for free, if not at the lowest cost possible to get the CT back online.

BASIC SPINAL INSTRUMENT SET as provided by WFNS/Aesculap

Price = 2000 USD

° Details in brochure from Aesculap
° Application form added to this report

Find out if we can get the necessary funding
Find out if this can be arranged directly with Aesculap

CRITERIA TO BE FULFILLED WHEN REQUESTING
WFNS NEUROSURGICAL EQUIPMENT

(WFNS Cranial, Spinal, Bipolar Coagulation and High-Speed Drill Sets
and/or WFNS Microscope)

Any person requesting neurosurgical equipment from WFNS should fulfill the following requirements:

- Be a qualified and practicing neurosurgeon.
- Be a member of a WFNS member society, which is in good standing with WFNS and not in arrears of payment of membership fees.
- Have the approval of the President and/or Secretary of the Society of which you are a member.
- Fill in, date and sign the WFNS Application Form and return it to the WFNS Central Office by email or fax.
- Purchase the neurosurgical equipment yourself or jointly with one or more other neurosurgeons for use at a public hospital.
- In the case that you do not have the funds necessary to purchase the neurosurgical equipment, you must seek a donation from the Society of which you are a member or try the utmost to find a sponsor elsewhere.
- Confirm that the neurosurgical equipment requested will not be used in a Private Hospital or Clinic where high fees are charged for treating patients.
- Confirm that the neurosurgical equipment requested is not for your personal use.
- Request only 1 set of neurosurgical equipment, per Hospital, unless purchasing it yourself or through a sponsor.
- Agree to the possibility of being listed on the WFNS website for having received neurosurgical equipment through WFNS at the reduced rate.

Be willing to provide a report and photographs from time to time or upon request, regarding the performance, use and efficiency of the neurosurgical equipment.