



REPORT
GENERAL SURGERY MISSION TRIP
February 27 – March 8, 2015
Cochabamba, Bolivia¹

I. INTRODUCTION

Our 2015 General Surgery Mission Trip (GSMT) team of 19 U.S. missionaries included three surgeons, three anesthesiologists, and two physician assistants, complemented by a robust group of interpreters, helpers, and support staff. The team worked alongside local medical partners and staff at three hospitals that form part of the Viedma public hospital complex in Cochabamba, Bolivia.

The primary site of this mission trip was the *Instituto Gastroenterológico Boliviano Japonés* (known as El Gastro Hospital), where GSMT missionaries have developed long-term mentoring relationships with surgeons and anesthesiologists over the past seven years. One surgical team also worked for two days at the general public hospital, *Hospital Viedma*. New to this year's GSMT was the integration of a pediatric general surgeon to work alongside peers at the *Hospital Materno Infantil Germán Urquidi*, the primary women and children's public hospital.



Just hours after the mission team's arrival, local partner and El Gastro Hospital chief surgeon Dr. Vania Lozada, shown speaking with missionary Dr. Malcolm Bilimoria, presented the complete case files for 16 patients pre-screened for surgery. This preparation allowed surgeries to begin early Monday morning.

¹ This mission trip was immediately followed by a second General Surgery Mission Trip to Santa Cruz, reported separately.

II. MISSION HIGHLIGHTS

A total of 26 surgeries were performed over six days at three adjoining hospitals:

- 16 surgeries at El Gastro Hospital
- 3 surgeries at Viedma General Hospital
- 7 surgeries at the Maternity and Children's Hospital

III. MISSION GOALS

The GSMT is a fundamental component of the Solidarity Bridge General Surgery Program which offers surgeries on an ongoing basis performed by Bolivian surgical partners. The Mission Trip has three primary goals:

- A. To provide high-complexity surgeries to patients who do not have access to such medical treatment, both because they cannot afford it and, in particular, because the level or type of surgery they need is not readily available.
- B. To monitor the performance and continue to upgrade the skills of established Bolivian surgical, anesthesia, and other medical partners, and to evaluate and train new local partners.
- C. To monitor, evaluate, and fill equipment and supply needs to maintain and advance the program.

IV. MEETING OUR GOALS

A. To provide high-complexity surgeries to patients who do not have access to such treatment.

Many of the most complex types of surgery are unavailable in Bolivia, due to a combination of factors. It is difficult for even the best surgeons to access training in a procedure if it is not commonly done in the country. Even when surgeons are able to study abroad, back home they find little opportunity to implement, maintain and upgrade their skills due to lack of infrastructure, equipment and materials, and even because patients simply cannot afford the surgery.

The GSMT addresses these and other barriers by bringing high-level training as well as needed equipment, materials, and services, all oriented to reinforce the capacities of our partners to carry on long after our departure. Our local office, Puente de Solidaridad, works closely with host hospitals to prepare all aspects of the mission trip, including identification of the most needy patients.

Following are a few examples of the partnerships in action and services provided during the mission trip:

- Dr. Malcolm Bilimoria worked shoulder-to-shoulder with several surgeons at El Gastro Hospital, including Dr. Vania Lozada, Dr. José María Luizaga, and Drs. Rivera, Medrano, Pereyra, and Novillo, to perform such complex surgeries as distal gastrectomies, a gastrojejunostomy, marsupialization of a liver cyst, liver resection, hepatic artery repair, and a pancreatoduodenectomy (Whipple procedure).
- Dr. John Gregory partnered with many of the same noted surgeons at El Gastro on cases including primary achalasia, caustic esophageal stricture, colostomy reversal, and others.

- Dr. John Gregory also partnered with thoracic surgeons Dr. Johnny Camacho and Dr. René Burgos at the Viedma Hospital for two particularly delicate lung surgeries, one on a complex pleural effusion, and the second to explore a mediastinal tumor subsequently determined to be a lymphoma. A third surgery performed by this team successfully excised multiple tumors suffered by a 24-year-old patient in a possible case of neurofibromatosis.

B. To monitor the performance and continue to upgrade the skills of established Bolivian surgical, anesthesia, and other medical partners, and to evaluate and train new local partners.

A prime example of the continual upgrading of partner skills fostered by the GSMT is:

- Mission anesthesiologist Dr. Marco Fernandez returned for the fourth time to El Gastro Hospital, where five years ago he began a gradual introduction of new technologies and practices, and where he continues to monitor and upgrade anesthesia and pain management training and equipment. Encouraged by Dr. Fernandez' mentoring, one young Gastro staff anesthesiologist, Dr. Janet Jordan, recently completed training as one of only three anesthesiologists in Cochabamba certified in pain management. On this trip, Dr. Fernandez found that an ultrasound machine previously donated to the hospital through his efforts is now worn out by heavy use. He considered this good news, and is already spearheading efforts to replace it with a fresh donation.

An example of the evaluation of new partnerships is provided by the efforts of our pediatric general surgeon at the pediatric arm of the Viedma public hospital system:

- Dr. Tamara Fitzgerald operated alongside pediatric surgeons Dr. Uriel Ferrufino and Dr. Marlen Anaya on seven surgeries. Patients ranged in age from two days to four years old, with cases including a patent urachus, abdominal cyst, tracheoesophageal fistula, and three hernias. Dr. Fitzgerald also spent considerable time meeting with other key staff and observing the operation of the NICU and other areas of the hospital.



Dr. Patrick Duey, Anesthesiologist, closely monitored two-day-old patient Daisy following her surgery to remove an abdominal cyst.

C. To monitor, evaluate and fill equipment and supply needs to maintain and advance the program.

Our team delivered over \$1,158,000 worth of in-kind donations for use during the mission trip and by our Bolivian partners within the year-round surgical programs. The myriad of medical supplies delivered includes such treasures as multiple varieties of suture, hundreds of delicately-packed vials of anesthesia and pain medications with modern infusion pumps to administer them, assorted stocks of staplers, stents, and mesh, etcetera. Much of these supplies are selected and gathered by the medical missionaries themselves according to the specific surgeries foreseen for the trip as well as partner hospital and surgeon needs identified on previous mission trips. The team also carried to Bolivia a Medtronic Corporation donation of 20 pacemakers and corresponding leads, valued at \$244,000.

The mission team was especially privileged to be accompanied by two representatives from AmeriCares, a medical supply donation organization. AmeriCares provides Solidarity Bridge with specialized sutures, medications, and other items that are particularly difficult to procure elsewhere but are critical for the types of high-complexity surgeries we perform. In addition to the donated supplies that had already been provided for this trip by AmeriCares, the representatives brought along two newly-designed portable pulse oximeter monitors, hoping to evaluate their usefulness in real-life situations. Solidarity Bridge and our local partner office, Puente de Solidaridad, will be delighted to put them to use in our mobile laparoscopic surgery program, which provides surgeries in small provincial hospitals that generally lack post-op monitors.



Viedma Hospital thoracic surgeons, Dr. Johnny Camacho and Dr. René Burgos, take a moment between surgeries to discuss the uses of a new portable pulse oximeter monitor with AmeriCares representative, Ann Sawyer.

NOTE: This and all of the photos included in this report were taken by the talented AmeriCares photographer, Alex Ostasiewicz

PATIENT STORY

Diogenes Pérez

Diogenes, age 16, is the middle child of five and the only boy of the Pérez-Sacaico family. After their mother died a few years ago, the oldest daughter, Viviana, took over maternal responsibilities in the household while their father works long hours as a collective taxi driver.

By all accounts, Diogenes was a healthy child. But a few years ago, for unknown reasons, he began to have trouble eating due to severe tightening of the muscles of his lower esophagus. Viviana took him from doctor to doctor until he was referred to El Gastro, the most highly specialized public hospital in the country for his unusual problem. The hospital's GI department, using instruments donated in previous years by Solidarity Bridge, attempted esophageal dilations to open the dysfunctional muscles. There was little improvement, and Diogenes remained unable to consume more than liquids and heavily pureed food. He was losing weight, and doctors were running out of options. The Gastro surgeons suspected that radical surgery would be necessary, but the procedure is rarely performed on such a young patient.

The timely arrival of the Solidarity Bridge mission team was a welcome opportunity to consult the case with two surgeons with wider experience in esophageal strictures, Dr. Malcolm Bilimoria and Dr. John Gregory. Almost a dozen Bolivian and U.S. surgeons, anesthesiologists, and physician assistants met with Diogenes and Viviana and participated in the final review of Diogenes' case history, laboratory results, and images before the difficult decision was confirmed to proceed with an esophagogastrectomy to remove part of the lower esophagus and adjoining stomach and reconstruct the corresponding region. Doctors Gregory and Bilimoria partnered with local surgeon Dr. José María Luizaga for the surgery. Everyone rejoiced when the surgery proceeded without major complications, leaving Diogenes with the best anticipated outcome and hope for a more normal future.



Dr. Malcolm Bilimoria and Dr. John Gregory pose with Viviana and Diogenes, recovering well five days after surgery.

Diogenes was one of our patients by whom I was greatly affected during this trip. I felt extremely honored and humbled to have met Diogenes and his family and to know that we were able to help this young man in a way that will have a positive impact on him for the rest of his life.

Stephanie Lindeman, P.A., first-time missionary

MEMBERS OF THE 2015 GENERAL SURGERY MISSION TEAM

Solidarity Bridge is grateful for each of the following named individuals, as well as the many unnamed others – our Bolivian medical partners and host hospital staffs, multiple donors and other supporters, and the families and colleagues who picked up the slack back home – who together made this mission trip possible.

Coordination:

Jodi Grahl, Trip Coordinator
Kira Foken, Assistant Coordinator
Fr. Gary Graf, Chaplain
Sarah Hinojosa, Assistant Chaplain

Missioner Team:

Dr. Daniel Yousif, Anesthesiologist, Trip Medical Director
Dr. Malcolm Bilimoria, General Surgeon
Dr. Patrick Duey, Anesthesiologist
Dr. Marco Fernandez, Anesthesiologist
Dr. Tamara Fitzgerald, Pediatric Surgeon
Dr. John Gregory, General Surgeon
Stephanie Lindeman, Physician Assistant
Stephanie Morup, Physician Assistant
Vivian Joffre, Interpreter
Natalie Rodriguez, Interpreter/ Photographer
Monique Veiga, Circulator
Zoila Gonzalez, Interpreter
Zachary Bilimoria, Helper
Mary Grace Gregory, Helper
Elena Morales-Grahl, Helper

AmeriCares Representatives:

Alex Ostasiewicz
Ann Sawyer.

Local support:

We could not complete our mission without our local office and fantastic local volunteers!

Puente de Solidaridad:

Patricia Vargas, Executive Director
María Inés Uriona, Social Worker, Director of Medical Programs
José Choque, Medical Supplies Coordinator
Verónica Castellón, Receptionist
Maria Eugenia Rojas, PS Board Member, Chaplain

Local interpreters:

Dr. Rodolfo Franco
Guillermo Olmedo



Fr. Gary Graf addresses missioners and recovering patients at the GSMT closing ceremony