“We make a living by what we get, but we make a life by what we give”

Winston Churchill
This 2016 Year Book highlights Operation Walk Syracuse’s trip to Ghana, Africa, allowing you to see and experience for yourself the kind of an impact Operation Walk Syracuse, and your donations of time and resources have made and will continue to make.

National Organization

Operation Walk was started in 1995 by Lawrence D. Dorr, M.D. in Los Angeles, CA. Dr. Dorr is one of the leading joint replacement surgeons in the United States. On a teaching trip to Russia, Dr. Dorr surmised that one of the best ways to teach physicians was to actually demonstrate the surgery. Dr. Dorr put together a team of surgeons, internal medicine doctors, anesthesiologists, nurses, and physical therapists and planned his first Operation Walk trip to Havana, Cuba. Since that time, Operation Walk has expanded to 13 centers across the United States and Canada and has been responsible for thousands of free joint replacements across the globe.

Syracuse Organization

Operation Walk Syracuse is a non-profit organization that allows severely arthritic patients in countries with underdeveloped health care systems to receive total-joint replacements at no cost. Operation Walk Syracuse, the 13th branch of the organization, opened its doors in November 2010.

Co-directors Dr. Brett Greenky and Dr. Seth Greenky are renowned joint replacement surgeons located in Syracuse, NY. The two brothers rank among the highest in New York State in volume of joint-replacement surgeries, together completing an estimated 18,000 joint replacements to date. They launched Operation Walk Syracuse to satisfy their longstanding desire to pursue global humanitarian work.
In 2016, Operation Walk Syracuse went to a new site in Ghana, Africa, a site that no other Operation Walk Teams have ever visited. With lessons learned and experience gained from our prior experiences in Nepal, Panama, and Guatemala we were able to complete mainly hip replacements, as the need for this was so great, in very young people due to the medical conditions present in that country.

This new site presented many challenges that we have not experienced in other countries due to the environment and life styles which required much more intensive care from our experienced surgeons. We were able to complete 34 hip replacements, granting the patients mobility, independence, and a pain free life they so desire. These patients are released from their personal prisons by being granted The Wish to Walk, and as a result have a new lease on life. The experience is emotional, humbling, and highly rewarding. We hope that this yearbook provides insight and highlights the amazing things our volunteers and donors have helped achieve.

Every year, you help Operation Walk Syracuse touch hundreds of lives all around the world, as well as here in Syracuse. You should consider yourselves valuable members of the Operation Walk Syracuse team through your contribution of time, talent, and resources to Grant the Wish to Walk. We thank you for your continuing support and provide this book as a token of our appreciation.
About Operation Walk Syracuse Mission Trips

Since Operation Walk Syracuse’s inaugural international trip in 2011 to Nepal, the Syracuse Team has performed over 350 procedures on patients in four countries. The team’s journey has taken them to Nepal, Panama twice, Guatemala, and Africa. Each year a travel team of 50+ volunteers is assembled, which includes surgeons, anesthesiologists, physical therapist, medical technicians, nurses, sponsor representatives and other volunteers. These trips not only serve as a way to Grant the Wish to Walk, but also serve as an educational and training opportunity to help better the skills of medical professionals worldwide.

How does Operation Walk Syracuse Choose Patients?

After the Operation Walk Syracuse Team arrives in the host country, a screening day is conducted at the hospital. All interested candidates are evaluated by the nursing team, which builds charts, takes patients’ vital signs and escorts the patient to the screening rooms where a surgeon, internist, anesthesiologist, and nurse complete the screening. After the evaluations are completed, the team gathers for a case review, where each patient’s case is discussed. With so many patients, some have to be turned away, which is the most difficult task. In 2013 over 100 people were screened on screening day, and 74 joint replacements were completed on the 69 patients selected for surgery.

How Long are Operation Walk Syracuse Mission Trips?

Typically, Operation Walk Syracuse missions are 7-9 days long, with 4 full surgical days. The other days are spent setting up, screening patients pre-surgery, caring for/monitoring patient outcomes post-surgery, conducting intense physical therapy, and performing other necessary medical and humanitarian efforts.

How are Operation Walk Syracuse Mission Trips Funded?

Operation Walk Syracuse mission trips are funded through donations made by travel team members, Operation Walk supporters, our industry partners, and through fundraising events and initiatives. 100% of every donation goes toward Granting the Wish to Walk—not to administrative fees.

How do I contact Operation Walk Syracuse?

Operation Walk Syracuse, c/o Syracuse Orthopedic Specialists,
5824 Widewaters Parkway, East Syracuse, NY, 13057
315-883-5875
www.operationwalksyracuse.org
Ghana is located along the Gulf of Guinea and Atlantic Ocean, in the sub region of West Africa.

Operation Walk Syracuse has been asked by another Ghana non-profit agency to travel to Ghana to bring life changing joint replacement surgeries to those who are in need and suffering—those without other hope for help and pain relief.

After a scouting trip to observe and evaluate everything from possible locations to meeting local physicians and building relationships, Operation Walk Syracuse plans and formulate a strategy to begin preparing for the mission. An incredible amount of research and attention to detail is necessary as there are seemingly endless aspects to a project this large.

Accra is the capital city of Ghana, with an estimated urban population of 2.269 million as of 2012 and second largest city of Ghana as of 2014. The modern city is centered on original built British, Danish and Dutch forts and their surrounding communities.

Operation Walk Syracuse is already geared up, organizing, fundraising and preparing for the opportunity to Grant the Wish to Walk in Ghana.
Quick facts about Ghana...

Name:
Ghana is officially called the Republic of Ghana. Ghana is derived from “Warrior King.”

Geography:
Ghana is located on the Gulf of Guinea, just a few degrees north of the Equator, giving it a warm tropical climate. Ghana covers 92,099 square miles – about the size of Britain. Grasslands mixed with south coastal shrub lands and forests dominate Ghana, but it is also comprised of plains, waterfalls, low hills, rivers and tributaries, and the world’s largest reservoir by surface area, Lake Volta.

Population:
(2012 estimate) 25.2 million people, with a life expectancy of 61.45 years

Social Welfare:
Ghana is a low income country with a per capita GDP of only $400 (U.S.) per year. It has many economic and social problems especially in the areas of employment, housing, health, and sanitation. Ghana has an active Nongovernmental Organization (NGO) sector, with over 900 registered organizations that participate in welfare and development projects in health, education, micro financing, women’s status, family planning, child care, and other areas. The longest standing groups have been church-based organizations and the Red Cross. Most are supported by foreign donors. Urban voluntary associations, such as ethnic and occupational unions, also offer important social and economic assistance.

Medicine and Healthcare:
Facilities are scarce and predominantly located in cities and large towns. Dispensaries staffed by nurses or pharmacists have been established in rural areas and have been effective in treating common diseases like malaria. Many Ghanaians are unable to access the medical care they need – on account of location, or lack of money and other resources.

Languages:
Ghana states the official language is English - spoken by 21.3% of the population. There are over one hundred ethnic languages spoken in Ghana. 11 languages hold status of being Government sponsored - 4 are Akan ethnic languages (Akuapem Twi, Asante Twi, Mfantse and Nzema), 2 are Mole-Dagbani ethnic languages (Dagaare and Dagbanli). The rest are Ewe, Dangme, Ga, Gonja, and Kasem. 80% of Ghanaians speak an Akan language as a first and second language.
Preparation for a trip begins a year or more prior to travel. One part of the process includes collecting and shipping implants and supplies to the host hospital. Most supplies are donated by implant, medical, and pharmaceutical companies. Volunteers work together to pack up supplies which generally weigh six to eight tons! This precious cargo is sent ahead by air or sea two months in advance.

Teamwork and volunteering are integral to the success of any Operation Walk Syracuse initiative.
...Arriving in Accra, Ghana

- Ghana if officially called the Republic of Ghana, the word Ghana means “Warrior King”
- Ghana is located on the Gulf of Guinea, a few degrees North of the Equator. Ghana is about the size of Britain.

- Ghana is a low income country with a per capita GDP of only $400 US dollars per year.
- The office language in Ghana is English but there are over 100 ethnic languages spoken in Ghana.
The Hospital Operation Walk Syracuse worked at in Koforidua West Africa, Ghana is an Orthopedic Trauma Hospital with very limited resources to assist us in our efforts.
Unloading The Cargo

Volunteers work together to unload supplies, and to organize and check inventory. Missing items can lead to disaster.
Supplies & Setting up

Setting up and preparing for the surgeries is a large task. Each patient care area needs to be fully stocked with the correct supplies.

Instruments/Sterilization

Central Supply and Sterilization is a key component to the process. In order to achieve the greatest efficiency, surgical instruments must be cleaned and sterilized and ready for the next procedure. From the moment the first cases of the day conclude until we leave it at night, it is a constant stream of clean, wrap and sterilize, in preparation for the next case.
Logistics

With so little time, and so much to do, it is particularly challenging to make sure that things move efficiently and that all tasks are completed. Teamwork is key!

Organization

Many preparations are made before screening day, as the team gets ready to meet those who are ready to have their lives changed!
Screening days begin early. Patients arrive and wait in the large waiting room, all are hopeful that they will be eligible candidates for surgery. Surgeons, medical doctors, anesthesiologists and physician assistants work closely with the nursing and volunteer staff to see and screen patients.

Surgical candidates are identified using both medical and orthopedic criteria. Many patients have been living with pain and disability for 10+ years—the level of disease in Panama is often greater than what surgeons typically see in the United States.

When the screening clinic is complete, the medical team gathers together for case reviews where each patient is presented, and considered for surgery. Screening teams share their impressions, and the group selects the candidates with the greatest likelihood for success.

After patients are selected, the team finishes preparing the operating rooms for surgery. Teamwork is critical in the effort to sterilize equipment, stock rooms with supplies, and begin prepping all patients for their life changing operations that lie ahead.
The surgical volunteers show their incredible resilience by working within unfamiliar teams in an unfamiliar environment. In the United States most operating room professionals work together daily in an effort to achieve maximum efficiency and the best clinical outcomes. However, on international trips individuals have to adapt quickly to new operating environments and conditions.
Surgery

Besides all the normal challenges a team would face in any US hospital, our team has to stay focused in order to overcome the additional challenges of acclimating to a physical hospital layout that is different from what they are used to, machinery and equipment that is different from what they are used to, and makeshift supply areas that have been recently assembled.

Language barriers can also pose a challenge. However, everyone had a fantastic first day. The team really came together. All of the patients did very well. We left the hospital after approximately 12 hours, ready to return the next day to help more patients!
After each surgery, patients are tended to on the recovery ward and the surgeons greet anxious family members waiting to hear news of their loved ones. Smiles, hugs and tearful “thank you”s are common in what is one of the team’s favorite parts of each trip: telling family members the surgery went well, and that their loved one will have a new life.

Pre and Post surgery patients spend time in the PACU, as the both prepare for their procedure, and then recover afterward, prior to being transferred back to the Postoperative Orthopedic Unit.
The Orthopedic Unit is home base and where the patients arrive before, and return to after surgery once they are released from the PACU. After surgery we help to manage their pain, and try to keep them as comfortable as possible. The key to managing the pain is that the better managed it is, the better the patients are able to tolerate and maximize their physical therapy. And, of course, the more they can immerse themselves into their physical therapy, the faster they can get to their ultimate goal... **Operation Walk!**

Patients are generally accustomed to so much pain prior to their surgeries that they are often able to handle post-op pain and all the rigors of physical therapy with smiles on their faces, ready to work towards a pain free, more mobile life!
Patients begin physical therapy the same day as their surgeries—taking their first exciting steps toward new mobility and new beginnings.
Patients and families receive an intensive discharge education before they are released from the hospital. Afterwards, they say goodbye to Operation Walk Syracuse care givers, and leave the hospital ready to enjoy life free of arthritis and joint pain!
Teammwork

Everyone part of Operation Walk Syracuse works as a team for the entire trip, enabling Operation Walk Syracuse to make a major difference in many lives!
# Team Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Brett Greenky, MD</td>
<td>Executive Director</td>
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<tr>
<td>Seth Greenky, MD</td>
<td>Executive Director</td>
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<tr>
<td>Kim Murray, RN, MS, CNOR</td>
<td>Clinical Director</td>
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<tr>
<td>Steve Bogosian, MD</td>
<td>Surgeon</td>
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<tr>
<td>John F. Parker, MD</td>
<td>Surgeon</td>
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<tr>
<td>Warren E. Wulff, MD</td>
<td>Surgeon</td>
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<tr>
<td>Jason Mitchell, MD</td>
<td>Anesthesiologist</td>
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<tr>
<td>Dave Canfield, MD</td>
<td>Anesthesiologist</td>
</tr>
<tr>
<td>Gregory Kenien, MD</td>
<td>Cardiologist/Medicine</td>
</tr>
<tr>
<td>Mike O’Hara, RN</td>
<td>O.R Equipment Coordinator</td>
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<tr>
<td>Angel Delgado</td>
<td>Surgical Tech</td>
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<tr>
<td>Penny Johnson</td>
<td>Surgical Tech</td>
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<tr>
<td>Circulating Nurse</td>
<td>Peter Jones</td>
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<tr>
<td>Circulating Nurse</td>
<td>Qin Jin</td>
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<tr>
<td>Pre/Post Op Coordinator</td>
<td>Rachael Czajak</td>
</tr>
<tr>
<td>PACU RN</td>
<td>Carla Smith</td>
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<tr>
<td>PACU RN</td>
<td>Calvin Hardy</td>
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<tr>
<td>Pre/Post Op Nurse</td>
<td>Kelly Keenan</td>
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<tr>
<td>Pre/Post Op Nurse</td>
<td>Meg McDonnell</td>
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<tr>
<td>Pre/Post Op Nurse</td>
<td>Sara Willer</td>
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SYRACUSE, NY
Team Members

Physical Therapist
Jennifer Okuno
Physical Therapist
Elizabeth Kiggins
Clinical Engineering
Michael Houck
Cargo/Logistics
James Colone
Volunteer
Elizabeth Bogosian
Implant Rep
Dave Miller
Implant Rep
Sean Connors
Videographer
Solon Quinn

Thank you to all who donated of their time, skills and resources by being part of the Ghana 2016 Operation Walk Syracuse Mission

BOARD MEMBERS

President: Seth S Greenky
Vice President: Brett B Greenky
Secretary: Kimberley H Murray
Treasurer: Michael Humphrey
Gregory Kenien
Bishop James Moynihan
<table>
<thead>
<tr>
<th>Ghana 2016 Statistics</th>
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<tr>
<td><strong>108 Patients were screened</strong></td>
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<tr>
<td><strong>50 Patients selected for procedures</strong></td>
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<tr>
<td><strong>56 joint replacements were completed</strong></td>
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<tr>
<td><strong>18 were knee replacements</strong></td>
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<td><strong>38 hips were replacements</strong></td>
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<td><strong>28 Volunteers were involved</strong></td>
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<td><strong>8 DAYS</strong></td>
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<td><strong>4 Days of operating</strong></td>
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<td><strong>2 Operating Rooms</strong></td>
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<td><strong>2 Surgical Teams</strong></td>
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<td><strong>1 INCREDIBLE EXPERIENCE</strong></td>
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Countless lives changed!
Operation Walk in Syracuse

Operation Walk Syracuse is also committed to serving the local community in addition to international work. Each December over the last three years Operation Walk has provided life-changing care for those in need in Syracuse, granting the Wish to Walk though giving free surgery and rehabilitation to local patients.

Pictured above are Dr. Seth Greenky, Kim Murray, and Cynthia. Cynthia received two knee replacements on two different occasions.
Dr. Seth Greenky had known Cynthia for several years.

When he first met her she was a 46 year old maintenance supervisor whose knee arthritis was progressively deteriorating. She had her first knee replacement in 2011 and immediately experienced relief from her pain and declining mobility. That relief was short-lived, however, and the other knee began to rapidly decline causing her tremendous discomfort and difficulty in keeping up with the activity required by her busy job.

The bad news for Cynthia was that soon after her first surgical procedure, she lost her health coverage. The life-altering surgical procedure that brought her tremendous relief for her first knee was now out of her reach. Cynthia was a hard-working member of the American workforce but affordable health insurance was now not affordable or accessible and she was not eligible for governmental assistance.

Dr. Greenky introduced Cynthia to the local Operation Walk Syracuse initiative and later that year she underwent her second knee replacement. Cynthia was most grateful to the Operation Walk Team for providing her this opportunity and enabling her to remain a functional member of the workforce and society.
A REALLY REALLY BIG THANK YOU!

Because of generous donors, Operation Walk Syracuse has been able to provide millions of dollars of surgical care to hundreds of patients at no cost to them.

We hope that you will continue to be part of our team and support the work that Operation Syracuse continues to do, Granting the Wish to Walk!