

Report for the Association of Anaesthetists

Pamela Winton FRCA MBChB

Anaesthesia Provider Africa Mercy, Mercy Ships

Monrovia, Liberia, West Africa

July 2008

Many thanks to the Association for providing me with a £500.00 travel grant.

I worked as an anaesthesia provider for Mercy Ships for 2 weeks in July 2008.

Pre Departure Preparation

Keith Thompson, Anaesthetic Consultant and Director of Mercy Ships UK came to the Royal London Hospital to talk about the work of Mercy Ships, a Christian organisation. A Consultant maxilla facial surgeon at the London also spoke of his time working for the organisation.

Their talks were very inspirational and I managed to take the opportunity to talk to Lord McCall at the end. I think I had made my mind up there and then to give some of my time and work as an anaesthesia provider.

I was reassured after their talks that, as a trainee I would be useful, even for such a short time but just as importantly that I would be supervised by senior anaesthetists.

The potential problems with working in an unfamiliar environment with an extremely unusual caseload were acknowledged. However the anaesthetic caseload does include paediatrics and difficult airway work so trainees were expected to have a certain level of experience in these areas.

The process of application was fairly standard: references, curriculum vitae, modified logbook.

Referees included the applicant's pastor or spiritual counsellor. This was not unusual given that Mercy Ships is a Christian organisation and applicants are frequently supported financially and

otherwise by their Church. However it was acknowledged that not all applicants necessarily had a spiritual counsellor and it was acceptable to include this on the form.

No dates were set at this point. It is best to leave at least 6 months to organise a placement. I was relatively lucky with the dates I planned as they fitted in well with the ship's requirements. It must be noted that there will be times when the anaesthetic team is oversubscribed and it is in the ship's best interest for applicants to be flexible with dates. Anaesthetists can potentially serve for 2 weeks up to 3 months. Recently the Africa Mercy has advertised for 'long term' anaesthetists.

I used my annual leave entitlement but recently there has been increased acknowledgement by the Royal College of Anaesthetists of the value of overseas anaesthesia experience. Most training programme directors, if given enough notice will allow time working for Mercy Ships to come out of a trainee's study leave budget.

Liaison with the recruitment team on the Africa Mercy was good. Some administration went through the Texas head quarters but most went directly to the team on the Africa Mercy.

All volunteers pay crew fees for accommodation and food. Fees are set out in the application.

I made my preparations for vaccinations and anti malarial prophylaxis through Interhealth, a medical charity that provides specialist healthcare to voluntary sector organisations, aid and development agencies and NGO's.

The flight to Liberia was difficult to arrange with only a limited number of carriers. It was also relatively expensive. I had to take into account arrival times into Monrovia, arriving late at night was not recommended.

Arrival

I arrived in the evening to Monrovia International Airport. The airport was as I expected, busy, hot and hectic. However my transition through immigration and customs was extremely easy, the mention of Mercy Ships provided me with friendly and safe passage. Volunteers are picked up by the ship's drivers and a hostess.

Arriving at the ship at night was quite striking, it was hot and humid, and the ship appeared huge, lit up against a rather derelict dock surrounded by UN military watchtowers.

Security was excellent and we were welcomed on board the ship.

That first evening was made up of form filling and a short tour and then we could rest for the night.

I had my own cabin which is unusual, and the standard of accommodation was excellent. Homemade welcome cookies were a lovely touch!

The anaesthesia providers are expected to work the next day after arrival which starts with a theatre meeting.

Starting work

Every morning at 0800 hrs there is a theatre team meeting which is attended by the anaesthetists, the surgeons, scrub nurses, operating department practitioners and the team leader for theatres. This meeting serves 2 purposes: to run through the work for the day ahead and also to pray as a team. Any problems encountered the day previously are discussed. It was a brief but effective meeting.

As a new anaesthesia provider I had a brief tour of the operating department.

On the Africa Mercy there are 4 operating theatres with a fifth not currently in use. Equipment is very similar to UK equipment but anaesthetists need to be flexible and frugal with use of the equipment; multiple uses of endo tracheal tubes and other airway devices are standard. The sterilization service is efficient and able to cope with both anaesthesia devices and surgical sets.

Anaesthesia machines are basic but not dissimilar to the UK. Isoflurane and sevoflurane was readily available, low flows were encouraged.

In contrast to the UK anaesthesia providers on board the Africa Mercy are expected to set up everything that they require for their own lists. That includes equipment, drugs, circuits and ancillary equipment. Cleaning all the equipment between cases was also our responsibility as well as stocking up. Now I can appreciate how annoying it is to move theatres at the last minute!

During my time there was an ODP however she was shared across all the theatres and generally assisted with the more difficult inductions and paediatric cases.

This was an excellent learning experience and one that all anaesthetists would benefit from, working solo was challenging and really hard work.

The days generally started at 0800 and ended when the lists did. With a bit of clean up time and stocking up shared by all the team this ensured that we made it out by about 5pm.

The cases

The case load depends on which surgeon is on board at that time. The general remit of Mercy Ships surgical work is elective, however on rare occasions they have accepted emergency cases from Medicin San Frontiers in Monrovia.

Elective work includes general surgery: thyroidectomies, hernia repairs, skin lesion excisions, gynaecological surgery: repair of vesico vaginal fistulas; orthopaedic surgery, maxillo facial surgery and ophthalmology services.

During my time Bruce, a general surgeon and Glen, an ophthalmologist, were in residence.

My first week was spent doing mainly ophthalmology lists, a lot of which were paediatric patients. Eviscerations and cataract repairs were common.

The second week I did mainly general lists, thyroidectomies and hernia repairs. This second week I was asked to induct a new anaesthesia provider who was to stay for 5 weeks.

On one of my final days we had an extremely difficult case of thyroid carcinoma. An elderly lady who had a huge rugby ball sized mass which had caused her trachea to become both deviated and significantly stenosed. She had a critical airway, breathless on minimal exertion and we felt that although the case was risky we would go ahead as a palliative procedure. The relatively long term risks of tracheostomy in the community were addressed.

Because this was such a high risk case, with anticipated blood loss we planned every detail. The anaesthetic team in particular briefed well prior to starting. Oral endotracheal intubation was impossible due to the degree of stenosis. It was decided that she should have a tracheostomy done under local anaesthetic and once the airway was secure then we could proceed. Blood loss was moderate and we used 4 units of donated blood from the ship's volunteers. Transfusing warm, freshly donated blood felt like a gift. The patient was admitted to the intensive care unit and did very well, being discharged 2 days later. Just prior to leaving the ship she was doing very well with the tracheostomy.

During my time on the ship a long term senior anaesthetist from the UK was acting as the anaesthesia coordinator. He had served for 8 months and had 1 month left aboard. He was amazingly experienced and also extremely welcoming. He made it easy for first timers to settle in and certainly gave me a huge amount of confidence so I was up and running in a very short time.

This was a luxury for the department as there is not usually provision for a long term anaesthetist. By and large every week a new anaesthesia provider arrives. This presents a huge challenge for the long term workers, the recovery nurses, the ward nurses and the surgeons. There are of course frequent flyers but without someone long term able to coordinate the effort it relies on the patience of the long term staff to smooth the transitions between short term staff.

Ship life outside the OR

Meetings...

On my arrival I was given an induction pack which was an excellent resource but a bit overwhelming with the number of meetings I had to attend!

Some meetings are community meetings; they can be department only, or general, involving the whole ship community.

Some of the meetings are prayer meetings; again they can be for individual departments or for everyone.

There are also small groups.

I took advice as to which meetings I had to attend, the community meetings and the department ones were considered compulsory.

Mealtimes

Food was a focus of life on the ship. Meal times allowed socializing and a break in the routine. The food was excellent considering the resources. Most volunteers put on a few pounds during their stay! Much of the food was shipped from Europe; there are major implications of using local resources to feed hundreds of volunteers. New menus provided much excitement among the long termers!

Exercise

There were lots of opportunities for exercise, football games, 'ultimate frisbee', running and touch rugby, all played in the grounds of the UN military base! Exercise was important to surviving life on the ship, without it, it would be easy to get cabin fever... Important to get off the ship.

Long termers and short termers

The dynamic between short termers and long termers was interesting. Occasionally there seemed like there may be tension between the two groups but generally the short termers were well looked after.

Day trips

There are opportunities to get out and about in Liberia, day trips included community visits to a prison or a local orphanage and a trip to the Bong mines.

The Bong mines trip was fascinating; the mine has been left essentially untouched since the rebels attack in 1990. Iron ore poured out into conical piles stands under the grinder machines and large stores of ore wait by the rail track to be transported to the city. Getting to the mines was an adventure in itself. A 4x4 drive to a train track, mounting the 4x4 on a rail car and then travelling on top of the 4x4 up country to the mines. It was amazing to see the countryside, the villages and the people. We all got completely covered head to toe in soot but it was an amazing experience.

Apart from visiting the mine we took some supplies to the old mine hospital.

Prior to the rebels attack, this hospital served the mine workers and their families. After withdrawal of the German mining company funding stopped. It is currently a government run hospital and free at the point of delivery to the local community. We met with the Medical Director and had a tour of the hospital. Facilities were as expected in an impoverished West African hospital. Intermittent electricity, a complex completely useless sterilisation unit that had been donated but never installed due to lack of training, intermittent oxygen and variable pharmaceutical supplies. The noticeable thing was that there were no patients with the exception of a couple of post natal women. The Director gave us a list of supplies that he requested from the Africa Mercy. Later I found out that the hospital may be charging locals for services, which may explain why the hospital was so deserted.

I left Liberia with more questions than answers. I reflected a long time, and still do, on the issue of aid.

I felt it was a privilege to serve for Mercy Ships and I thank the Association for their contribution to my mission.

Disclaimer: please note that the content in the article above is the sole responsibility of the author and does not necessarily reflect the official opinion of Mercy Ships