

Anaesthetic Report on Cleft Lip and Palate Surgical Visit to Kumasi (Ghana) 2008.
Travel Grant recipient – Agnes Watson

Summary

In May 2008 2 anaesthetists, a surgeon, 2 nurses and a charity worker visited Komfo Anokye Teach Hospital in Kumasi with the charity Nyarko Cleft Care in Ghana. The visit was for one week.

Background

Good quality primary surgery for cleft palate is essential for the development of speech and facial appearance. Surgery should be completed before a child learns to speak. Anaesthesia is essential for this operation and demands expertise in anaesthesia in small children and infants. Anaesthesia, in Kumasi, is mainly a nurse-led service. Following an earlier visit in 2005, we were concerned that anaesthesia may not be safe enough.

The ‘Anaesthesia’ objective of the 2008 visit was to teach and support nurse anaesthetists.

Details

Drs Sury and Watson, Consultant Paediatric Anaesthetists, oversaw 14 operations under anaesthesia in children (see table below). One operation was in an adult under local anaesthesia. All these cases were managed by nurse anaesthetists successfully. One child had a severe life threatening arrhythmia that reverted spontaneously. This was a side effect of the anaesthesia drugs itself rather than any fault in technique or management. The child made a full recovery.

Two trainee nurse anaesthetists were with us for almost all the anaesthesia; their names are Joyce Ade and Addo Gyambibi. They were competent within the limits of their experience. Their knowledge was sound and they were enthusiastic. Their practical skills were very good. Normally they would have been supervised by experienced senior anaesthetic nurses. We believe that they will in time be able to manage children on their own. We did not see any dangerous or inappropriate practice

Teaching

The following topics were taught in theatre:

- Capnography
- Reversal of muscle relaxants
- Intraoperative analgesia
- Postoperative analgesia
- ECGs
- Laryngoscopy with patients and mannikins

The following formal lectures were given to all the trainee nurse anaesthetists:

- Analgesia for children
- Laryngoscopy and the paediatric airway
- Infant physiology
- Anaesthetic management of CLaP

Equipment Donated

- Hemacue with disposables
- Portable pulse oximeter
- Capnograph
- Range of laryngoscopes with paediatric and adult blades
- 12 copies Oxford textbook of anaesthesia and several adult and paediatric BNFs

Recommendations

At the end of the week there was a multidisciplinary meeting of all those involved in delivering the cleft service at Kumasi and the visiting team. We felt the teaching and training received by nurse anaesthetists was excellent. The following recommendations were made regarding anaesthetic provision.

Theatres:

- Improve organisation of airway equipment
- Encourage separate trays for drugs and airway equipment for each case
- Set up a resuscitation trolley for theatres

Recovery:

- Discussion on problems with patient blocking beds and ways to ensure timely return to wards
- Sort out bays into those for children or adults and those for low or high dependency patients
- Need facilities for hand washing in recovery

Patient Details

Age	Gender	wt (kg)	Cleft problem	Hb (g/dl)	Operation
8y	female	35	cleft palate		primary repair cleft palate
1y 11m	female	12		12	excision intraoral lesion
8m	female		unilat cleft lip		primary repair cleft lip
1y 2m	female	10	bilat cleft lip, cleft palate	11	primary repair cleft palate
11m	male	6	bilat cleft lip, cleft palate, Pierre Robin	9.5	primary repair cleft palate
10m	female	8	unilat cleft lip		primary repair cleft lip
2y 6m	male	12	cleft palate	12	repair of palatal fistula
2y 5m	male	12	cleft palate	11.6	repair of palatal fistula
1y 4m			cleft palate		repair of palatal fistula
2y 7m	male	12	cleft palate	9	primary repair cleft palate

Age	Gender	wt (kg)	Cleft problem	Hb (g/dl)	Operation
5m	female	4	unilat cleft lip, cleft palate	8	primary repair cleft lip
2y	male	12		11.9	excision large haemangioma of lip
5y	female	18	cleft palate	11.1	primary repair cleft palate
5y	female	18	unilat cleft lip, cleft palate	11.3	alveolar bone graft
23y	female		unilat cleft lip, cleft palate		prim rep cleft lip

Agnes Watson October 2008