

I am ST5 Anaesthesia and Intensive Care Medicine trainee from the North Western Deanery. In summer 2012 I spent 2 months 'Out of Programme' working as a volunteer physician for AMREF Flying Doctors, based at Wilson Airport in Nairobi. I was supported by the AAGBI by means of a travel grant.

AMREF, the African Medical Research Foundation, is a large Non-Governmental Organisation involved in public health initiatives across Africa. The Flying Doctors are a non-profit making subsidiary, providing aero-medical evacuation, retrieval and repatriation services in East Africa and beyond. The following article is an excerpt from my diary...

Its 2am. The phone rings and I'm woken from a deep sleep. I clumsily reach under the mosquito net and feel around for the increasingly indignant machine. Through the fog of awakening I register the voice of the AMREF Flying Doctors Shift Coordinator and my mind immediately clears. We have an emergency aero-medical retrieval and must leave at first light. The patient has been attacked by a rabid hyena in a remote rural area of northern Kenya and is in a critical condition. The local hospital does not have the facilities to cope and it would be too dangerous to attempt a landing on the rutted field which masquerades as a bush airstrip at night. A taxi is arranged to ferry me to the airport at 6am and I sleep fitfully for the remainder of the night, my mind unwilling to let go of what the morning might bring.

I arrive at the airport as dawn is breaking and I check our equipment with Maurice the flight nurse. The clinical information is often patchy and we prepare enough kit for most eventualities. We check our drugs, oxygen and ventilator and load everything carefully into the back of our single engined Cessna Caravan. In the hands of our skilled pilots, these aircraft can land almost anywhere but they also have an unpressurised cabin. The hypobaric, low oxygen environment this creates can compound the difficulties of evacuating critically unwell patients and we take this into account as we prepare our oxygen cylinders.

The engine roars as the pilot eases the throttle forward and we take off steeply, banking hard right over Nairobi National Park. I see an ostrich far below, standing unconcerned on the savannah. A small herd of Thomson's Gazelles scatter at the noisy intrusion of our engine. My ears pop as we climb up through the clouds and I can see the familiar summits of Africa's two highest peaks rising above an undulating white carpet. Mount Kenya to our left and Mount Kilimanjaro resplendent in the morning sunlight to our right.

Two hours later and we bump along the grassy airstrip, coming to a halt by a ramshackle collection of buildings. The place is deserted, already beginning to bake beneath an unforgiving equatorial sun. A few minutes go by and we check our equipment once more as a ubiquitous Toyota Land Cruiser draws up. I jump in the back to make an initial assessment of the patient and note that he is already intubated beneath heavy bandages which cover a badly injured face and head. His arms and hands are also heavily bandaged and it is clear he has lost several digits in the incident and I can only imagine the trauma of trying to fight off such a strong and dangerous animal. I try to put the thought out of my mind and concentrate on the job in hand.

The tube is not connected to a ventilator and the patient has not been sedated or given any pain relief for some time. The medical team have however done a good job with the limited resources at their disposal. Our equipment meanwhile, is up to western standards and I set about attaching monitoring, securing intravenous lines, sedating the patient and establishing him on our Oxylog 3000 ventilator. Having accomplished this, we gently move him onto a stretcher and into the back of the aircraft. I am worried about the airway, the security of the tube and about on-going bleeding. We carefully take down the dressings, I assess and optimise the position of the tube and we carefully inspect the wounds, cleaning them thoroughly before applying pressure dressings to limit further bleeding. He will need extensive surgery and my priority now is to get him safely to one of the modern hospitals in Nairobi.

Once airborne I take a set of bloods which we can immediately analyse using our iStat portable blood gas analyser. I administer antibiotics and set up infusions of sedatives, fluid and pain relief. We land back at Wilson Airport two hours later and move our patient into the ground ambulance. Our skilled AMREF Flying Doctors driver weaves through the notorious Nairobi traffic and we arrive at the intensive care unit of a large Nairobi hospital. Having handed over his care to the team at the hospital, we head straight back to Wilson Airport. Shaun, our Operations Director is waiting for me on the apron with our Citation jet fully loaded and ready to go. A patient has severe malaria in the Democratic Republic of Congo. Here we go again...

The above patient, I understand, had a prolonged stay in hospital and underwent several surgeries. His evacuation was paid for by AMREF Flying Doctors as a charity case and his hospital bill was settled by the Kenyan Wildlife Service. He is now back in his village making a steady recovery.

Working with AMREF Flying Doctors has been one of the highlights of my medical career so far and the team there are some of the most dedicated and professional people I have ever met. More details and photographs of my work with AFD can be found on my blog www.forringtonstravels.wordpress.com and I would encourage other appropriately qualified medical staff to consider volunteering. More details can be found at www.flydoc.org

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