# HAWASSA CHRONICLES

### EDITION 07 | 21, 22 and 23 APRIL 2010

#### **MONKEY BUSINESS**

Wednesday was a day of frustration. Jaap and I wanted to showcase an operation technique where one repairs a groin swelling by implanting an prosthetic mesh that covers the weakened area. However, our handpicked patient was swapped by one who had a gargantuous scrotal hernia instead of a comparatively small hernia inguinalis (groin). This proved to be quite too difficult for the task at hand – partially because the patient had been massaging this scrotal swelling for years and thus created extensive adhesions at the site of operation as well as an annoying bleeding vein that was difficult to isolate. Thus, after waiting for days and setting our mind to finally being able to showcase an improved approach to a universal human pathologic condition, it was snatched away from us.

## THE ABNORMAL NORMAL IN AFRICA

Work at home reaps funny and interesting anecdotes once in a while. Africa, and specifically Ethiopia, portrays abnormal human manifestations on a day to day basis, turning the absurd into the norm.

Although a lipoma is not an uncommon phenomenon in human beings, the size can definitely make one look twice. (Histologically proven. Picture taken with consent from patient.)



**EDITOR'S NOTE.** This edition highlights anecdotes that might give you the impression health care is void of quality in Hawassa, Ethiopia, whilst it is, in fact, not. However, these are stories that beg to be told. Feel free to comment or request clarification.



After the morning passed, no real work was left for us. There were no emergency cases at the emergency room. There was no outpatient clinic that afternoon and there were no operations to be performed. All in all, this day left us with a feeling of frustration that needed to be dealt with, which, after little or no consideration, led us to the lake side for some proper relaxation with a view to kill for and a cold soda to die for. Only distraction were the monkeys that almost successfully snatched away our coveted collection of sugar bananas. Only our arsenal of rocks kept them at a meagre distance.

Next day, Pien told us she had seen a patient in the outpatient clinic who had been unconscious for hours on end after a monkey had thrown a rock to his head. Who are we calling monkeys?

**QUOTE OF THE DAY!** When the surgeon is tired or when the sterile drapes are through, one cannot, of course, proceed with the operation program. A cancelled procedure is typically called a '**Cancelectomy'**.

## **HELP! HAVE I GOT A BROKEN NECK?**

Morning reports are peculiar. An intern chants in monotonous verse what patients have been admitted and what 'the Plan' is. Mostly these presentations train one's resilience to slumber, until hard copied X-rays pass around the room. One particular X-ray showed the neck of a female patient who fell from great height six days earlier. She broke her neck; note anterior displacement of C5 to C6. Subsequently, she was unable to move her legs and arms. In hospital she was given a loosely applied cast around her neck and told to go the capital for neurosurgical consultation. Since there is no ambulance service, she will have to arrange her own transport.



#### WHAT HAPPENED TO 'TUBY'?



Friday morning, after a good night sleep, we were eager to commence the operation program of that day... after the traditional macchiato without sugar at the penthouse cafeteria, we stumbled into OR2 and encountered a bundle of clothes wherein, lo and behold, an intubated neonate was hidden. No one knew exactly why this baby was left there. Most likely the result of a C-section the evening before. He had an IV drip running and was supported with a breathing machine. A wee bit later on, the duty paediatrician was called on site who, nor her colleagues, never was approached 'bout this birth. Having lain there all night with no food and on a grown up's amount of salts did nothing to aid his survival. By the time he was cleared off OR2, he was unresponsive, had negative reflexes and was dependent on oxygen supply. Before the day was over, we heard he passed away. How exactly this absurd situation came to pass, no one knew. It was clear though, reading everybody's reaction, this case was as unusual and unacceptable as it gets. Yet, in Ethiopia there is no medico legal culture and that is that.

Below two pictures before and after reconstruction of a scalp wound. When someone has got no money to pay for transport and the plastic surgeon's fee they are told in all earnesty that the surgeon hasn't got the proper training but is willing to attempt reconstruction. Aim of this procedure was to cover the exposed bone of the skull. It was successful.



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