One week in Soddo . . . . .

Our last letter ended with the story about the injured patient I wanted to make burrholes on. A burrhole means to burr a hole in the skull to drain blood that might have collected between the brain and the skull. Such a blood collection will cause pressure unto the brain and might cause brain damage or death. In Norway we would of course use CT scans to look for such blood collections, this is not possible in Soddo (yet, plans are being made to get a CT scanner to here!)

The family of the patient arrived and we made 7 burrholes without finding blood collections. Then, surely there must have been other causes for the braindamage and the patient sadly died Monday morning. That day three patients died and I wrote this for my Facebook account that day:

"Today I am sad, I have lost three patients. My heart mourns with the relatives, knowing that their sorrow will be far greater than mine. Nevertheless, for a surgeon to lose patients is always sad. It is a reminder that life is fragile, as humans we should all be prepared to meet our Creator, accepting Jesus as our saviour is all that we need to be prepared.

For a surgeon to lose his patient is also a reminder that there are so many diseases and illnesses that we cannot cure. Especially in this setting as a doctor in Ethiopia, lacking all the fancy equipment I am used to at home. We have to remember the old aphorism: "To cure sometimes, to relieve often, to comfort always"

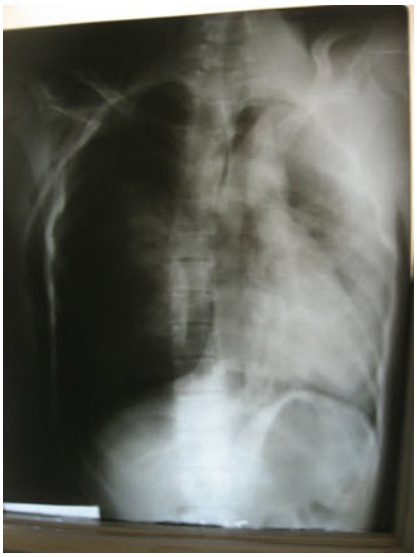
Sometimes to comfort is all that we can do, and then sharing the gospel to comfort may be far more important than to cure."

Monday also Mimmi came visiting us from Key Afer. Key Afer is a small city in the Banna tribal area just outside Jinka. We know her from our time in Jinka. She is now a nurse, Olaf has helped her economically during her education and has almost become like a second father to her. Her coming was a nice visit in an otherwise somehow sad day. Unfortunately she could not stay for long and return the day after to her work at the health station.

Tuesday we operated amongst others a patient with gallbladder stone with laparoscopical approach. It is possible here, but demands more from the doctors and nurses. Dr Dejene did most of the surgery and all went well. The next day the patient went home.

Wednesday started quietly. As usual we started rounding on the intensive care unit between 7 and 7.30 a.m. After ICU we go to the ward were we start with a prayer before we see to the patients. One of the patients is an elderly woman with an amputation after an accident. The stump has been infected and we have been treated it with POP directly in to the wound which now is clean and soon ready to be closed.

A young mother has arrived to the OPD with a 1 ½ year little girl. One of the girls eye is enormously enlarged and destroyed by retinablastoma which is a cancer in the eye. In Norway this would have a 95 - 98 % chance of cure. It is so sad that so many are coming to the hospital so late that it is difficult to do anything with their sufferings. Even in a Western country we would not have been able to cure this patient. We discussed whether or not to remove the eye, but after a litterature search we found out that most propably the best thing to do was nothing. The child will for sure die soon. As we explained this to the mother, the situation was heartbreaking and I have to admitt that some tears were shed at that room There is nothing we can do exept to pray that the child might not suffer and that the parents and child some day will be reunited in Heaven.



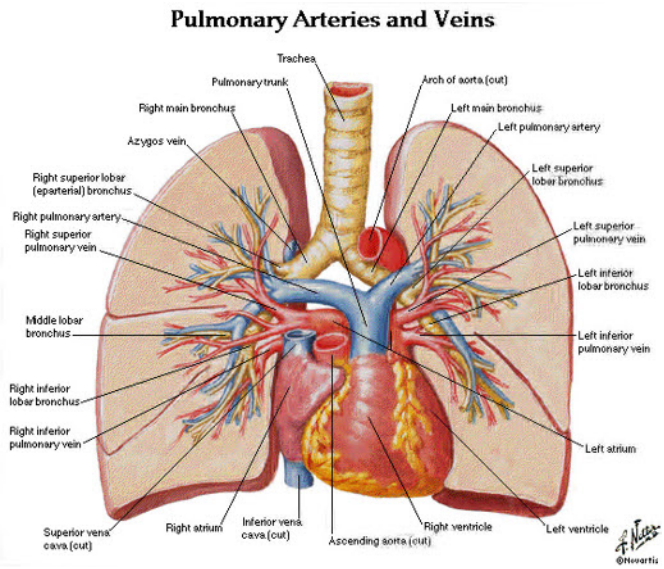
Wednesday afternoon a new patient arrived. This time a road traffic accident victim from a bordertown between Ethiopia and Kenya. Last year I also had a patient from that area after a road traffic accident. This time an Isuzu truck had rolled over killing and injuring several people. Our patient broke an arm and injured his lung. After six hours he came to the local hospital where they took an x-ray, diagnozed a collapsed lung and put in a tube. A collapsed lung under tension is a serious condition which needs immidiate treatment. After insertion of the drain, the patient did not improve and 24 hours after the injury the family decided to rent a private car and travelled 650 km to Soddo. They used one and a half day on the trip. During the transport the patient could talk, but was in respiratory distress. Just as they were about to reach Soddo he lost his concsiousness.

I happen to come into the ICU where the nurses were bagging the patient giving him oxygen. They tell me that his saturation at admission was 16%. The saturation is a measure of how much oxygen the red bloodcells are transporting in the body, in a healthy man it should be more than 95%. Despite oxygen and the bagging the saturation never exceeded 40%. It was obvious that the lung still was collapsed and I immediately inserted two cannulas into his chest and continued with the insertion of a new chest tube. The situation was chaotic, we were standing and working in the middle of the ICU with other patients and relatives around us. The anesthesia nurses managed to intubate the patient and we moved him to the OR.

We had to act quickly, the saturation was still around 40 - 50% a new x-ray showed still collapsed lung so I tried to put suction directly on the drain without any effect.

I had no option but to open his chest. I therefore did a thoracotomy and found that part of his lung was damaged. ”Yes!” I said to myself ”Removing the damaged part should not be that difficult,” But when we looked closer, we saw that deep inside the chest air iwas pouring out of a big hole in the right lungs main airway. I put a finger into the hole, clamped the lung hilus and said to the resident: "Pray Ronald, you have to pray!" With my finger in the hole and a clamp over the hilus, the saturation rose to 100%. The anesthesia nurse managed to intubate the left lung and with my finger in the hole I felt the tube moving in the airway.

To help those of my readers not so familiar with the lungs anatomy I have included an illustration. The right superior lobar bronchus was ripped of the right main bronchus leaving a large hole extending almost to the division of right and left main bronchus.



I was not able to repair the damage, and had to remove the lung. The operation went smoothly and the saturation was stable around 94 - 96% during and after the operation.

Unfortuntately the paritent never woke up after the operation and he died a few days later.

The operation was big and it is impossible to know how long his brain had been without oxygen. Most likely he died because of lacl of oxygen to the brain

So this week has started with three deaths and ends with one. On the other hand so many lifes are being saved at this hospital and at many other hospitals across the country. In Ethiopia the need for healthworkers are overwhelming, and I especially feel deeply the need for surgeons also skilled in trauma surgery. So many young, healthy people are dying after road traficc accidents. To be here is so meaningfull, not because I succeed in everything I do - no, far from that - but constantly we can help someone by saving their lives or help them to a better life. This week we have had many less dramatic operations, but nontheless important operations that also saves life. Operations for typhoid perforations, intestinal invagination and intestinal adhesions. Without these operations people will die, and for me to be allowed to visit Soddo Christian Hospital and participate in the training of African surgeons is really something I like to do and here I feel sure that what I am doing is a part of God’s plan with my professional life.

We would really like to come to Ethiopia and Soddo on a regular basis, once or twice every year. But to do this we need your support back home, both in prayer and economically. Thank you for all your help and support! Without your help Olaf and I would not be able to travel to Ethiopia, we need you.

Yours

Bjarte Tidemann Andersen and Olaf Raundalen

Something to really be happy about this week is that the OR table Olaf is fixing finally seems to be working!