Project Medishare Report:

Surgeries at St. Antoine Hospital Jéremié January – March 2018

Dr. Erick Pierre as related to Bette Gebrian

1. Repair of severe laceration on a woman post- delivery of a healthy baby boy

Mrs. D was a 39- year-old woman pregnant with her first child. She was followed by a private OB and made 9 prenatal visits. There were no prenatal problems.

During a routine prenatal check-up, she was found to be 8cm dilated. He sent her to the hospital immediately. She hopped on a motorcycle taxi and checked into the hospital by herself. Her husband joined her later.

She was brought to maternity and was set up for delivery at 1pm. The physician came to examine her and said she was ready to deliver. He left her in the hands of the nurses who do routine deliveries.

She did not have contractions. Nurses told her to push. They did not perform an episiotomy. Baby boy Joe weighed 4kg at birth. After delivery, Mrs. D was told that a family member had to purchase suture and repeated the request a short time later. The nurses sutured the laceration. Mrs. D said there was a lot of water and blood. She was prescribed antibiotics, iron, pain medicine also purchased at the pharmacy by a family member and sent her home the next day with her baby.

Shortly after returning home she realized that baby Joe was not well. She returned to the hospital and Joe was admitted to the nursery for icterus and remained there for several days. She continued to breast feed him.

Mrs. D said it was difficult for her to do much – and she could not squat down at all because the sutures were very painful. The OB doctor did not know of the severity of the laceration.

Twelve days after delivery she went for a post-partum check-up. After being examined, the physician confirmed that she had a severe laceration that went through her vagina, perineum and through the anal sphincter. Fecal matter was found in her vagina. By then it was too late to suture the area again.

He urged the couple to see the general surgeon, and, if this was not possible to have surgery in Jéremié that she would have to go to Port-au-Prince. She and her husband went to see the surgeon. She completed routine lab tests.

As the surgeon recounted, generally a laceration such as this would require a temporary colostomy. But this was not necessary in this case because he had assisted in more than 10 such laceration repairs at the General Hospital in Port-au-Prince. One of the obstetricians had studied in France and they worked together to repair severe lacerations without colostomy. That was the plan. Mrs. D needed to refrain from eating for 3 days before surgery. She said that she was so afraid of eating and the surgery being cancelled that she did not drink fluids either. She was admitted for surgery and the laceration repaired by the lone surgeon, nurse anesthetist and OR technician. She remained in the hospital for three days on IV fluids. There were no complications. She was not able to breast feed during this traumatic time and continued with formula from then on. All is well.

2. **Repair of strangulated hernia**

Last Sunday (February 4), a young mother brought her first child, a 13-month old baby boy to the outpatient clinic at the hospital. He was crying and vomiting. No treatment was suggested during this first visit. She went to another private doctor 2 days later. He urged her and her husband to take Adrien to the only surgeon in town.

A consultation resulted the same day, Tuesday at 2pm at the surgeon's private clinic. He examined Adrien and explained to both parents that he had a strangulated hernia on the right side and needed immediate surgery.

The parents explained that they had no financial resources to pay for the consultation or for the surgery or hospital fees. They were able to raise enough cash to complete pre-operative lab tests and purchase pharmaceuticals.

Family members also went to a local pharmacy to purchase ketamine, valium, intravenous solution, antibiotics and pain medicine. At the same time, the surgeon sent a note to the hospital staff to admit the child for immediate surgery. As there is only one temporary operating room, it was lucky that there was not an emergency cesarean section underway. Shortly after admission, the nurse on duty called the surgeon. The toddler was so dehydrated, she could not insert and intravenous needle for much needed fluid. It was 4pm.

MD sent them to hospital with a note to admit them for emergency surgery. The nurse called when they arrived to put the IV needle in because of dehydration. It was now 4pm.

Surgery began at 5pm and the procedure lasted 1 hour. Adrien did not have necrotic tissue and tolerated surgery well. It is likely, according to the surgeon, that he would have died on Wednesday from the sequalae of dehydration.

Today (Thursday) he is smiling. He will be discharged tomorrow (Friday). All is well.

Though, he was not too happy when this photo was taken!

3. Diabetic patient: debridement

Mr. Robert is one of 30 or more men and women (mostly men) aged 50 and older with foot ulcers due to uncontrolled diabetes. They know they have diabetes (*sik*) but not the complications of the disease.

Local internists follow them as patients for diabetes but when they see a sore on their toes, refer them to the surgeon. Most patients come to the surgeon when the foot ulcer is grade 3 or 4 with maggots inside them. Though sterile maggots clean wounds well, these ulcers are infected with fly larva and they make the ulcer worse, infected and the strong odor. It is at this stage of ulceration that brings men and women to him for care. The wound must be cleaned of maggots before the surgical debridement is done.

Mr. Robert was instructed to go to the local open-air market to purchase garlic that was needed for part of the treatment process and is then admitted to the surgical ward in St. Antoine Hospital.

To eliminate surface maggots, Mr. Robert's foot was put in a water and betadine solution for 30 minutes. (not shown!) The maggots detached from the ulcer and floated on the surface of the solution. They were wiped from the ulcer and solution discarded. Dr. P then dried the limb and applied garlic paste. The garlic paste dressing is left intact for one day. When removed, maggots that were imbedded into the skin had wiggled out and killed by the garlic paste. The garlic paste eliminated most of the putrid smell as well.

The next step was debridement.

Epidural was used in this case. In some instances, ketamine anesthesia is used. All dead tissue was removed, and the wound dressed. Mr. Robert remained on the surgical ward for three additional days. Once discharged, he returned on a schedule to the wound clinic at the hospital and after paying 80 cents, had the wound dressing changed by nurses.

In some cases, a healing ointment, collagenase (santyl) is put on the site to enhance healing. It is such an important pharmaceutical (not found in Haiti) that Dr. P keeps it in his bag in his car and personally applies it to Mr. Robert's and other's wounds. One tube will last for 22 days for one patient. It is only received from a periodic donation from the US.

One tube without insurance costs $300 US in a US pharmacy– a year's income for a Haitian. An uninterrupted stock of 12 tubes of this important item of care would last a year and treat all patients in Dr. P's care.