

Groping Hands on the Thigh (and Other Stories From the Uganda Spine Surgery Mission) PART I

BY I LIEBERMAN, J TEICHMAN AND D LIEBERMAN

Team leader and Texas Back partner, Dr. Isador (Izzy) Lieberman, had selected a straightforward case to start the day. Or so it seemed at the time. What happened next was unforgettable.

(Excerpts from the team blog.)

A lot was riding on today: our first day in the OR, our chance to test out the facilities and to work alongside new Ugandan colleagues. Today's successes and failures would mold our expectations of what we can accomplish in a week and would give us a sense of the challenges we would face.

Dr. Lieberman selected a relatively straightforward procedure for our first operation, a posterior decompression in which portions of bone are removed to allow more space around a nerve root. We arrived at the hospital around 8:30am and went straight to the operating room.

Our first patient was Amina.



Courtesy of Uganda Spine Surgery Mission

Amina, a thin, frail 85-year-old woman with chronic back pain from spinal ste-



Courtesy of Uganda Spine Surgery Mission

nosis had shuffled slowly into the examining room with a walking stick the day before. The deep wrinkles in her face folded into themselves each time she winced, emphasizing the extent of her pain. For over five hours she had waited quietly and without complaint. After his examination, Dr. Lieberman explained to Amina that he could treat her pain through a surgical procedure called a decompression, though the surgery would carry significant risk given her age. This brave elderly woman became our first surgical patient.

Sherri (scrub nurse Sherri LaCivita) and Rob (medical equipment sales rep Rob Davis) snapped into action and began setting up instrument tables and equipment while Izzy and Zvi (Dr. Zvi Gorlick, a family physician in Toronto) scrubbed in.

We were off to a good start...until the power shut off. We stood in the window-lit operating room with the patient on the ventilator for about 20 minutes until power returned.

Dr. Lieberman "strategically applied" the scalpel to skin and began to make his first incision along Amina's lower spine, only to be greeted with a groping hand on his thigh. Realizing that Amina wasn't sufficiently anesthetized, Emanuel jumped from his chair, gave her a quick injection of anesthetic and whispered an apology.

The rest of the operation went smoothly and two hours later Amina was on her way to the ICU.

With a lunchtime clinic scheduled in between surgeries, we barely had time to scarf down our energy bars before heading out to the corridor of waiting patients. One by one, the patients approached Izzy and Zvi holding their X-rays and CT scans. We were able to add two patients to our list of surgical candidates, and sent several more for imaging and follow-up.

In the meantime, Sherri began setting up the OR for the next case—56-year-old Muhamoud.

Muhamoud had severe vertebral lysis caused by tuberculosis in his spine.

Dr. Lieberman decided to approach the spine anteriorly navigating around the peritoneum to the vertebral column. As he went to make his incision, he once again found the patient insufficiently anesthetized. He looked up to find that the anesthesiologist had left the room, leaving his nurse anesthetist in the pilot's seat.

As Dr. Lieberman pulled back the iliac vein to find the vertebral column, the nurse anesthetist tumbled from his chair, grabbed at the ventilator tubing and crashed into the operating room table jarring everything including the patient! It was simply luck that the vein between Dr. Lieberman's forceps did not tear.

Quote of the day; "YOU CAN NOT EVER DO THAT AGAIN!" – Lieberman enlightening the nurse anesthetist in a stern voice.

The 2013 Mission

The 2013 Uganda Charitable Spine Surgery Mission team consisted of four veterans of previous missions and two newbies. This year's mission was based in Mbarara, a city of 85,000 people in



Courtesy of Uganda Spine Surgery Mission

southwestern Uganda adjacent to Lake Victoria. The mission visited Mbarara a second time in 2007 but did not return because the drive to Mbarara was a life threatening experience on a less than well maintained gravel road.

Since then the Ugandan government had paved the road and then built a new hospital which had just recently opened. This year's enthusiastic reunion in Mbarara with Drs. Bitariho and Munyarugero sparked the atmosphere for this year's mission and many future missions.

Over the next week, the small team evaluated more than 120 patients, operated on 11, delivered more than \$50,000 in medi-

cations and supplies to Mbarara Hospital—and touched the lives of countless Ugandans directly, and indirectly.

The 11 patients who received surgical treatment ranged in age from 8 years to 85 years and were suffering from spinal deformities, infections (tuberculosis "Pott's disease"), tumors, trauma and degenerative disorders.

By the end of the mission, the team had triaged and scheduled over 20 patients for surgery in 2014.

Annnd We're Off!

The 2013 Uganda Spine Surgery Mission officially began on Thursday, August 8, 2013, at London's Heathrow Airport. This year's team of six—the smallest team yet—gathered from a smattering of departure cities, including Dallas, Toronto and Tel Aviv. Flying in from Dallas were a team lead by



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Dr. Izzy Lieberman, his daughter (and chef extraordinaire) Danielle, and two veteran spine surgery missionaries, scrub nurse Sherri LaCivita and medical equipment sales rep Rob Davis. Dr. Zvi Gorlick, a family physician in Toronto, joined the team for the first time, as did Jennifer Teichman, a medical student from the University of Toronto.

Why Couldn't You Have Been an Ophthalmologist?

Quote of the day: "No time for dresses." – Dr. Lieberman to Danielle after she expressed a desire to change out of her yoga pants and into a dress for our day in London. We mean business!



Courtesy of Uganda Spine Surgery Mission

The team touched down in a rainy Entebbe around 7:30am, sleepy-eyed yet itching to get started on the mission! Their collective enthusiasm met its first challenge when Jennifer's laptop was stolen from the airplane. First lesson of the trip: keep your valuables on you at all times, no exceptions.

The team's driver, Eric, met the group—not with the 40-seat bus as promised—but with a small pickup truck and a 6-person van.

The team loaded the truck with all their bags, piled themselves into the van and started the bumpy 60 minute drive into Kampala, the capital and largest city in

Uganda. First stop was Case Medical Centre, a private hospital that served as a base for the mission in previous years. This year, however, they were only there to pick up the medical equipment stored from last year. After a true feat of space-maximization, the equipment was loaded into the truck and sent off to Mbarara to await the team's arrival the next day.

After loading all the equipment Zvi lamented Izzy's choice of profession. "Why couldn't you have been an ophthalmologist!?"

Getting to Mbarara

The team woke to a beautiful Kampala morning and hit the road.

First stop before making the 300 kilometer journey: The Nakumatt Oasis, the Zeus of all department stores. There, filling impeccably clean and organized aisles is everything from toothpaste and vodka to washing machines and power tools. Nakumatt Oasis puts Wal-Mart to shame. After stocking up on what is reportedly the world's best coffee beans, the team piled back into the van and continued the five hour trek to Mbarara.

The road to Mbarara meanders through rolling green hills, flat valleys of cultivated land and dirt paths dotted with shacks selling local fruit, meat, fish and potatoes. There was a collective cringe as we passed trailer after trailer of live bulls packed tighter than sardines, their ferocious horns piercing the air above them.

Every half hour or so, the serene landscape was broken by the bustle and dirt of a small village with decrepit storefronts ironically painted in advertisements for Coca Cola and Nokia. Within an hour of the ride, our clothes were covered in a thin film of copper-red dirt kicked up by fellow drivers and boda-bodas.

We made a pit stop at the Ugandan equator, where we stretched our legs and shopped for local artisan crafts. Like school kids watching their first science experiment, Zvi, Rob and Jennifer oo-ed and ahh-ed at a demonstration of water spinning in opposite directions in funnels placed on either side of the equator (Coriolis Effect). Cooler still, water placed in a funnel centered on the equator didn't spin at all as it drained!



Courtesy of Uganda Spine Surgery Mission



Courtesy of Uganda Spine Surgery Mission

We arrived at our hotel in Mbarara, the Lakeview, and were pleased to find large, comfortable rooms. Anxious to start our work, we gathered our medical equipment and drove to the Mbarara Regional Referral Hospital, our base for this year's mission.

In 2012 the hospital had opened an entirely new wing including an Intensive Care Unit, Emergency Department and operating theatres. We set to work right away, unloading the equipment from the truck and transporting it to a temporary storage room in the Emergency Department.

Unloaded and eager to explore, we began a tour of the new building. The Emergency Department is a bustling continuum of corridors and open spaces filled with beds and curtains, each bed occupied by a patient and surrounded by family members. The spillover of family members sit quietly on benches lining the hallways, many of whom carry infants. It seemed many of these families had not been home for days.

Past the Emergency Department, we found the ICU, a stark contrast to the crowded hallways of the ER. The ICU is

a quiet space with each bed contained in a separate glass room. Computer monitors displaying patients' vital signs hang over the beds, much like one would find in any hospital in North America.

Already impressed, we then proceeded to the surgical wing. Dr. Lieberman's expression was that of a kid in a candy shop when he first laid eyes on the operating rooms. Big, bright, clean, well-equipped and windowed...we hadn't expected anything close to this! The team's excitement was palpable.

We left the hospital elated and even more motivated to kick off a great week at Mbarara.

End of Part I

Next week...Injured by a Goat. ♦

Editor's Note: If you would like to donate to this extremely worthy mission, please visit: <http://www.ugandaspinesurgerymission.com/index.html>

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