

## One Child With Hope for the Future

### UN ENFANT AVEC DE L'ESPOIR POUR L'AVENIR

#### MISSION CAMTA 2003

*Auteure : Eileen Guilfoyle, infirmière autorisée, unité chirurgicale niveau 1 (pédiatrie), et niveau 3 (adultes), University of Alberta Hospital, Edmonton, Alberta. Elle est membre fondatrice de la CAMTA et a participé à 5 missions depuis le début de son implication dans l'organisme en 2000.*

CAMTA, la *Canadian Association of Medical Teams Abroad*, est un groupe d'individus, avec ou sans formation médicale, qui se sont engagés à aider les personnes démunies souffrant de problèmes orthopédiques en Équateur. Le groupe a entrepris deux missions avant d'incorporer en 2001; depuis sa fondation officielle, 3 autres missions ont été entreprises en Équateur. Pendant leurs missions chirurgicales, l'équipe de la CAMTA vise également le partage de l'information et l'enseignement aux infirmières, infirmiers et médecins locaux.

### ONE CHILD WITH HOPE FOR THE FUTURE

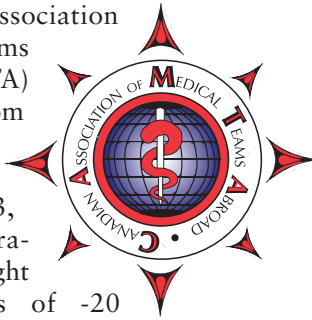
#### 2003 CAMTA MISSION

*Author: Eileen Guilfoyle, RN, is Registered Nurse, Level 1 (Paediatrics) and Level 3 (Adult) Surgical Suite, University of Alberta Hospital, Edmonton, AB. She is a founding member of CAMTA and has participated in five missions since getting involved with the organization in 2000.*

CAMTA, the Canadian Association of Medical Teams Abroad, is a group of medical and lay individuals dedicated to helping underprivileged people suffering from orthopedic problems in Ecuador. The informal group conducted two missions prior to officially incorporating in 2001 and has, since its official founding, conducted 3 more missions in Ecuador. During their surgical missions the CAMTA team also aims to share information and provide teaching to local nurses and physicians.

The Canadian Association of Medical Teams Abroad (CAMTA) team's departure from Edmonton in the wee hours of January 24, 2003, was on an extraordinarily cold night with temperatures of -20 degrees. The bus departed from the Royal Alexandra Hospital at 12:30 AM and arrived at the Calgary airport at 3:30 AM. There were fifty 70-pound hockey bags of equipment carried by the 25 team members. The team included nurses, surgeons, anaesthetists, a family doctor, a physio-therapist, an anaesthetic technician, three lay people (two travel agents and one CAMTA representative).

We traveled from Calgary, through Houston, and arrived in Quito, Ecuador late in the evening on Friday, January 24<sup>th</sup>, 2003, after almost 24 hours enroute. Children selling flowers greeted us at the airport. They scurried around us and under our feet as we loaded the bags onto the truck for transport to the clinic where we would spend the next 10 days. Once the bags were safely stored we proceeded to our hotel.



Courtesy CAMTA

L to R Francie Martin RN, Eileen Guilfoyle RN, Dr. Boris Petriw, Anaesthesiologist, in the OR with Dustin



INTRODUCING

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## One Child With Hope for the Future (cont.)



Courtesy CAMTA

*The twins in the arms of author Eileen (L) and their mother (R)*

I was filled with great anticipation of this, my fourth, medical mission. This team had traveled together to Ecuador on three previous missions, but on those occasions we had traveled to the city of Cuenca in the south of Ecuador. This time we were entering the unknown – the city of Quito. The city of Quito is the capital of the country and it is located at 9,500 feet above sea level in the volcanoes of central northern Ecuador. The Tierra Nueva Clinic, our final destination, is located in a poor area in the south end of the city.

On Saturday morning we were oriented to the clinic and had a chance to meet some of the local people with whom we would be working side by side over the next 10 days. By noon all of us embarked in vans to visit the market at Otavala about two hours north of the city. It was an opportunity to relax a little before the heavy work of our mission began.

On Sunday morning the pre-admission clinic commenced early — there were already 130 people waiting when we arrived at the hospital at 8:00 AM. We exchanged greetings with both patients and their parents as we entered the hospital.

Later in the day I was able to take my camera in search of photo opportunities at the pre-admission clinic. My eyes caught sight of a young mother with two children

about 7 months of age. She smiled as I passed. When I returned from the clinic to where she waited with her children in the hallway I noticed that one of the children had bilateral clubfeet I asked the mother – through my husband as interpreter – about her children. I learned they were twins and this delighted me because I am a twin. But I was saddened that, while one of the twins was completely healthy, the other, Dustin, had abnormal feet. I expressed my hope that her child would be able to receive surgery. Later my heart leapt when I learned that her child was one of our patients.

Clubfoot is a congenital disorder that occurs in about 1 per 1000 births.

It develops early in the pregnancy and results in a downward and inward pointing foot. The Achilles tendon, as well as the tendons on the inward side of the foot, is shortened and some bony abnormality also occurs.

On the day of surgery, I hugged the young 19-year-old mother when she arrived, with Dustin, at the operating room. I was so happy for her. Her eyes were glistening with anxiety and trepidation about the impending anaesthesia for, and surgery on, her baby. But her large



Courtesy CAMTA

*Dustin's surgery*

*Continued on Page 45*

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## ORNAC ANNOUNCES . . .

The 2005 CARDINAL HEALTH RESEARCH GRANT  
VALUE: up to \$5,000

### WHO

Available to researchers who meet the criteria as outlined in the Cardinal Health Research Grant Guidelines for Applicants (see HOW).

### WHAT

An annual grant of up to \$5,000 sponsored by Cardinal Health and administered by the ORNAC Research Committee.

### WHY

To promote perioperative nursing research activities and to encourage the integration of research findings into perioperative nursing practice, in order to improve perioperative patient care.

### WHEN

Letters of Intent are required by November 15, 2004. Application deadline is March 15, 2005. Grant recipients will be selected at the May 2005 ORNAC Board meeting.

### HOW

Guidelines for Applicants and Application Forms are available from Karen Frenette, Chair of ORNAC Research Committee, at [kfrenett@health.nb.ca](mailto:kfrenett@health.nb.ca) or through the ORNAC Website: [www.ornac.ca](http://www.ornac.ca)



## L'AIISOC ANNONCE . . .

LA BOURSE DE RECHERCHE CARDINAL HEALTH  
2005 VALEUR: jusqu'à 5000 \$

### QUI

Chercheuses et chercheurs satisfaisant aux exigences mentionnées dans le guide d'admission à la bourse de recherche Cardinal Health (voir COMMENT).

### QUOI

Bourse annuelle pouvant atteindre 5000 \$, parrainée par Cardinal Health et administrée par le comité de recherche de l'AIISOC.

### POURQUOI

Promouvoir des activités de recherche et intégrer leurs résultats dans nos pratiques de soins périopératoires dans le but d'améliorer ou de valider ces soins auprès des patients.

### QUAND

Soumettre votre lettre d'intention par le 15 novembre 2004. La date limite pour soumettre votre demande est le 15 mars 2005. La sélection des gagnant(es) de la bourse se fera lors de la réunion du conseil d'administration de l'AIISOC de mai 2005.

### COMMENT

Le guide d'admission et les formulaires d'application sont disponibles auprès de la présidente du comité de recherche, Karen Frenette, par [kfrenett@health.nb.ca](mailto:kfrenett@health.nb.ca), ou par le biais du site web de l'AIISOC : [www.ornac.ca](http://www.ornac.ca)



## One Child With Hope for the Future (cont.)



Courtesy CAMTA

L to R Author Eileen Guilfoyle, Dr. John McIvor, and Francie Martin cast Dustin at the end of the surgery.

Ecuadorian eyes also conveyed hope and anticipation.

The surgery went well and after ninety minutes Dustin was in the recovery room with his mother at his side. Later I visited them on the ward and took some photographs. The mother was so grateful for the fact that she could see that her son's feet were straight in his leg casts. She was given a backpack containing toys and a soccer ball for each boy. Football (soccer) is very popular in Ecuador and now Dustin would some day be able to

compete with his twin brother on an even playing field.

I was unable to see Dustin and his mother before they were discharged from the hospital. However, my colleague Mark, a physiotherapist, said that the young mother was overwhelmed with gratitude.

The child's casts would remain on for another six weeks and follow-up care would be provided by a local physician.

It is heart-wrenching to see the many families who are in need of our help and to know that we do not have the time to help all of them. In January 2003 we performed 32 surgeries on 14



Courtesy CAMTA

Casts complete

children and 18 adults. Some of the people who we were unable to help in 2003 did receive surgery in 2004. We hope that still others will be helped at future clinics.

CAMTA believes that it is vital for us to leave knowledge and skills behind after each clinic. We make the most of every teaching opportunity when we work side by side with our Ecuadorian partners. In 2003 formal lectures were given about the "Care of the Patient with a Total Hip Replacement and plastic models were used to show a new non-surgical way to treat clubfeet.

We also provided information about the



Courtesy CAMTA

Dustin, post-operatively, with his mother

## One Child With Hope for the Future (cont.)



Courtesy CAMTA

With mother in the recovery room

importance of examining children at birth and in early childhood in order to spot Developmental Dysplasia of the Hip (DDH). When DDH is detected early it can be treated with splinting before an abnormality in the acetabulum develops. If it isn't treated the child will limp and as an adult will develop osteoarthritis at a very early age.



Courtesy CAMTA

One foot is straight, but the other will require more surgery

In Ecuador there are so many children with orthopaedic problems who have no access to the care that we take for granted. We saw many hopeful faces at the pre-admission clinic – some that were transformed into pictures of delight, following surgery, and others who still wait for the chance to have the surgery that will completely change their life.

For more information on this topic please visit [www.camta.com](http://www.camta.com) or contact the author at [eileenguilfoyle@shaw.ca](mailto:eileenguilfoyle@shaw.ca).

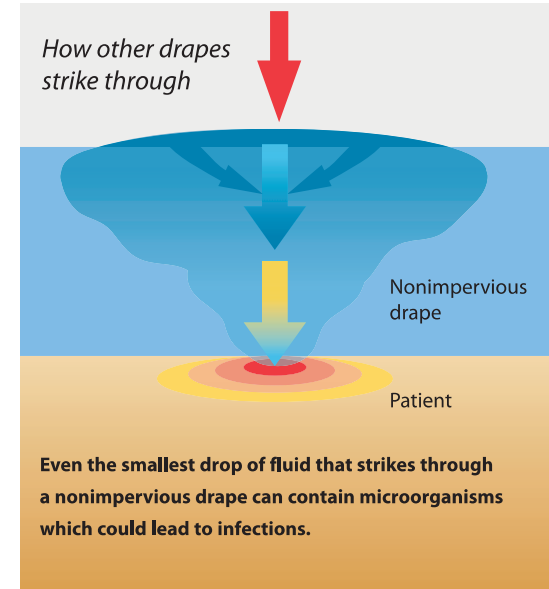
### UPDATE:

Following our return trip in January 2004 CAMTA is pleased to report even more success. An additional 12 children and 19 adults received surgery. All the adults received total joint replacements. The majority of children had unilateral or bilateral femoral or pelvic osteotomies for DDH (developmental dysplasia of the hip) and some received club-foot release surgery.

CAMTA representatives were also able to see a number of the 2003 patients. The child who I followed in the above story (Dustin) visited us with his mother and his twin brother. He is now 19 months old and, with some coaxing, he walked for us! One foot will require a minor revision when he is four years old, because it still is slightly inward turning, but the other foot is fine.

The other patients who returned for assessment were adults. They all were interviewed using a Spanish version of a questionnaire tool that assesses function. All patients had received the questionnaire before surgery to give us a baseline about their ability to function at home and the levels of pain experienced during various activities. In general, all of the returning adult patients were doing well as of the January 2004 assessment. There had been no infections and all patients had seen an improvement in function along with a reduction in pain. As of 2004 the Tierra Nueva clinic has an electronic patient database that records all pre-op, intra-op and post-operative recovery details. This will greatly improve CAMTA's ability to do follow-up work. 🌱

## Is your drape impervious? Ours is.

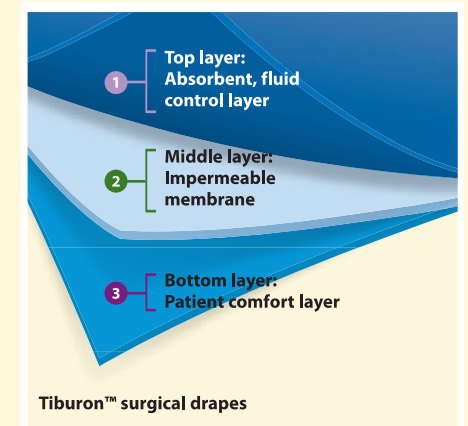


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\*The Centers for Disease Control and Prevention's Guideline for Prevention of Surgical Site Infection, 1999.

  
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