



Bismillahi IRahmani IRahim.

Surgical Camp

Organised by

Direct Aid Gambia



in Collaboration with

Sharab Medical Centre

26th to 28th April 2017

Behind Election House, Old Jeshwang, Serekunda. The Gambia.

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Executive Summary

Direct Aid Gambia, also known as Africa Muslim Agency (AMA), is a charitable International Non-Governmental Organisation with a branch in The Gambia. It provides humanitarian assistance to individuals and communities in all sectors including health. It has conducted a series of health programs in The Gambia since its establishment in 1988.

Sharab Medical Center (SMC) is a well respected private clinic known for quality medical services in The Gambia. It is located in Kanifing Institutional Area and the services offered include, Internal Medicine, Family Medicine, Paediatrics, Obstetric & Gynaecology and Surgery including Urology. Eight doctors covering the different specialties work in the clinic as part-time and full time. The Medical Director is the only Urologist in the country who also works with the University of The Gambia as a senior lecturer in the medical school.

AMA has approached SMC to facilitate the surgical treatment maximum number of patients possible for their budget. The patients Selected will be from poor backgrounds who are in dire need of surgical services and have been waiting for long periods due to long waiting times in the public sector and or inability to afford private services.

Sharab Medical Center, in turn, agreed to discount the surgical procedures to more than 50% in some cases to be able to see and operate on the agreed number of 30 cases.

The program started on 26th April 2017 and ended on 28th April 2017. During this time 43 patients were seen, evaluated and in some cases given medical treatment and 32 operations were done. The details of the camp and cases done are outlined below.

Preparations:

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Recruitment of patients started about 1 week prior to commencement of surgical procedures. Some patients were recruited from Serekunda General Hospital and Edward Francis Small Teaching Hospital clinics among those who have been waiting for long time or those whose problems could not be solved by the expertise available in those hospitals. Some patients were sent in by staff of AMA and there were two patients who were seen in Sharab Medical Center but could not afford to pay for their operation.

Preparation included assessment of the patient's history, pulse rate, respiratory rate, blood pressure and investigations including full blood count, blood sugar assessment, ultrasound scan when needed or xray. It also included getting the theater and wards ready for all the booked cases.

The people who did not need surgery were offered advice or medical treatment and those who needed operation prepared and given a day for operation.

The whole Sharab team was essential in the success of this phase. The secretaries led by Mariama Sarr had to make numerous calls to doctors and patients to coordinate attendance and assessment of the patients.

The nurses led by Matron Mariama Sanneh had to receive the patients, take some history, assess their vital signs and coordinate further assessment by the doctors. In addition Sanna Baldeh and his team of theater staff made sure all equipment were ready and sterilized and consumables available for the whole program.

The other support staff including cleaners led by Elizabeth Yolante made the environment clean and conducive despite the many ins and outs by patients and relatives.



Elizabeth 2nd left and her team of cleaners and security



Finally the doctors, led by Dr Ahmed Djire and assisted by Dr Aisha Gai, with my supervision, received the patient with kindness and care and made sure they had the right assessment for safe and successful surgery.



Sulayman Sima, Dr Djire and I in the middle of hernia repair

All other routine Sharab activities had to be, at some point, put on hold to ensure smooth running of the camp especially during the three days of operating when all other activities ground to a halt.



Sharab waiting lounge full of Camp patients



Patients waiting at the annex

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Day1, Wednesday 26th April 2017:

This day started with an opening ceremony attended by AMA officials including the regional director, Sharab staff and the patients and was covered by national television.



Patients waiting to be seen



Sharab and AMA Staff



Opening ceremony pictures



A total of 11 operations were done. These include three children from 10months old to 4yrs old with congenital hernia, two men with urethral stricture, two men with bladder stone, one man with prostatic enlarged prostate, one young man with epididymal cyst causing painful scrotal swelling, one man with a lump on the foot, and one man with undescended testes.

The operations started around 11am and the theater staff worked non-stop until the last patient was done around 8pm. Despite the long hours everyone was cheerful knowing the great humanitarian endeavor we were involved in.

The children with congenital hernia are MF, 2yrs old, AS, 4yrs old and TF, 10month old. They are all from poor backgrounds and have been waiting at the public hospitals for months without possibility of having their operations. All these three operations were performed successfully with no immediate complications and all three children were discharged later that day.

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The same child only hours post op.mp4

*Child with right congenital hernia Same child immediately post operative
Before operation*

A.S., one of the urethral stricture patients, has been suffering from inability to pass urine for 3 years and has often needed an abdominal puncture to drain his urine intermittently with no possibility of paying for his procedure because he is a cleaner by profession at Serekunda Hospital with a salary of D2000 per month. There is no possibility for his operation in his hospital and he cannot afford private care. Therefore, when the doctors in Serekunda hospital learnt of this life saving opportunity they referred him. His operation was done endoscopically and two days later he had his catheter out and was able to pass urine normally.





Appearance of stricture prior to operation

Stack used for endoscopy cases

Y.B., the second stricture patient is an imam in Serekunda with 8 children. He has been suffering for 5 months with his problem making it impossible for him to lead prayers because of his symptoms. He also could not afford private treatment and expertise and material not available in the public hospitals to deal with his problem promptly. He was also operated successfully and is now passing urine without difficulty.

A.D., is 22yr old Arabic teacher with the epididymal cyst for more than two years. He had two failed operations in Bansang for the same problem. His father is dead and his mother is the breadwinner of the family through gardening. His operation was very difficult due to the two previous interferences but after about 1hr of operating it was all successfully cleared with confidence that his problem is now over.



Operation of Excision of Epididymal Cyst During the Operation

O.G. is a clearing officer who has been having painful urination and blood in his urine for several months and has visited many hospitals including Sharab but could not afford the treatment. He was found to have a bladder stone and also prostate enlargement. So two different operations were done on him taking a total of about 2hours. Both the operations were successful and he is now without a catheter and is passing urine normally with no difficulty only three days after his operations.



*Prostate chips and Fragmented bladder stones
From same patient above*



TURP in progress



TURPclip.mp4

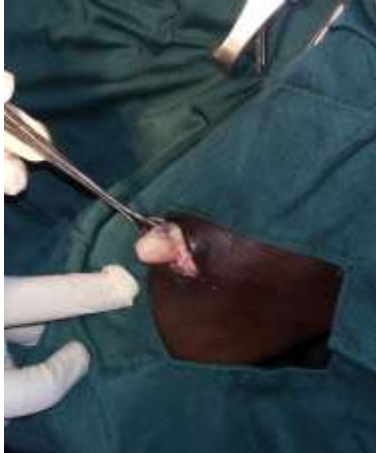
S.M. is a fullani herdsman from a very far away village with severe pain on passing urine and blood in the urine. He is from very poor background and was being seen in Banjul for operation with lots of delay causing him a lot of anguish because he does not know anyone in this part of the country. He was therefore referred to this program and he was found to have two big bladder stones which were removed on the first day of the program. He is now recovering and is expected to go back to his village fully recovered in less than 10 days from now.



He had a very interesting looking bladder stone

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E.C. is a student from MDI who has been having a swelling on his left foot causing him pain preventing him from wearing proper shoes. His father, who has 3 wives and 13 other children cannot pay for his treatment and he now stays with his uncle while one of his brothers pays for his education. He was operated on this day and it is expected that in about 2 weeks he will be back to normal and be able to wear any type of shoes he desires.



Foot lump being removed



After removal and closure and before dressing.

S.L.M, is a young Christian boy who was born with his testes not descended down in his scrotum. He was wrongly diagnosed with hernia and during the procedure his testis was found in the area of the hernia. The operating surgeon did not have the expertise to deal with this problem and abandoned the procedure and closed. I was contacted and agreed to take him on. The operation was also very difficult due to fibroses following the first attempted operation. We were finally able to find the testis and bring it down to the level of the upper scrotum. He will need multiple other operations to bring the testes down to the scrotum and will need long term follow up to watch out for possibility of developing cancer in the testis which was in abnormal position for his 25yrs of life.



Day2, Thursday 27th April 2017

This day started with a ward round to make sure all the admitted patients from the first day were well. We then straight away headed for theater putting on hold all other sharab activities. On this day we were able to do ten surgeries including three herniotomies, one transurethral resection of the prostate, one optical urethrotomy, one open prostatectomy, one bladder stone removal, one examination under anaesthesia and two adult herniorrhaphies.

The herniorrhaphies included B.S. 5months old, M.M.J., 2Yrs old and AS, 4yrs old. They are also all from poor backgrounds and cannot afford private treatment and would have had to join long waiting lists to be done in public hospitals.

The patient who benefited from TURP on this day is an 87yr old man, F.C., he has had his symptoms for several years and had a catheter in his abdomen for three months to drain the urine. He was being seen in EFSTH and diagnosed with stricture but the waiting times for surgery are too long. He was referred for this program and we found out that he had two problems (stricture and prostate) instead of one. He had his surgery on 27th and catheter was removed on 29th and he is now passing urine with no obstruction.

M.C. is a retired civil servant with 10 children and has been having painful and difficulty passing urine. On operation he was found to have two stones in the bladder shown in the picture below.



Bladder stones found in M.C.

K.G, is a 78yr old man who is retired with poor means. He had a right inguinal hernia which he did in Senegal and it cost him a lot of money. He could not do the second operation because of

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lack of funds and he was therefore very happy to report to us when he heard of the program and was included. His operation was uneventful and he is now discharged. We use mesh-repair for our hernias which is the gold standard in the world but still not very popular in The Gambia because the mesh is expensive.



Mesh being parachuted into the posterior wall.

The second herniorrhaphy for this day was for M.S. who is a 62yr old man all the way from Soma with 1yr history of a hernia. He has 3 wives and 15 children and is the bread winner from selling fish. He provides D100 (\$2) daily to the family for food and can hardly afford it. He has been on the waiting list in Serekunda Hospital for several months. His operation was successful and he is now discharged.

The next patient to benefit was F. T., a 55yr old lady with difficulty passing urine and was found to have tight urinary opening and this was successfully dilated. Cystoscopy did not show any bladder abnormality.

The last patient for the day is A.S., who is a 65yr old man with a huge prostate. He was struggling to pass urine and was booked for his surgery on 25th April. He however presented early morning on 27th with complete inability to pass urine. We had to empty his bladder as an emergency through a suprapubic puncture and did an open prostatectomy for him on this day. The operation took about one hour with no complications. He is now home and will come back for a trial without catheter in a week's time.

We finished the list by 2030hrs and were too tired to do the 10th patient and decided to leave it until next morning.

Final Day, 28th April 2017

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Ward round around 0830 showed all our patients were recovering well with no post operative complications.

At 0900, the first patient was already in theater and operation had begun. On this day we did a total of 11 operations making the total from the beginning of the program to be 31 operations.

The first patient is the patient deferred from day2 with haemorrhoids commonly known as piles. He is a 39yrs old Arabic/quranic teacher who will need to save 3 monthly salaries to be able to afford his operation. In addition waiting time in public hospital are long. He could not be done the previous day and was, as such, put in as the first patient for this day. The operation was uneventful and he has now been discharged home.

On this day two smore childhood hernias were operated making the total number of childhood hernias operated as eight, all of which were successful with no complications. One of the Children comes from Badibu and kept being given appointments in the main hospital in Banjul costing the mother a lot of money on transport only. She was seen in tears in Banjul explaining her plight and was referred to us for assistance. She is most delightful after the successful surgery of her son.

On this day the more common hernia is umbilical hernia. This is a hernia that occurs at the level of the navel. Four of these operations were done, for children ranging from 2-4yrs and one adult girl of 24yrs. All were successful without any complications.



Umbilical hernia before



After



M.B., is a 63 yr old man who had surgery for his stricture in UK but the condition recurred, he has also previously had a revision surgery in Sharab with yet another recurrence as is typical for this problem. He is now retired and could not afford a re-operation. AMA intervened this time to for his operation to be done free of charge to him. He had his urethrotomy on this last day and this was successful. He will be taught a technique to keep his urethra open for as long as possible but it will not be surprising if things close up again in the future.

Three other operations were done including an adult herniorrhaphy, another endoscopic prostate operation (TURP) and another optical urethrotomy. This brought the total number of operations done to thirty two!

Closing Ceremony Pictures



Dr Jah giving a closing speech with the AMA country director to his right



Patients following their operations during the closing ceremony



Patient delivering a vote of thanks



Conclusion.

We were able to perform 32 surgeries in three days at a highly discounted cost. Some of the operations were minor surgeries but a significant number are highly specialized and expensive surgeries. All operations were successful with no significant immediate or short-term post-operative complication and no mortalities. This was indeed a worthwhile cause as it has alleviated the suffering of many who would not have had any other avenue for treatment.

May Allah bless all involved in this great charitable venture.

Abubacarr Jah MBBS, MRCS_{ENG}, FWACS, FEBU