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Medicine outside the comfort zone

A Journey to Kitovu

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IN AT THE DEEP END

I arrived in Kitovu Hospital, Masaka, Uganda late on Sunday evening as the sun was setting over Lake Victoria. I was just unpacking when the door was thumped repeatedly - 'Sandra, Sandra, come quickly! They have a lady bleeding in theatre'. Outside my door stood an elderly white lady. *Where is theatre and how do I get there?* I am thinking. 'Quickly! Follow me!' she says and dashes away.

Off I go into the pitch black darkness of an African sky along a little bumpy path following a septuagenarian Irish nun with a torch. 'Quickly, quickly!' she says. *Um well, I'm trying not to break my neck keeping up with you!*

She says 'I'm so glad you are here as we can't find Mr. Wanziza (*Who is he?*), the surgeon is on holiday and there is no-one else'. *Good start!*

She unlocks a door and I'm in an office. She sizes me up quickly and thrusts a pair of theatre scrubs in my hands, stands there and says 'Well, hurry up and get changed'. 'Here?' – 'Well yes, where else!' By now I reckon she's thinking, oh my lord, what have they sent me?

She bustles me out of the office and bursts into theatre saying 'It's okay, Dr. Sandra is an obstetrician from Ireland – things will be okay now'. Whatever gave her that impression is beyond me!

I look around trying to get a measure of what is happening. There is a lady on the table with her legs in stirrups and blood pretty much everywhere but it's very quiet, not really like an obstetric emergency at home.

'Who's in charge?' I ask. Eyes from behind masks all look at one another – no-one speaks. 'Okay' I say. 'Well, I'm Dr. McNeill and I am an obstetrician from Ireland, just as Sr. Maura said. So who are all of you?' Well, there's 'Paul' and 'Ingonge' and 'Nelson' and 'Asaph' and 'Sr. Josephine' who appears to be an anaesthetist.

'Okay' I say. 'Sorry, but not just your names. Are you doctors and if so what level are you at?' – another pale face emerges from behind and says 'I'm Geert, a Belgian surgeon and I think we have a surgical & gynae intern and an obstetric medical officer'.

Well, at least I know the team now, so after 'well. What's the craic here' (Derry colloquialism for 'Dear chap, please give me the full clinical history') failed to be understood - it emerged that a 24 year old prim had arrived in established labour at possibly 29 weeks with a breech presentation and delivered a fresh still birth, very rapidly followed by a massive PPH, about an hour earlier.

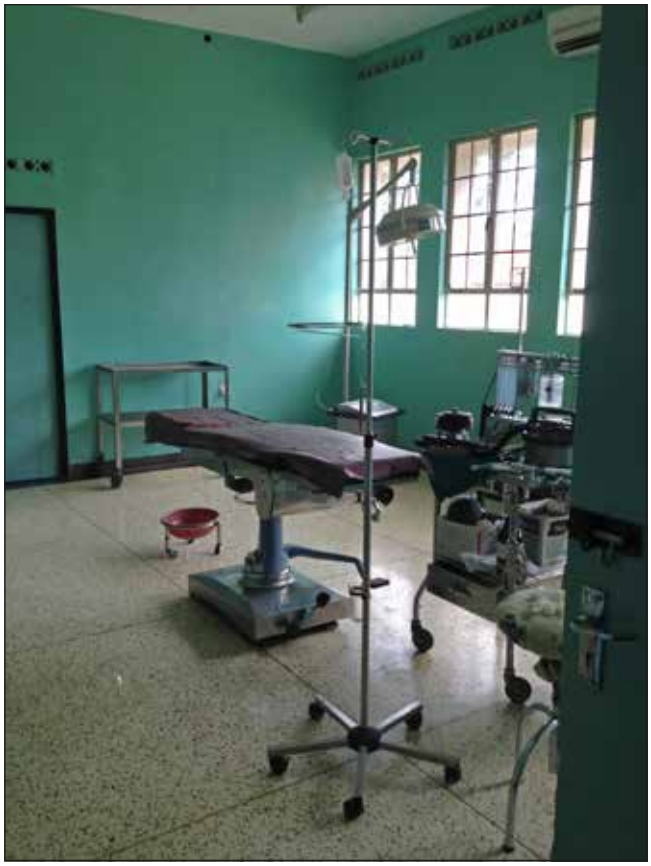

Fig 1. - Theatre

'So, what's happening now?' I ask. 'We are trying bimanual compression' – 'Okay, but for how long' – 'About 45 minutes' – 'So what's the plan after that' – silence. 'What about packing? What about some drugs?' I ask – *but what do they have?* I do not know, so I ask, trying not to sound surprised

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or shocked 'Has she had syntocinon or Ergometrine?' Eyes look again at each other from the masked faces. 'Would you like us to get them' – 'Yes please'. So the anaesthetist and two of them start to leave – 'No, No don't all go, can't one of the nurses get them?' - 'Well, they are in getting the next lady ready for section' – *What next lady?* – a nurse arrives and says 'We have no packs left, so is it okay if I tie some wipes together?' – *what's a wipe?* – But sure, whatever – so swabs the size of a Kleenex get tied together and I get scrubbed.

Does she have an atonic uterus? – does she have vaginal or cervical trauma? – no one knows – just 'bleeding' – so I sit on the stool to inspect. 'Can I have the theatre light redirected?' There is one satellite light circa 1950 with 4 of its 8 bulbs working – not really much use. Asaph says 'let's use my mobile' and turns on a much better light source. I think its atonia and ask Sr. Josephine if the patient is stable enough to have a hysterectomy – no answer. I stand up from between the legs and realize that there is myself, Geert and one of the gang of 3 left – 'Where is everyone?' – 'Oh Dr. Sandra they are doing the section next door' – 'Has she had the synto' – silence. 'Do we have Misoprostol or Haemabate?' 'Well, they are cash drugs' – *what does that mean?* So I say to Geert the Belgian surgeon – 'I think the only way to attempt to save this lady is with a hysterectomy" – *who makes that call? – can I after only arriving an hour ago? – Where is the obstetrician (Mr Wanziza)? – do I need to run it past him?'*

Geert says 'I reckon you are in charge, so your call' – I can think of no other solution as its now 8pm, she arrived at around 5.30pm and we have no idea of how much blood she has already lost. So Geert, the nurse and I get on with it. It is not a difficult procedure as she is a young slim lady with no previous surgery. A laparotomy reveals a ruptured uterus. She barely bleeds – basically because I think she has exsanguinated most of her blood volume. Whole blood is transfused in – no pumps or filters or blood warming machinery in sight. As we finish, she gets wheeled out in the corridor to recover or not!

Fig 2. - ICU sign

The next morning I find her in ICU – basically just a side room with an "Intensive Care" sign on the door (Figure 2 - ICU sign) – she is agitated but not bleeding. Her BP is stable and she is producing urine. Naively, I ask for her blood results. The team of Drs Paul, Asaph and Nelson shift from one foot to another and look at the ground – *did I say something wrong?* 'Well,' Paul says 'blood tests cost money so we have just given her more blood as she looked pale.'

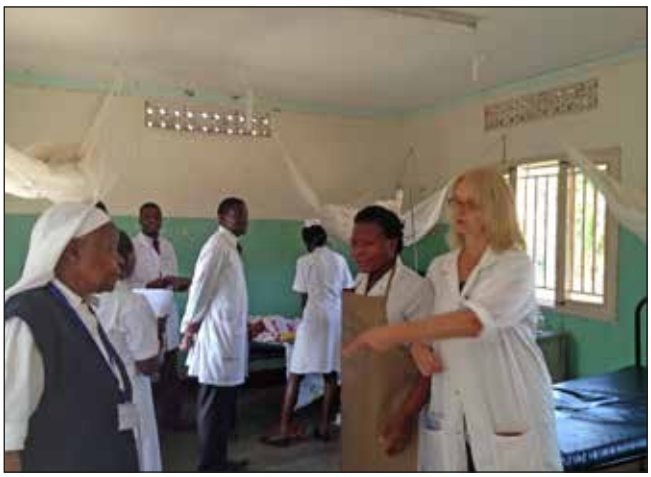

Fig 3. – Ward round

She remains in 'ICU'- looked after by her mother and sister – no-one checks her vital signs unless we are doing a ward round and I ask for them – the observation chart is an A4 page stuck with cellotape to the back of the door – mostly empty.

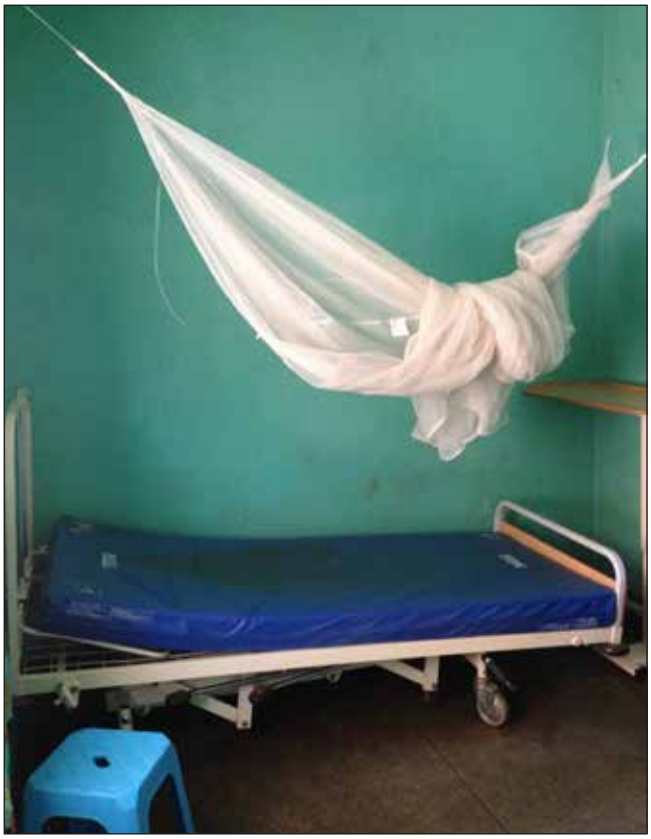

Fig 4. – ICU bed

I am at a loss what else to do – Mr. Wanziza never appears – Sisters Maura and Bernadette thank me – *what for?* – the woman is dying – but they are happy that an effort was made. 3 days later she passes away, never having regained consciousness. No-one calls me or tells me – I am walking around the hospital on the way to the shops to buy a Coke when I come across women wailing and my daughter (who came out as part of her gap year) asks what's happening and I say 'Someone must've died'.

We check the ward and sure enough the lady has died and her body has already been taken home – *Will there be a PM? – Will there be an SAI investigation? –Do we present it at an M&M meeting? - Do we have a team debrief?* They look at me blankly and say 'Thank you Dr Sandra'.

RCOG FELLOWSHIP

In early 2014 I read a short article in the RCOG news about the ongoing problem of Obstetric fistula mainly in Sub-Saharan Africa. A fistula unit already existed in Kitovu Hospital, Masaka, Southern Uganda, but was reliant on foreign doctors staffing camps that ran 4 times a year. The RCOG were keen to support local doctors being trained in order to try and move the service to a year round provision. Sr Florence Nalubega had stepped up to go to the Hamlin Hospital in Addis Ababa, Ethiopia, to undertake training and through a generous donation by Mr Marcus Filshie, a fellowship had been set up by the RCOG, to send a UK doctor out to backfill for Sr Florence when she was away.

I had long held thoughts of going out to work in a less developed country but the usual distractions of work and family had kept me occupied. However, I was now a consultant of 10 years and my children were virtual adults, so I thought -'I could do that'. I applied, was interviewed, appointed and in October 2014 set off for Uganda accompanied by one of the same virtual adults for the experience of a lifetime.

My first day as outlined above was by far the most dramatic day of my tenure.

The lady was unfortunately not the only maternal death during my time there and the perinatal mortality rate would make most of my paediatric colleague's cry with despair.

As expected equipment is basic, there were no X-ray or ultrasound facilities on site – patients could go into town and pay a private radiology clinic for investigations if they chose.

There was a laboratory and a lab school, but each investigation cost money, so they were carried out very sparsely. The hospital did charge for treatment but ran on a not for profit charitable basis. Costs to us in the UK were minimal – but could run to many months' salary for a Ugandan. Most drugs were just added to the bill, a 'cash' drug had to be paid for by the patients' family up front before it was issued from pharmacy, and emergency obstetric drugs such as Misoprostol and Haemabate fell into this category. All drugs for the treatment of HIV and malaria were provided free, some paid for by the Ugandan government but usually by overseas NGOs or charities.

Personally, it was a lesson in going back to basic clinical skills which thankfully were still lodged deeply in the back of my brain.

The staff were all lovely and made me very welcome. Medical staff are well trained and worked hard, nursing is a very different profession to the UK and their practices certainly made me appreciate how lucky we are to have such fantastic nursing and midwifery colleagues here at home.

It's very difficult to come from a well-resourced society and go into somewhere else without thinking about changing some of the practices you see – 2 months is too short to have any lasting impression on a hospital system but not on me as an individual.

Dr. Enid Michael, a newly retired consultant obstetrician from England will soon take over as the next Marcus Filshie fellow, to return to Kitovu and assist Sr Florence.

I have been appointed as the RCOG Global Heath Engagement officer – to try and encourage UK trainees to volunteer and to assist them if they do.

The RCOG have set up a new Excellence Course with THET funding to go back to Kitovu and teach local medical, midwifery and nursing staff to become facilitators for fistula prevention. The first course is in September 2015 – I will go back in November as a trainer on the second course.

I hope my affiliation with Uganda will continue long into the future…