



Final Report Evaluation Deployment

Plastic Reconstructive Surgery, Herona Hospital Uganda

Country	Uganda
Mission	No. 26
Hospital	Herona Hospital, Kisoga,
Subject	Plastic/reconstructive surgery
Period	09. 03.-19. 03.2023

TABLE OF CONTENTS

CONCLUSION	3
MEDICAL AND NURSING MANAGEMENT	4
STRATEGIC PLANNING	4
PARTNER ORGANIZATION.....	4
INFORMATION ABOUT THE PLACE OF OPERATION	4
TEAM COMPOSITION	4
SERVICES RENDERED.....	5
"THE JOURNEY" REPORT DR. MED CHRISTIAN NIEHUS	5
DEPARTURE INTO THE UNKNOWN	5
THE ADVENTURE CAN BEGIN	5
WITH HEART AND SKILL ON THE TREADMILL - SURGICAL EVERYDAY LIFE OF A DIFFERENT KIND.....	8
AND THERE IS ALWAYS ANOTHER ONE	9
A LITTLE BIT OF FUN IS NECESSARY	10
ROYAL CONCLUSION	10
IN CONCLUSION	11
REPORT SERAINA WIGGER.....	12
REPORT FROM THE OPERATIONS TEAM CORINA SCHNEEBELI AND CLEO HEUSS.....	14

CONCLUSION

After a long lead time and many purchases, this was the first operation with the possibility of performing general anesthesia and thus finally being able to treat children.

The team, Praxis am Zeltweg, found its way around Uganda very quickly thanks to team spirit and the longstanding, well-functioning cooperation.

After a complication-free journey, only customs caused us problems because of the imported medicines. After an hour of negotiations with the intervention of Henrygarvin's acquaintance at the customs office, we were able to take the suitcases and start the mission on time.

Despite the advance warnings that we could hardly bring help to the many keloid patients, there were many keloid patients among the 70 waiting candidates. And when you see the extent of this plague of hypertrophic scars then in real, you understand that they can not take no for an answer.

It is very difficult for everyone to helplessly see these giant tumors and know that probably surgery will rather worsen the situation in the long run.

As always with plastic/reconstructive missions, there were many burn victims and tumors.

Many could be helped with operations and the joy of the patients and relatives was palpable. Unfortunately, in addition to the sad keloid situation, there were also children in whom the tumor turned out to be malignant. The terrible disfigurement and contracture disability of a burn patient led to numerous discussions in the team. We are hardly used to limiting possibilities and they challenged all of us.

Cheira would like to thank the Praxis am Zeltweg team for this great effort, the great commitment and the heartfelt care they have given to the people here.

MEDICAL AND NURSING MANAGEMENT

Anesthesia Jürgen Rauh, MD

Surgery C. med. Niehus

STRATEGIC PLANNING

Operational Location: Herona Hospital, Kisoga, Mukono District, Uganda.

Specialty: Plastic/reconstructive surgery

Deployment date: 09.03.-19.3. 2023

Target: 30-40 operations

Number of TN CHEIRA: 10 people

PARTNER ORGANIZATION

Herona Hospital

IMET 2000

Mobile Anesthesia System Anesthesia Team

Practice at Zeltweg Surgeons, administration and surgical team

INFORMATION ON THE PLACE OF OPERATION

We have been in contact with the director and founder of Herona Hospital, Henrygarvin Mukalazi, since 2019. In May 2021, we were able to conduct our first outreach to this hospital after the Corona break. The need for medical and surgical care is enormous in this poor region. Since the first visit, Cheira has been engaged with the hospital's English sponsor, IMET 2000 (About Us: imet2000.org), to improve the infrastructure. In the meantime, the water supply, thanks to Aqua Pura, and the electricity supply have been improved. In addition, IMET 2000 organized the installation of an oxygen concentrator. Since May a new anesthesia machine is on its way to Uganda and in Lucerne an operating table is waiting for transport. The people of the region are very grateful and it is a pleasure to work with the local health professionals. They are interested and highly motivated. Cheira will also invest in training motivated young professionals where possible. Teaching and constructive knowledge transfer, among other things, were also goals of the mission during this deployment.

TEAM COMPOSITION

PARTICIPATING	FUNCTION
DR. CHRISTIAN NIEHUS	Medical director, plastic/reconstructive surgeon
DR. FEDERICO MAYO	Plastic/reconstructive surgeon
DR. OMAR HAROON	Plastic/reconstructive surgeon
DR. JÜRGEN RAUH	Anesthesiologist
IRMA BARMETTLER	Expert anesthesia care
CLEO HEUSS	Specialist for surgical technology
CORINNE SCHNEEBELI	Specialist for surgical technology
GÖKCIN COOK	Administrative management, Springer

SERAINA WIGGER
ASTRID BERGUNDTHAL

Administrative management, floater, qualified nurse
Introduction procedure Cheira, clarifications Herona
Hospital projects and future

SERVICES RENDERED

Patients	
Operations under anesthesia	29
Thereof post-operations/emergencies	2
Operations under local anesthesia	22
Scheduled patients for surgery, patients did not show up	6
Of which children/youth (14M - 16Y)	19
Treated keloids with Kenacort	4
Total investigated	90
Operations Total	51

"THE TRIP" REPORT DR. MED CHRISTIAN NIEHUS

DEPARTURE INTO THE UNKNOWN

After the first and somewhat underestimated part with the compilation of a hand luggage conform travel clothing, with which of course also the necessary touch safari look may not be missing, is successfully completed, the entire team finds itself at the airport.

THE ADVENTURE CAN BEGIN

To our astonishment, the check-in of the suitcases packed to the top with material goes off without a hitch.



Figure 1 from right Christian Niehus, Seraina Wigger, Corinne Schneebeili, Irma Barmettler, Cleo Heuss, Federico Mayo, Jürgen Rauh, Gökcin Koch, before departure Zurich Airport March 9, 2023

After a short stop at the duty-free and the associated purchase of gin, which is based on the ulterior motive that it might help in the fight against mosquitoes, we board.

A big advantage of the whole procedure is not least the fact that the whole team "Praxis am Zeltweg" knows and appreciates each other for years and works accordingly well.

AFRICAN SOIL UNDER YOUR FEET



Figure 2

Afterwards, we continue by bus directly to the guest house, where we spend the first night. Despite several warnings against drinking African water, I think of nothing better during the night than to quench my thirst with this very water, which I only realize the morning after and

fortunately does not have any physical consequences.



Figure 4 Waiting area for triage

After a 2-hour drive to Kisoga, we reach our accommodation and dislocate from there directly to the Herona Hospital. Henrygarvin, owner and director of the hospital, shows us during a short tour through the hospital the rooms in which we will work in the coming days. After a short greeting of the patients gathered in the garden, we start directly.

After arriving in Entebbe without any problems, the first shells are dropped by everyone due to the noticeable heat. Only Dr. Mayo still appears as if he had been called up for a moon mission. The reason for this turns out to be that even the enormous temperatures are unable to overshadow his fear of mosquitoes.

Although almost all suitcases made it to the destination, it takes us two hours to successfully clear customs.



Figure 3 Christian Niehus, Jürgen Rauch and Federico Mayo Uganda Airport

WITH HEART AND SKILL ON THE TREADMILL - SURGICAL EVERYDAY LIFE OF A DIFFERENT KIND

Patients are examined individually every ten minutes. The severity of the disease is determined and then the appropriate allocation/classification is made. Since everyone is aware of his or her task and works independently, this can be accomplished in a pleasingly efficient manner. At the same time, the necessary material is stowed away and the operating room is prepared for the next day.

The diverse spectrum of patients ranges from 14-month-old infants to 70-year-old adults.



Figure 5 Herona Hospital



Figure 6 from right Gökcin Koch, Federico Mayo, Christian Niehus, Corinne Schneebeli, Cleo Heuss and Seraina Wigger

The images of tumors on the face and torsos as well as of massive burns and injuries that we are confronted with in the course of this mission seem almost unreal.

On the evening before the first day of surgery, the procedures are carefully planned and prepared together with the anesthesia department. As in Zurich, this is done under the direction of the initially mentioned nursing specialists Seraina and Gökcin.

The first day of surgery turns out to be very intense and sometimes heartbreaking. Tumors of this magnitude are not seen in our country because we have a very good early detection system and a functioning health care system.

The procedures and the anesthesia required for them proceed without complications. Only during gluteal reconstruction of a Vd.a. liposarcoma (removal and reconstruction with suspected malignant gluteal muscle tumor; definition for the average person) did a hematoma have to be evacuated.

The days are very intensive. However, we succeed surprisingly well in establishing a closer contact with the patients. Corinne and Cleo buy toys for the smallest patients and crayons for the medium-sized patients, who grow closer to us every day during the obligatory rounds. The situation with the patients, some of whom are still very small but nevertheless very grateful, is sometimes very difficult, since we have no histological findings. Some of them have to stay at Herona Hospital for almost a week, as we have to perform a dressing change under sedation due to the fact that they have secondary wound healing.

For support, Dr. Haroon additionally arrives on site on the third day.



Figure 8 Vd.a. liposarcoma



Figure 7 Keloid



Figure 9 Vd. a tumor



Figure 10

AND THERE IS ALWAYS ANOTHER ONE COMING

Day after day, we are visited by other, unannounced patients for consultation. Tumors on the eyes, motorcycle accidents, massively limiting keloids after burns are just some of the conditions we encounter.

With all the daily experiences and impressions, time passes quickly and the last day of the operation is upon us. We now only operate under local anesthesia. All in all, we can be pleased about numerous good results without infections. We have examined over 90 patients and were able to successfully operate on 51 of them.

A LITTLE FUN MUST BE

Of course, during our stay away from the hospital and work, we also have the one or other opportunity to gain some insights into the local everyday life. This usually happens on one of the evenings when we walk to our local home.

We discover, for example, a soccer game that differs imperceptibly from a game in our latitudes in terms of professionalism. In addition to the "cool teams," there are also referees and a linesman on site. Only the ball resembles a coconut in texture and sound.



Figure 11 Football game



Figure 12 Bushbaby Lodge

The team highlights of the week are the spaghetti cooked by Corinne, which is a more than pleasant change from the daily plantains, and the excursion to the Bushbaby Lodge combined with dinner and horse riding (Astrid and Irma) somewhat influenced by the gin effect. At this point again a thank you to Astrid for the organization.



Figure 13 Spaghetti made by Corinne with the help of our cook Harry

ROYAL FINALE

A bit exhausted, but incredibly fulfilled, we start the last part of our adventure.

As a reward and thanks to my team, I chartered a small plane to fly us to the Uganda-Rwanda-Congo Delta for a safari to see the silverback gorillas.

After a night in Bwindi, we set off early in the morning in search of the kings of the jungle. Contrary to expectations, after only 45 minutes of walking we are able to marvel at these breathtaking animals in nature and at close range.

This is a more than crowning conclusion to an unusual, at times exhausting and emotionally grueling, but always rewarding and enriching journey.

Back in Entebbe, we enjoy a last meal in Uganda before boarding the flight to Brussels.

From there directly on to Zurich and directly afterwards happy and exhausted back into the arms of our loved ones.

IN CLOSING

Nobody got sick, stung or bitten. Not even our astronaut Dr. Mayo.

Only the crushed-ice smoothie on the last day should remain in the memory of some of us.

Overall, the whole mission was a complete success from both a surgical and a human perspective.

I have set up a WhatsApp chat with Uganda so that we can stay informed at all times and on an ongoing basis about the well-being of our mutual patients.



Figure 14 Bwindi National Park



Figure 15 from right Christian Niehus, Astrid Bergundthal, Cleo Heuss, Corinne Schneebei, Seraina Wigger, Jürgen Rauh, Federico Mayo, Irma Barmettler

Thanks to all who accompanied and supported me on this mission.



Figure 16 Farewell evening back from right: Jürgen Rauh, Cleo Heuss, Corinne Schneebeil, Seraina Wigger, Irma Barmettler, from front right: Federico Mayo, Omar Haroon, Christian Niehus, Gökcin Koch, Astrid Bergunthal

REPORT SERAINA WIGGER

I heard from Christian at the end of summer 2022 that the time is now, the planning is in full swing and the dates will soon be announced when it will be. At that time, I had not yet given much thought to what was in store for me/us.

When the definite date was known, Astrid contacted me regarding the planning and the organization. We were in constant exchange to clarify the current status of things. There was a lot to do before the whole adventure started, but with the great help/support of Corinne (organizing all the surgical material) and Irma (organizing the anesthesia material) everything went very well.



Figure 17

As the day approached, it was still not realistic for me that it should start now. I packed my suitcase at the last moment, whereupon the upcoming mission slowly became real. While packing, I repeatedly thought to myself, "Oh dear, how is this all going to fit in the suitcase?", but it went better than I thought, the suitcase turned out to be a little miracle of space.

In the morning we went to the airport. When we arrived at the Guest House in the evening, I was happy to go to bed.

When we arrived at the hospital the next day, we had to figure out how we wanted to do everything in terms of triage and setting up the operating room. But we found each other very quickly, and everyone quickly performed their tasks, since we were already a well-rehearsed team and everyone knew the strengths and weaknesses of the others.

The days were quite exhausting and tiring for me, I was constantly scheduling surgeries and preparing surgery reports, and then new patients kept coming in. I was constantly rescheduling and rescheduling because there were changes. In between, I helped out in the operating room when I was needed. During the morning rounds, Christian Gökcin or Federico would tell me which patients needed to have their dressings changed. This was then done by me, Cleo or Corinne during the course of the day. If I needed a short break because of all the computers and patient names, I went to see the patients on the ward. This was a pleasant change, it was so nice to see the joy they had



Figure 19

and how grateful they were. This gratitude is experienced by only a few of us, as everything is increasingly taken for granted.

The days went by very quickly, in the evening there was always a cozy get-together of the whole team, which I appreciated very much. There was always a nice exchange about the course of the day, but also completely different topics.

There were very nice, funny, but also sad moments. The mission was a huge experience for me, also in terms of team cohesion. It brought us all together even more. I also realized how much I missed the hectic pace of everyday hospital life.



Figure 18 Lake Victoria

On Friday, the joy was huge to know that it was now not quite home, but in the rainforest to the gorillas. We were all exhausted from the week, but such an experience put all this back into the background.

On Saturday evening at the last dinner together we went back to the airport. I was very happy to be able to go home to my two children and my husband. I was, but of course also sad that this adventure was already over again.

After a very long, exhausting night flight, we had a screaming child behind us, I was glad to have arrived home on Sunday afternoon. After a shower with "lots" of water, I fell into bed completely exhausted.



Figure 20



Figure 21 Omar Haroon, Seraina Wigger, Gökcin Koch, Christian Niehus, Corinne Schneebeli, Federico Mayo, Cleo Heuss

REPORT FROM THE OPERATIONS TEAM CORINA SCHNEEBELI AND CLEO HEUSS

We (Corina and Cleo) are also happy to report on our experience at Herona Hospital, Uganda. Gabz excited we started the journey from Zurich without knowing what to expect.

We waited a long time for this assignment and wondered how the cooperation with the locals and generally the life there will be. After a long journey we finally arrived at our accommodation in Kisoga. We were greeted with a wonderful interlude of drumming and dancing by the Ugandans, despite heavy rain.

Completely overwhelmed by how beautiful the area and the accommodation were, we immediately went to the Herona Hospital so as not to lose any time. After all, we were there to work. Quite shyly we were greeted by the staff and guided through the hospital. While the doctors Dr. Niehus, Dr. Mayo and Dr. Rauh



Figure 222 Operating area with Christian, Corinne and Cleo

with the assistants Gökcin and Seraina carried out the triage with the patients who had been waiting for days, we surgical assistants Corinne, I and the anesthesia nurse Irma unloaded the ten bulging suitcases to set up the operating room. Contrary to our expectations, the operating room was very well equipped, and we knew right away how we were going to set ourselves up. After we were done with this matter, we still made our contribution to the triage and the design of the operation plan. Unfortunately, this is where the first emotional hurdles arose. Especially when we had to turn down patients who had been traveling for days. No matter how difficult it was for us, they simply could not be triaged due to time constraints. The main reason for the

refusal was the size of the operation and the important follow-up treatment, which would have been very essential for the above-mentioned patients and could not be carried out either by us due to time constraints or by the employees of Herona Hospital due to their lack of knowledge in reconstructive surgery.

The next day we were on the mat at eight o'clock ready for the first patient. Words cannot describe how great the appreciation of all the patients was. We were greeted warmly every morning by the patients, even the smallest ones. What we also completely underestimated was how many needy patients there actually were. There were always new ones coming in. In order to satisfy this rush, we sometimes operated in three lanes. Dr. Niehus and Dr. Mayo operated on the major procedures with Corinne or me, and Dr. Haroon operated on patients under local anesthesia after his arrival on the fourth day. At the same time Corinne or I performed small procedures also under local anesthesia with Kenacort.



Figure 23 Kenacort under spraying by Cleo and Corinne



Figure 24 Cleo with child patients

After a while we also got used to the climate and we wanted to mingle with the "Kisogans". Therefore, we decided to start the march home on foot. As always, we received friendly waves from all sides. Impressed by the fertile land with various trees that we have never seen live, by the numerous goats (the biggest banana lovers in the world) on the streets and a soccer game in a hidden neighborhood that we also did not want to miss, we enjoyed our peaceful end of the day in our cozy accommodation when we arrived home.

The cooperation with the staff at Herona Hospital proved to be more rehearsed day by day. We felt the joy and motivation and are very grateful to have had such excellent surgical assistants as Fred and Nicholas. Thanks to them, we were always able to continue operating seamlessly despite our tight surgical schedule and limited resources of instruments and other sterile



Figure 26

supplies. The surgical days were long, but they passed us by.

As a reward after our operation, we were allowed to travel to the rainforest in Mukono for

two more days to visit the famous silverback gorillas. A two-hour steep ascent in the mud was not denied to us. However, the effort was worth it. With a beautiful view of Mukono, we saw over twenty gorillas from a short distance. Unfortunately, after that it was

time to go home, as our loved ones were eagerly waiting for us in Switzerland.

Even if there is the impression that we are somewhat hardened by our years of experience in the operating room, we came emotionally partly to our limits. One wants to help people as often and as much as possible, but one is limited in time. The experience we had in Uganda was an exhausting but wonderful experience that we would not want to miss. We returned to Switzerland with a smile on our faces and funnily enough, for a few hours we even felt homesick for our Uganda. In fact, we missed the life, the cooperation and especially the little children who grew close to our hearts.

And so we are looking forward to the next mission. Thank you CHEIRA.



Figure 25 Corinne distracting from child during anesthesia induction