



Uganda

Pediatric Surgical Camp  
February 2018





**Dr. Arlene Muzira**  
International Pediatric Surgery Fellow

My name is Arlene, and I am the international pediatric surgery fellow from Uganda at BC Children's Hospital. Thank you so much for loving Ugandan children, their parents and their physicians. These camps offer much needed surgery to children who would otherwise not have gotten timely surgical treatment. It is an extremely rich educational opportunity for the local medical students, residents and physicians in surgery and anesthesia, to practise in Uganda. What a beautiful way to share the culture, knowledge, skills and lend each other strength!

I was able to take part in several surgical procedures, under the tutorage of my attending surgeons, which greatly improved my surgical skill and provided an opportunity for me to teach trainees. We performed several lifesaving surgeries for children with Wilms tumor, a condition with high incidence in Uganda. A large number of children with inguinal and umbilical hernias had repairs done, as well as neonatal surgeries for congenital anomalies such as imperforate anus, tracheal-esophageal fistula etc.

Our Ugandan team received donations of pediatric surgical instruments to add to our mostly incomplete and worn out sets. These instruments will save so many lives and train many more surgeons in the right technique.

To our donors: Thank you for responding to the old adage "I am my brother's keeper!" Please do not grow weary of being kind, for the journey to achieve the dream of 'safe surgery for all Uganda children' has just begun. Please keep walking with us.

Lots of gratitude, smiles and renewed hope.



**Mr. Damian Duffy**  
Executive Director, OPSEI

An interdisciplinary surgical team from BC Children's Hospital, at the invitation of our Ugandan colleagues, participated in a Pediatric Surgical Camp in Uganda from February 16 to March 3, 2018 at the Uganda Cancer Institute in Kampala and the China-Uganda Friendship Hospital in Naguru. Over this period of time, staff from our hospital teamed up with the pediatric surgeons, pediatric anaesthetists and nurses from Mulago National Referral Hospital in the screening, surgical care, and post-operative management of Ugandan children, performing 77 pediatric surgeries during this year's camp.

The operations included a wide spectrum of pathologies, including cancerous tumours, congenital anomalies, traumatic injuries and hernias. This was the seventh pediatric surgical camp since 2008 which has provided a total of 1,178 free surgeries to children from socioeconomically-challenged families since the partnership began.

The pediatric surgical camp model has been a solution designed by the Ugandans to help address the overwhelming burden of surgical disease in a nation where 50% of the population is under the age of 15 and there is a severe shortage of pediatric surgical and anaesthetic care expertise. This model has also created an important taproot for the development of sustainable health system planning, research, clinical teaching, and human resource training for Uganda.



BC Children's Hospital has now successfully trained and/or is training three pediatric surgeons, one pediatric anesthesiologist, and one pediatric plastic surgeon, who have all returned to Uganda to strengthen and expand the surgical care available to children and their families.

The most memorable parts of the camp for me were the children and families on the ward of the Uganda Cancer Institute. No matter how sick the children were, they loved to dig through my bag of crayons to select just the right one for their colouring. The shiny stickers, bubbles, and finger paints contributed to the child-centred approach of the camp.

We are fortunate to have an amazing team of knitters who contributed knitted Izzy Dolls so that every child had a dolly to snuggle while going through surgery. We had a few extra dolls and were able to bring them to the maternity ward at Naguru Hospital, so that all the new moms could have a doll for their newborn baby.

Health Partners International of Canada provides us with many of our essential medicines required for the pediatric surgical camp. Sometimes, the necessary drugs were in short supply or we didn't have them altogether. I became acquainted with all of the local pharmacies, searching for pediatric strength fruit-flavoured Tylenol syrup, specialized bandages, propofol, and intravenous albumin to name a few. These experiences gave me a great appreciation of the challenges of availability of specific medicines locally, but also their high cost which creates a barrier to care for patients and families. Fortunately, we were able to use some of the camp donations to help buy the necessary medicines that every patient required.

This was my seventh Uganda Pediatric Surgery Camp. Three of the Ugandan doctors have spent time in fellowship training at BC Children's Hospital, and it was personally gratifying and inspiring for me to see their growth, development, and leadership in action in support of a sustainable pediatric surgery service in Uganda.

As part of the Pediatric Surgery Camp, we had a planning day to help advance shared goals for children's access to high-quality surgical care in Uganda. More than 32 pediatric surgeons, pediatric anesthesiologists, nurses, and hospital administrators attended from five different hospitals. It was an excellent session which allowed us to discuss the best way forward and action items.

Lastly, I would like to give my warmest thanks to each and every member of the Uganda Pediatric Surgery team. Everyone worked incredibly hard for the families, and it was a privilege to be part of such an amazing team.

A heartfelt thanks to our donors for helping to give the gift of surgery.







**Dr. Mary Nabukenya & Dr. Janet Tumukunde**  
**Pediatric Anesthesiologists**

It's always lovely seeing the BCCH-UBC pediatric anesthesia team again. Over the years, we've formed a real bond and it's so nice to catch up and spend time together.

Aside from that, is the issue of the children, who are the reason for all this. One child off the waiting list is so worth it, and the visits by the UBC team help tremendously to reduce the backlog.

As with surgery, the benefits for anesthesia are far-reaching, in that there's always a new resident and some not so new ones who work with the visiting anesthesia team and learn a great deal from them. And then there's the supplies; one cannot appreciate how important "the stash" (analgesics) is to us until you have a little patient post-operatively for whom you have close to no options for pain management! We stretch it out for as long as possible!

For any anesthesia provider working in Uganda, the one thing they would ask Santa for every year would be THE anesthetic assistant! The skill, making previously non-functioning equipment work, and the help you get even when you don't know you need it is priceless.



**Ms. Jennifer Dunlop**  
**Pediatric Nurse Practitioner**

This was my fourth trip to Uganda. My first trip was with a small group of BC Children's Hospital staff 10 years ago. I provide care for children in the immediate post-operative phase of their surgery. This involves monitoring children as they emerge from their anesthetic and providing pain relief if needed. We were also able to provide specific pain medication (Tylenol, Advil, and Morphine) to the children for 24-48 hours after their surgery. Families would have had to purchase these medications otherwise.

From the donations we received, each child was provided with appropriate pain medication at no charge. I cared for patients from newborn to school-age. This trip saw us providing surgery for mostly babies and young children with surgical conditions such as hernias, tumors, and abnormal gastro-intestinal malformations. With each trip I have been on, I see a growing number of surgical and anesthesia residents working with us and keen to learn. We have also worked with the same core group of surgical nurses!

All the families expressed their gratitude for the surgical care they received during our time in Uganda. This trip would not have been possible without all the support and donations we have received! Thank you to all the donors.





**Dr. Robert Baird**  
**Pediatric Surgeon**

I had the privilege of participating in my first Ugandan surgical camp this year. I have been a practicing pediatric surgeon since 2010, having worked in austere environments before, but there is something truly unique and special about the camp. It begins with the outstanding relationship between the UBC visiting team and our local hosts. Built over more than a decade, it is solidly founded on the principles of mutual trust and respect. Importantly, it includes an entire multi-disciplinary team of interlocking parts – surgeons, anesthesiologists, respiratory technicians, peri-operative nursing, and logistics - all of whom play critical roles in preparing, conducting and helping patients recover from surgery.

Educational opportunities abound, not only for local and visiting trainees, but also for experienced practitioners like myself. Whether it involved performing a standard procedure with different equipment and available resources, operating on unique pathology or being taught a new way to approach a clinical problem, I personally experienced an amazing amount of professional development in only two weeks. I am also tremendously excited by the educational progress of our Ugandan partners through our ongoing relationship with their trainees. The training of Ugandan surgeons in Vancouver has already paid significant dividends for the children of Uganda; maintaining our working relationship will ensure the lasting success of this program.



Most importantly, however, I was continually amazed by the warmth, grace and gratitude of the patients and families whose lives we touched. We treated children with cancer, newborns stricken with congenital malformations, preterm neonates with perforated intestines – always surrounded by thankful families and within the partnership of Ugandan physicians and nurses. While many patients recovered, a few patients ultimately succumbed to their illness. These tragedies were difficult for everyone on our team and we mourned our losses; consoling ourselves in the knowledge that we provided the patient with their best possible hope of survival. There is more work to be done.

Thank you for your generosity in supporting the Ugandan surgical camp. Since its inception, we have operated on well over 1000 children in need and supported countless siblings and caregivers through the operative process. I now count myself among those who have been touched by the camp and sincerely hope to be able to continue to provide surgical care and education in Uganda for years to come.



**Dr. Eleanor Reimer**  
**Pediatric Anesthesiologist**

I am the pediatric anesthesiologist on the team and this trip marked the 10<sup>th</sup> anniversary of the beginning of our Ugandan partnership. I've been privileged to be involved in every trip and have seen many changes since 2008. The children are as endearing as ever and the immense need for pediatric surgical care remains. What has changed is the maturation of our relationship. We now return eager to reconnect with our dear friends and colleagues, celebrate the successes and continue to strategize for the future.

My particular passion is the advancement of safe pediatric anesthesia care in Uganda. Our primary focus has always included education alongside direct patient care. However, the most important need identified by our Ugandan partners has been for us to facilitate international educational opportunities. We've been able to sponsor several surgeons and 1 anesthesiologist to come to BC Children's for fellowship training. We've also supported several anesthesiologists who have completed intensive care and obstetrical fellowships in Vancouver. During this trip we met our next surgical fellow and another anesthesiologist very interested in furthering her pediatric training. These enthusiastic young doctors are the future for Ugandan health care. There are still many barriers they face daily but their enthusiasm has and will continue to foster change.

Another highlight of this trip was welcoming 4 new Canadian team members. We have attempted to build a consistent and committed team but eventually, some of us need to retire. It's so exciting to know that we can pass our enthusiasm and commitment to the next generation. Finally, I want to thank all our donors- without your support none of this would be possible. Be assured that every dollar you have given us has been invested very judiciously and has directly impacted the care of many deserving children.





**Dr. Geoffrey Blair  
Pediatric Surgeon**

My first trip to Uganda was in 2002. The Canadian Network for International Surgery arranged the trip and also arranged for me to meet the only Pediatric Surgeon in that country at that time- Doreen Birawbwa-Male. We established a friendship and she travelled to Canada the next year. We kept in touch and during another visit to Uganda in 2007 she invited me to bring a small surgical care team from BC Children's to her country the next year to participate in one of their "Pediatric Hernia Camps".

And that's really when it all started- a wonderful and fruitful collaboration between our colleagues and friends in Uganda and those of us here- all committed to helping children in need of surgical care. Many "camps" later, and many, many treated children later, our collaboration has grown and flourished. Not only do we have teams, like this 2018 pediatric surgical camp saw, travelling to Uganda and working there at the kind invitation of our Ugandan colleagues, but we have now successfully started an International Pediatric Surgical Fellowship program whereby young surgeons from a low-resourced country like Uganda can be financed to come here for a year of intensive training in our discipline. We are currently training our second pediatric surgeon under this program from Uganda, Arlene Naganwagi-Muzira. Our first International Pediatric Surgical Fellow, Phyllis Kisa, completed her training with us in 2016 and is now working hard in that country as Uganda's 5th pediatric surgeon. In July of this year we'll be pleased to welcome our 3rd International Pediatric Surgical Fellow, Anne Kikandi. We had a chance to "audition" Anne during this last camp, declaring her as a worthy and capable candidate to spend a year with us. We are looking forward to her arrival.



These camps over the years have cemented our relationship and collaborations with our Uganda colleagues. Now our collaboration involves many people committed to furthering the surgical care of children in Canada, Uganda and globally. It is a learning relationship and I have learned certainly just as much, if not more, from my Ugandan colleagues and from my experiences there than I have taught. I was thrilled to have Dr. Robert Baird, my new Pediatric Surgical colleague here at BCCH as part of our team in this last trip. I am even more thrilled in knowing that he intends to carry on where I will leave off with this now established relationship with our Ugandan friends enhancing global surgical education, research and service.

The Lugandan word for friend is ‘mukwano’ and I have often have said, with smiles, we have now a ‘Mukwanoship’. This Mukwanoship will, I have no doubt, see more research done, more children treated, more surgeons and surgical care providers educated to benefit more children.

As for me, I see my role as continuing on this side of the world to facilitate and encourage the traineeships for pediatric surgical care providers for places in need like Uganda. I shall miss the camaraderie and intensity of these camps in the future, but I shall be there in spirit.

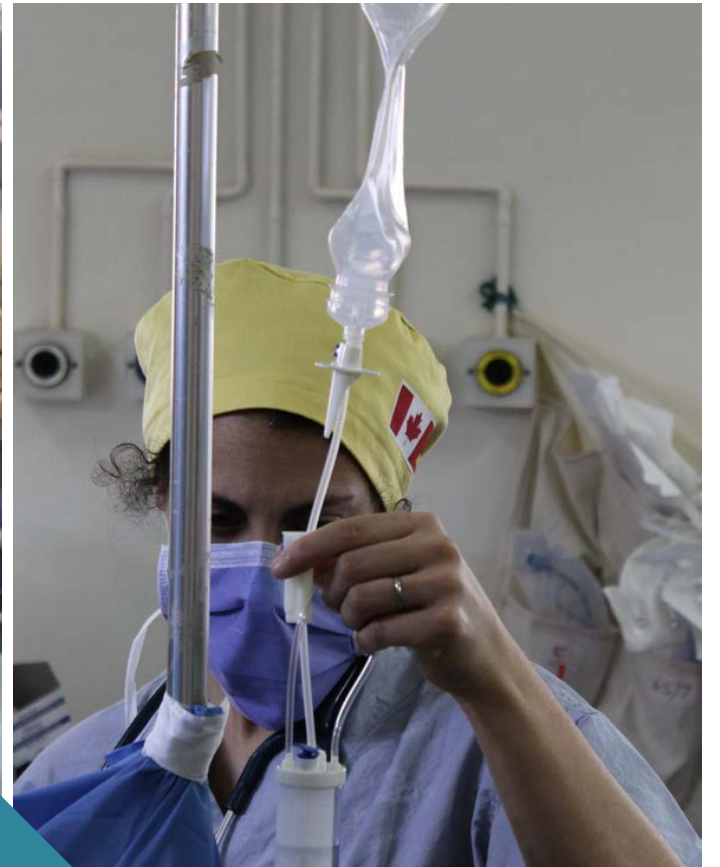
I want to personally and sincerely thank everyone who over the years has made these camps and the furthering of our Mukwanoship with our Ugandan allies possible, from the many donors, supporters and cheerleaders through to our many team members, from Canada, from Uganda and from many other places as well, who have worked so hard and so happily in the worthwhile task of simply trying to help children back to health.



**Mr. Marcin Szamborski**  
**Operating Room Nurse**

My name is Marcin Szamborski and I was one of the operating room nurses. This was the first of what I hope to be many surgical camps. The camp has left a profound and lasting impression, both on a personal and professional level. I arrived in Uganda full of optimism and excitement, packed with our donated surgical supplies and eager to make a positive impact. Upon walking into the operating theatre the first morning, I realized that I was far removed from the comfortable environment at home but ready to embrace the challenge. There was a fine balance between upholding the principles that I work within versus the environment that I was acclimatizing to. This had to be reconciled quickly and I jumped straight in. I was impressed by the resourcefulness of the team in Uganda, making the most of limited surgical supplies and human capital. The eagerness of each individual, regardless of role, to step in and ensure that the highest level of care was provided to the children was an incredible example of teamwork. Ultimately I believe the camp collaboration made a positive difference to the children and families in Uganda. Many children received essential medical care that otherwise would be delayed or not received at all. The smiles from the children and gratitude from the families showed us that our presence and efforts were making a difference. I left Uganda humbled and in awe of the difference they make despite the challenges they face. Lastly, a big thank you to the donors who enabled our team to make a difference in many lives and changed my own in the process.





**Dr. Randa Ridgeway**  
**Pediatric Anesthesia Fellow**

As a paediatric anaesthesia fellow I was privileged to be one of two anesthesiologists from BCCH to join the two Ugandan anaesthetists as part of collaboration in the paediatric surgical camp. My role within the camp was the safe care from the start of anaesthesia until the children left to go to the wards or home.

Part of my passion for paediatric anaesthesia has always been its unpredictable nature and need to adapt – children keep you on your toes but also never fail to make you smile. My experiences in Uganda in the surgical camp, as anticipated, pushed this to new levels.

To the Ugandan children and families, we were strangers whom few could understand. They were already nervous coming to the hospital, often a great distance from their homes. We now faced language and cultural barriers with limited means of establishing medical histories, imparting information, and most importantly ways of gaining their trust. But there are things that transcend these barriers which my time in Uganda demonstrated – balloons made from a blown up glove with a smiley face drawn, bubbles, hold of a hand and simply a smile.

Starting your day cleaning the operating room and creating work spaces for an unknown number or type of cases, checking you have enough oxygen in the cylinder, rationing your drug supply and resources are all a far cry from work at home, but in so many ways had far greater rewards. Together with the surgical and nursing team, I anaesthetised 30 children: from a premature baby born at 31 weeks to infants and children with advanced cancers and malformations, and older children with large hernias.



It is incredible what can be achieved despite immense challenges.

The hands-on approach to care with less reliance on tests and monitors was refreshing and served as reminder of the skills we have and what we have trained for. The camp brought mutual learning – as I marvelled at the skills the nurses and Ugandan anaesthetists had for of obtaining intravenous access in the most challenging of children - areas I would not have even known to look. In turn, I would spend time teaching Ugandan residents principles of pediatric anaesthesia, emergency management, tips and tricks, different anaesthetic skills and support them during cases with greater independence.

In many ways I was most touched by the camaraderie that exists in Uganda. The support the families give to each other in the waiting areas, the parents outside the wards washing linen and nappy cloths, the theatre team where the sharing of tea and food after the most challenging of cases made it feel like family. It was rollercoaster of emotions and challenges with many high’s and successes but also great sadness for those we couldn’t save. I have been humbled by the resourcefulness, generosity and warmth of our Ugandan colleagues and in admiration of what can be achieved.

“Mukwanoship” is a new word created by the collaboration meaning “friendship” is a beautiful description of the partnership that has been formed over the last 10 years. I am very grateful to have part of the camp this year and it is thanks to donors for their generosity that has made it possible.



**Ms. Kat Lidstone**  
**Operating Room Nurse**

The two photos I have included here best summarize the Uganda Pediatric Surgery camp; fellowship and teaching. I have been a team member on six trips to Uganda and am always moved by the commitment of both my Canadian and Ugandan colleagues to provide the best care possible for the children of Uganda. The relationships that we have developed over these years are treasured, and have opened doorways for our Ugandan colleagues to come and train in Canada with us.

The primary goal of the camp is to provide necessary surgical care to the underserved pediatric population in Uganda, but its secondary goal follows closely behind. That goal is teaching. I have had the opportunity myself, as an experienced pediatric OR nurse, and have watched with wonder how much teaching and learning happens during our surgical camps. There were no formal education sessions during this years’ camp but the one on one teaching and learning that was happening around our operating table was tremendous. Both our anesthesiologists and surgeons spent many hours a day imparting their invaluable knowledge to the eager learners around them.

The generosity of our donors in helping us make these trips happen cannot be overlooked. Without the necessary medications and surgical supplies that were purchased, we would not have been able to help as many children as we did. I am grateful to have been a part of the camp, and look forward to continuing our teaching and fellowship in the future.





**Ms. Sara Hanney**  
**Recovery Room Nurse**

Travelling to Kampala, Uganda, in Feb. 2018 was an opportunity for me to participate in my first pediatric surgical camp as a recovery room nurse with a fabulous team from BC Children's Hospital.

Post-operatively, we cared for simple surgeries where children would go home after some observation to more complex surgeries where children would require further monitoring in hospital. Regardless of the surgery, our goal was to provide safe, comprehensive nursing care with family being at the center. Like in Canada, Ugandan families are included in the teaching and learning how to care for their children once home, as well as while in hospital recovering. It was wonderful to see a family member at the bedside of their child touching and holding them when they awoke from their anesthetic and parents were always so thankful for their child being able to have the much-needed surgery.

Donations of medical supplies and equipment were integral to the success of the surgical camp and one story that comes to mind specific to this was a small child who had undergone a complex surgery and required transferring to an ICU via ambulance for close monitoring. It was necessary to transfer the child with a pediatric sized manual resuscitation bag to assist in his breathing during transfer. This resuscitation bag and mask that had been donated along with other essential items for airway management allowing us to provide safe care.

I am extremely grateful for having had the opportunity to participate in this amazing experience and have returned with an appreciation for all we have in Canada, as well as affirmation that all families regardless of what part of the world they live in, want the same for their children, a happy and healthy future.

